Heininger: This is a follow-up interview with Stan Jones on September 14. We’ve talked before about national health insurance. What were Kennedy’s other top health issues in the early ’70s, in the tenure that you were there?

Jones: Actually, he had responsibility for the Public Health Service Act and the whole range of programs that are authorized under that act, most of which have a three-year cycle, so they have to be reauthorized after three years or no money can be appropriated for them. There was an ongoing agenda of work, each of which required hearings, and it was work-a-day, get it done, make sure all the right voices are heard and all the appropriate amendments are made to make the program work better. It was preceded by a little oversight. There would be questions like, “How’s it working now? What suggestions are there to fix it?”

You can open the Public Health Service Act and look through it. The manpower programs are among those, NIH’s [National Institutes of Health] work is among those. All the stuff in what was then called Health Services and Mental Health Administration, which meant health services research, National Health Service Corps, and mental health centers, neighborhood health centers, migrant health centers. I’m sure I’m missing a string of others. Some of them had a long history behind them. The Community Health Centers Act started as Neighborhood Health Centers under OEO [Office of Economic Opportunity] and was transferred to this committee and maintained its existence in the PHS [Public Health Service] Act.

Heininger: Had Kennedy been involved initially, when they first came into effect under OEO?

Jones: Good question.

Heininger: He’s long had a strong interest in neighborhood health centers.

Jones: Definitely, and [Robert Sargent] Shriver was involved in it, of course. So my guess is he was involved at least as a Senator voting on it. In fact, when we got there, Mark Schneider, one of Kennedy’s staff, worked on migrant health services and kept doing that, even though he wasn’t on the committee staff, because he’d been working on it in prior years.

No one surfaced as the prior shepherd of the Community Health Centers or Neighborhood Health Centers Act. That became my responsibility. So I don’t know. But he took these on as his workmanlike, legislative job. And in fact in our committee he used to ask us, “OK, I know I’ve
got to do all of these. Line them up, tell me what they are, what’s required, and then tell me what
other stuff I can get into.” He was interested in national health insurance and whatever else
looked exciting and fun.

He would argue with us about, “Oh, my gosh, you have to have seven hearings on renewing this
authorization, and some of it is so routine and boring. You’ve got to give me something else
here. Can’t we get down to about three hearings? And then take seven and look at this, this, this,
and this.” And that’s what we did.

We struggled to get a balance, but he sat through all of those. He rarely missed a hearing. It was
really rare. I just remember once having to find a chairman because of some impossible conflict.
All those folks out there at the Public Health Service thought of him as life or death because of
the authorization process that expired, and they needed it renewed if the program were to go on.

Heininger: If you look at—excluding the national health insurance, which was designed to
provide universal access and universal coverage—what other things that he focused on in the
early ’70s would you characterize as expanding access or extending coverage? What comes to
mind to me are the neighborhood health centers, the mental health centers.

Jones: Right.

Heininger: The migrant health centers.

Jones: National Health Service Corps. I remember the charts showing rural areas of the country
that he held up in the Senate, and showing which ones had no physicians or inadequate care
providers, and the National Health Service Corps idea was to move people into those areas so
that people could get care. So access.

Heininger: Yes.

Jones: The health centers reached into poorer areas, and in the beginning—they sort of matured
over time to having graduated fee schedules and so forth, but the early targets were the poorer
areas of the country, and it was on the agenda as one of the ways to get health care to the poor,
those lacking health insurance. Community mental health centers were both an expansion to
populations who otherwise might not get care, and also a different philosophy of care—
ambulatory care—care outside of hospitals. As I’m sure you know, they got their huge impetus
when the movement began of closing or emptying state mental hospitals across the country.

Heininger: Which was connected with Frederick Wiseman’s documentary.

Jones: That’s right.

Heininger: But when did that actually take place? Was it late ’60s? Mid ’60s? I can’t remember.
I’ve seen the documentary.

Jones: Good question. I saw the effects in the late ’60s, early ’70s. Community mental health
centers had this dubious political advantage of giving politicians something they could vote for
to replace the hospitals that were getting phased out. So if they were asked the question, “Where
are these people going to go?”), the answer was “We’re setting up these wonderful centers all over the country.”

When the advocates of community mental health centers came in and testified, they had that going for them. “You’ve got to do something. Look what’s happening in the country.” So it’s not just an improved form of medical care, it’s a political valve outlet, and the reason I say that is that it became apparent pretty early on and is completely apparent today that the people who are in the hospitals didn’t use the community mental health centers. They weren’t offering what those folks needed. Now today, there’s a huge—this is really beside the point, but—

**Heininger:** No, actually it’s not, because this carries through his whole tenure.

**Jones:** Yes, OK. Well, today there’s a huge pressure on mental health centers to take care of more of these people, and the pattern seems to be for the mental health centers to pull back from taking care of the less seriously mentally ill and take care of the folks who were really seriously mentally ill, but in a minimalist kind of way.

For example, if you have schizophrenia or you’re manic depressive, and it’s chronic and long-term, typically the pattern is you report once a month for a drug check by a psychiatrist, who may, under Medicaid’s rules, and under what they’ll pay the mental health center, give you 20 minutes if you’re lucky, 10 if you’re not. Weekly, you may work with a case worker, who may be a psychologist but maybe not, may be a social worker, because the biggest problem seems to be, for these people, the logistics of their life, and social workers often do that better than psychologists.

The philosophy seems to be maintain them with drugs at a minimal level and make the community mental health centers do more of it, which is kind of a bleak professional responsibility.

**Heininger:** Well, it is, because it’s not fully serving their needs.

**Jones:** And it’s not very hopeful about helping them or making them maximally functional. They get by. They want to stay independent and in the community. And if they have a relapse, if they really get in trouble and they need to find inpatient care for them, it’s a huge problem finding it. Medicaid will pay for a few days, and then they’re back out on the street, and they do it all with drugs, which is not what the literature suggests is best.

**Heininger:** No. What’s Kennedy’s approach then, to dealing with mental illness?

**Jones:** Since we first arrived, it was really high on his list, and part of that comprehensive thing. It’s: “We’ve got to take care of all these kinds of things.” So the community mental health centers were a real natural fit to help round out that package, and they were more of a rounding out thing when we were there. Mental health centers later became part of a block grant to the states, and the states have trimmed, trimmed, trimmed, and used them for what helps the states, which is what’s pushing them in this direction of keeping people who were once in the hospitals out of the hospitals and on their feet and away from Medicaid’s bigger payouts. States have trimmed way back. It’s a great tragedy.
Heininger: That took place under [Ronald] Reagan, didn’t it?

Jones: The original Community Mental Health Centers Act?

Heininger: No.

Jones: Oh, the state hospital emptying?

Heininger: No. The putting the mental health centers into the block grants.

Jones: Yes.

Heininger: And I think Kennedy fought it at the time, just as he fought to maintain some degree of federal control over the migrant health centers and the neighborhood health centers, but wasn’t as successful in the mental health centers.

Jones: Yes. In fact, did you mention this to Lee [Goldman] by any chance? He told me once about the hearing that he was staffing. He staffed mental health centers, incidentally. I helped him, but he staffed them. He remembers the hearing at which the administration made its pitch that this started as a wonderful new idea, and a demonstration program with a target of (I believe) 1,200—it may have been 2,400—catchment areas around the country. The administration said, “We now have 700, 800. It just seems to us we’ve demonstrated that it works, and from here on it should be on its own.”

Kennedy turned to Lee and said, in graphic language, “We’ve had it.” And Lee said he knew it too. They had an argument that was going to just flush through in this budget struggle that was going on, so they became part of the block grant. I only know about their history subsequent to that because I got involved on their boards and things in different places, but they’re a different animal now than they were then. Now, a middle class person might walk into a lot of community mental health centers—not all of them. They’d look around and they’d see all these really poor, very ill people and think, My alcoholism problem just doesn’t belong here. I’m not that sick, and it’s dirty, it’s not well kept. So it’s a different place than it was then.

Heininger: But that’s not what they were intended to be.

Jones: They inherited the wind, because they had justified the program based on emptying the hospitals.

Heininger: Well, they inherited the dumping, yes.

Jones: But they justified it that way. The politicians said, “We’ve got to do this because we’re doing this.” Now later, it turns out that outpatient care didn’t work for those “dehospitalized.” The community mental health centers, which had been helping other populations, are getting trimmed back. What they are giving may be better than institutional care for the very ill, but it’s not a really hopeful care because it’s meager. But it’s just one of those things where the population and the politicians get so excited about a breakthrough in medicine, with new drugs coming into use and so forth, and moving people out of awful institutions. They expected so
many things of it, and when reality crept in, they couldn’t preserve the whole package, or wouldn’t.

**Heininger:** The analogy is to rehabilitating prisoners, which our prisons don’t do now, and if you’re going to release people from the mental institutions, then you have to provide the rehabilitation and meet whatever those needs are, and that’s not what happened when they dealt with the dumping.

**Jones:** And you end up with—this mental health center I was associated with, not too far from where we live in West Virginia, the majority of their resources come down to a relatively small number of seriously chronically ill people who regularly go off the deep end, need intensive treatment through whatever setup they can arrange. It may vary from time to time which hospital they get to take them, whatever. It’s all just sort of patched together, and they’re put back on the streets, into their home environment.

**Heininger:** The same environment, yes.

**Jones:** Still with the minimal support, and you ask, “Will they get better?” And they say, “Well, no, of course not.” This will happen again and again. And they have trouble recruiting psychiatrists. Can you wonder? To have that brief time each month to have all these poor souls. So they might achieve only 10 percent more function if you gave them more time, but 10 percent to them is a huge difference in lifestyle and independence.

**Heininger:** Was Kennedy’s interest in mental health in any way affected by his sister? Did you not see that?

**Jones:** I never heard that. By his sister, meaning Eunice [Kennedy Shriver]? Because that’s another—

**Heininger:** Yes, I know, that’s another connection.

**Jones:** It’s another question.

**Heininger:** I was thinking of Rosemary [Kennedy]. But on the other hand—

**Jones:** Eunice influenced him.

**Heininger:** Had she started Special Olympics at that point, or did that come later? I don’t know whether that was as early as the early ’70s.

**Jones:** I think that was later, because I don’t remember working to help it or anything, and I think we would have in some way. There was a family concern that he respected, and he would ask us to—I remember one night calling Eunice after some battles on the Senate floor to brief her on what had happened, standing in the rain, in a phone booth at a campground. But he wanted Eunice to know he tried his best, and here’s what happened. *[laughs]*

**Heininger:** That’s an interesting anecdote.
Jones: He parted from me at 6:30 at night, and I was already two hours late to get on the road and get up to Pennsylvania, where I was with my family. He said, “Now don’t forget to call Eunice.” All the way up there I’m thinking, Where in the hell am I going to call Eunice from? Because he’ll see her probably this weekend and wanted her to have been called.

Heininger: What about the neighborhood health centers? What was the impetus for his interest in those?

Jones: It was the access thing. He was also really receptive to the idea that lower income people needed a different and broader range of services that can be pulled together in some sort of center, and I think that was part of his basic interest that everybody should have a right to this. There was also—how do you say this now? I can’t think of the terms that we used at the time, but there was a black, white, minorities thing, because the neighborhood health centers helped minorities heavily in terms of percentages they served, and that was dear to him. So I think that’s where that came from.

Mostly all our subcommittee did with those centers was to take away the OEO linkage somewhat, rename them, polish them up, give them new authorities, because they had carried the political baggage in conservative times and they didn’t need to do that. Our biggest triumph with them was keeping them there instead of having them vetoed. [Richard] Nixon vetoed the Neighborhood Health Centers Renewal Act twice.

Heininger: Really?

Jones: And the third time, the Senate overrode the veto.

Heininger: Wow.

Jones: It was during that safety net business. We finally got it described, included on the list of safety net programs, but we did it by defeating the veto. It wouldn’t have been there. So having lost on the veto, the administration decided, “Well, maybe this is a safety net program.”

Heininger: That’s the whole point.

Jones: But that was one—I remember I was helping a guy wire electrically his log cabin out in Virginia. I used to do that when I was in school. To get through school, I was an electrician. The phone rang and it was lead staff to [Michael] Mansfield saying, “Stan, we’re bringing up the neighborhood health centers veto.” I said, “You can’t do that, it’s supposed to be Monday. We’ve got all these people lined up—you can’t do this.” He said, “We’ve got to. We don’t have anything else to do, and they’re here because of some other political—” I said, “You can’t do it.” He said, “I’ve got to do it.” I said, “If you do it, here are the people you have to call, and make sure they’re on the floor,” and so forth. He went out and beat every bush. He got all these people in, and they all did what they said they would do, and the veto was overridden, because there wasn’t a prayer of any of us getting back. That was our biggest triumph.

Heininger: Do you remember what year that was?

Jones: Oh, boy. I don’t.
Heininger: Before Watergate or before Watergate even surfaced?

Jones: It would have been before Watergate.

Heininger: So it probably would have been ’71, ’72.

Jones: That’s probably right.

Heininger: So fairly early after you came to the subcommittee?

Jones: Yes. That would have probably been ’72.

Heininger: OK. I think I can check on that. That’s an interesting—

Jones: Yes, and it shows another aspect, character of his. He’ll keep doing it. If he thinks there’s a chance of winning at all, he’ll just keep running at it. He wasn’t at all bothered that it had already been vetoed and we’d lost twice. “Let’s do it again.” [laughs]

Heininger: Where did the interest in migrant health centers come? Did that come from Bobby [Kennedy]?

Jones: I think it did, and it went back to Delano, in the valley and the rallies, and Bobby standing up there on the back of the wagon and giving a speech to thousands and thousands of migrants chanting “Power to the people,” and with their torches. It was pretty indelible in the history of the family, and that’s why Mark Schneider had already been on that. But Mark touched base. He checked in with Lee. I don’t know if you’ve found Mark in all of this. The last time I saw him he was a volunteer usher at Arena Stage. I saw him one night. He took us to our seats. I said, “Aren’t you Mark Schneider?” He said, “You’re Stan Jones, aren’t you?”

Heininger: I can check then, because that would be interesting.

Jones: This is a sort of side comment, but one of my memories of the Neighborhood Health Centers Act and the community health centers, and of course I was very idealistic at the time, in my wise 32nd year or so. I went to an association meeting at the National Association of Community Health Centers—it may have been still neighborhood health centers then—in New Orleans. I went with a conception of what these folks were doing and the sort of selflessness and the community spirit of the program. And I’ll tell you what. I have never seen so much, what would they call it today? “Bling.”

Heininger: Really?

Jones: Gold dripping everywhere, and clothes that I couldn’t afford to buy, on all these leaders of these health centers. And it just so turned my stomach. I got the usual call that night saying something was going on, did I think it was important and should I come back? I said, “I really need to get back for this.” I just couldn’t handle that part of this reality, of community leaders who had come up from the ranks and were now finding their chance to profit.

Heininger: Profit.
Jones: Or at least have a very nice lifestyle and showy lifestyle to their community. Couldn’t handle it.

Heininger: Understandable.

Jones: It’s all part of the deal, though, you know?

Heininger: Understandable. When you get to ’75 and the first round of national health insurance has failed, Kennedy did a bill with Donald Fraser on continuing health coverage for unemployed workers.

Jones: Wow, this was in ’75?

Heininger: Yes.

Jones: Boy, I don’t even remember it. That really catches me as a blank. That’s when the bill was filed? Did anything happen with it?

Heininger: I think not.

Jones: You think not? [laughs]

Heininger: I think not.

Jones: I mean like hearings or something?

Heininger: I don’t even know whether it got to the stage of hearings.

Jones: It may not have. I mean, I’m sure.

Heininger: Lots of bills were dropped in, but it’s interesting, from the standpoint of Kennedy, given the overwhelming commitment that continues through the [Jimmy] Carter administration for national health insurance, although he does acquiesce on employer mandates in the Carter process. Dropping a bill about continuing health insurance for unemployed workers is very early, because ten years later it comes back as COBRA [Consolidated Omnibus Budget Reconciliation Act].

Jones: That one I don’t know about. Interesting. And I don’t know if that was one of those that the unions asked him to co-sponsor, and it may not even have gotten to me as a “Yes, let’s just do this.” We’re not going to do hearings or anything. Because if it had been referred to our committee, we might have at least done something with it, I would think.

Heininger: Well, for unemployed workers, my guess is it would have more likely fallen into Finance and Ways and Means.

Jones: Yes, probably. It was very hard to get any of those bills to our committee, so it probably would have gone there. We wouldn’t have seen it as an opportunity to beat the drum, and we were really disillusioned by that time. Disillusioned is the wrong word.
Heininger: Well, demoralized.

Jones: Demoralized, but not just in an emotional sense. We were getting in touch with what people really wanted, and we were stumped. It had a strong element of, “Those SOBs—” to it, but we were stumped. There’s expertise that you need in order to find something, to get enough votes on board to do something and to see all the different potential compromises and tradeoffs and so forth. Not technical expertise to write a bill that’s coherent and makes sense, but that ability to put together a politically enactable package. That’s what we were stumped about.

There were any number of viable technical ideas floating around, and that’s where [William J.] Clinton went wrong. They took it as a technical problem and they pulled all these different technical proposals, by all these different groups, and they took pieces of it and built this Rube Goldberg machine, but they didn’t see the real problem, which is how do you put together a politically enactable package?

Heininger: If you listen to Hillary [Clinton] now, she talks about how much she has learned about—

Jones: Lord, I hope that’s true. Because she did not come across as a teachable person during that period. She was not a quick study about that issue.

Heininger: Well, a big failure can trigger—

Jones: Can open your eyes.

Heininger: Can open your eyes, yes. That is absolutely right. Talk to me about health manpower issues that Kennedy was involved with, because that was big when you were there.

Jones: Yes, it was, and it was all Lee.

Heininger: I’ve talked to him about it. I want to talk to you too.

Jones: Let’s see if I can bring back enough to see what I can add.

Heininger: But you had to deal with the political dimension of it.

Jones: This is one of my favorite stories during that time: Paul Rogers in the House, Kennedy in the Senate; conferences where you battle through the differences in your approaches to medical schools, dental schools, and maybe schools of nursing. Both were getting impatient, particularly Kennedy, with these little details that people were just ready to die over, and those huge, side-by-sides that get produced in CRS [Congressional Research Service], of every issue and differences between the House and Senate bills. I remember sitting across the table from Jim Minger, who was the senior staff guy on—I don’t know if it was interstate commerce or whether—the Rogers Committee was Steve Lawton, so I can’t remember how Jim Minger got in that mix. This was very early in my time up there.

Kennedy and Rogers had done medical and dental, and maybe nursing. “Why don’t we just follow the same policy on the rest of them?” The VOPPs—the veterinary, optometry, podiatry,
and pharmacy schools. So that’s what they decided to do. I can’t remember the exact term they used. We were to align them or do the same kind of thing.

All the way back to the Senate I was trying to figure out, *How in the hell are they going to do that? They’re different animals.* They don’t have the same things going, the same programs. So we had our first staff meeting to try to work out the details of what they’d agreed to, and we get to these and I say, “It strikes me this is impossible. They didn’t really decide these issues.” And Jim Minger, who was one of those venerable, been around forever types, looks at me over his glasses and says, “Stan, you don’t seem to understand when staff power really counts for something. This is what we decide, son.” [*laughter*]

I couldn’t believe it. They proceeded to go through and say, “What do you think? Does this catch the spirit?” Because it was clear to them they weren’t getting their principals back to the table for yet another markup meeting on this.

**Heininger:** Yes. Well, that’s true. That is in fact what staff do have to do.

**Jones:** That’s what they do, but this was a reach. This was the farthest reach I think I’d ever made out there, and then of course you know you’re going to be called by the people associated with these professions saying, “How on earth did you do this? Which Senator said—?”

**Heininger:** What was Kennedy’s interest in manpower issues?

**Jones:** I’m sure a piece of it was in that same category as the National Health Service Corps. I remember graphs and charts, questions of, “Do we have enough? Do we have enough of the right kinds of providers?” Which was always the big hot-button issue among the medical schools. I remember meetings where thoughtful people sat around the coffee table at his house talking about what you really need, what we have, and what influences where people specialized and so forth and debating whether or not it’s appropriate for the government to push some specialties versus others, in some way incentivize one over another. My experience of it was as part of that access package and the quality package.

During those hearings around the country on national health insurance, he was really struck by some of the medical witnesses who said, “The average person finds it very hard to know who the best doctor is and who’s qualified to treat them, and some of the people who charge the most and have the fanciest offices aren’t necessarily the ones who could do the best for you. And moreover, doctors are hesitant sometimes to refer a patient, even though the patient really should be in the hands of a specialist.”

He pursued that line of questioning at those hearings—quality. It all came under the quality of care thing, and how do you know whether you’re getting good quality. He used to have—the shorthand for it was, “Well, do they do quality?” and, “Is this quality?” I could never get him a better phrase in his storage compartment than that, so he’d be very awkward about it, but along with access and comprehensive coverage, the quality thing was important to him, and he was amazed by what he heard.

**Heininger:** It’s very interesting, because quality of care is not an issue that surfaces in a big way until you get to I would say the late ’80s through the ’90s, and even more in the late ’90s. Quality
of care was just a different kettle of fish, as an issue that took a long time to bubble up. So it’s interesting that he goes all the way back to there talking about quality.

**Jones:** He really does, and it could be that—

**Heininger:** Because other people weren’t talking about quality.

**Jones:** No, but he really was, and probably because of the money issue. It was always the money question that was the make-or-break issue, and that comes more to access and comprehensiveness.

**Heininger:** Right.

**Jones:** So not really, but it’s perceived to be a question of access and comprehensiveness. So he probably didn’t have much opportunity in a debate and discussion and arguments to talk about it, but he was really impressed by that. I remember parts of that book where he wanted cases raised that talked about the quality.

**Heininger:** Did he see HMOs [health maintenance organizations] as a way of improving quality?

**Jones:** Absolutely. My guess is he saw it as in some ways related to community health centers, but for everybody. This would be of course Phil Caper’s issue to ask, but I remember discussions of health measures and morbidity measures in HMO subscribers, which were very favorable, because the HMOs we were looking at were the staff and group model HMOs at the time. Those were the flagships, and they really do have better health care.

**Heininger:** Was he influenced by the Harvard Plan at that point?

**Jones:** Isn’t that something—

**Heininger:** Was the Harvard Plan in place that early?

**Jones:** I don’t know.

**Heininger:** Or was he really looking at Kaiser only?

**Jones:** I think it was Kaiser, and when we went to West Virginia, we visited what was really thought of as one of the first HMOs in the country, in Fairmont, West Virginia, one of the copper mining companies launched it. So he saw that as good care.

Another editorial comment: those great HMOs—I think, and I’ve had a chance to say this to their top people—blew it when they decided it was more important to have a united front with all the things called HMOs that were coming into existence in order to fight Washington, rather than distinguishing themselves and their product in the public eye from all of those cats and dogs. So now they’re all painted with the same brush, and the press has never understood the differences really, so they just talk about HMOs and managed care. I think they’ve lost their advantage, and
their big quality advantage anyway. But at that time, they were looked at as really promising, and they were union-inspired.

The unions liked, the one in—the copper company. It’s a funny issue. It was Democratic, then it was Republican, then it was Democratic, then it was Republican. And it’s whoever needed a vehicle to claim supported what their policy was, they’d grab the HMO. No wonder the HMOs started distrusting Washington. You didn’t even know who to give campaign contributions to, for God’s sake.

Heininger: Where did he get the interest in training nurses, in EMTs [emergency medical technicians]?

Jones: It was all part of that same access, quality, get-good-care-out-there package. He also, to his credit, had a workmanlike sense of his responsibility for this thing. So if you went to him and said, “There’s something we should be looking at. Nobody’s looked at EMTs for two decades and everybody says the technology has fallen off, and we could be doing this—and a lot of people, that’s the way they get into the health system.” He would be inclined to say, “Well, how many hearings would we need?” If you said six, he’d say, “How about one and a half? Can’t we get down from that, for God’s sake? Do we need a bill?” But he would do it. So some of that came from—

Heininger: Was some of it staff-generated?

Jones: Yes. He relied on his staff for that. “What should we be doing?” So we would go to him at the beginning of a year, with an agenda of, “Here’s the issues we think you should be getting into.” And of course we’re reading and hearing about stuff and looking for both opportunities, for visibility and making a difference, that are emerging because of what’s in the news, what’s in the journals and so forth, and what people who want us to know are bringing in to us and sending us in the mail. So we would go in with that kind of stuff, and I suspect something like EMT is something the staff brought, unless he had just heard something or saw something, like in the newspaper. He might ask us about it and then we’d go out and investigate it, and he’d get some person, because it reminds him of a friend or something.

He took a workmanlike approach. He would say, “Look at this.” Other Senators, when I was up there, used to say that about him. It always surprised me. “Your boss does a good job getting this stuff done.”

Heininger: Isn’t that what they’re supposed to be doing?

Jones: Yes, right. [laughs]

Heininger: This is novel?

Jones: But we would have to argue with him, because they were really long hearings. You know how it is, no matter how small an issue seemingly is, like training an EMT, you’ll end up with 30 groups wanting to testify, and it was mostly pretty deadly. Another thing about the quality issue—and this may have been initiated by Lee Goldman, but Kennedy got on to it—was, you know, NIH has been so sacrosanct. They have a way of funding, and it’s almost a religion. If you
say something like, “Couldn’t you target some of these dollars a little more specifically, to hot possibilities, instead of seeding the field so broadly, and couldn’t that move the research along?” He liked that question.

I remember the analogy of Bell Labs, which targets of course a lot more of their research investments and has structures of advisors and consultants and panels who figure out where to put the research money. Plus the best way to get Kennedy’s interest is to have some rich, powerful, entrenched interest saying, “No, you couldn’t possibility do that.” [laughs] Because that really tweaked the Irish sort of, “Oh come on. I mean really, let’s talk about this.” So we did some work on NIH. It went nowhere, and we couldn’t find a way to deal with that. It seems like that was late in my time up there.

Heininger: Because their way of doing things was too entrenched?

Jones: I can’t remember if I told you this story. I started at NIH in their management intern program and know lots of people out there. I did at the time especially, and had really good entrée out there, trust-levels wise. So when we started getting into this, before we even did anything publicly, I knew how tricky this was going to be.

I called several people at NIH and they said, “Just go talk to Don Fredrickson.” Well, Fredrickson, who was the director then, knew me from where I worked, and so I called his office and I knew his secretary, and said, “Here’s what I’m doing. Before we even get near this, I’d just like to come out and shoot the breeze, let him give me a sense of what we’re getting into and not getting into, and I’m up for any advice he has to offer.” So she set up a meeting, and I went out there this one afternoon. I remember going into that outer office—she took me in—and he had every institute director sitting in chairs around the room.

Heininger: Oh, my God.

Jones: The key staff people from the legislative office were there in chairs around the room, and then in the middle of the room was a table he’d set up. He loved Oriental rugs. He had this big Oriental rug over it, and at one end was his chair and the other was mine, and we were there to have our little informal chat. [laughs] I remember sitting down and saying, “I feel like I’m at Yalta.” Nobody laughed. They had already circled the wagons. They had decided nothing good could possibly come of any of this, and they didn’t even want to talk about it. I don’t think we did anything major. It was there on the back burner as a question, will we get into this? But for whatever reason, probably just other things that were ahead of it in line, and this was going to take a lot of effort.

Heininger: Well, one thing that did get done, which I know was Lee Goldman’s, was enacting the National Heart, Blood, Lung Institute, but that was adding to NIH’s purview.

Jones: Yes, but they still—NIH didn’t like that kind of thing. They didn’t want any more institutes, even at that level, although they were masterful at being able to list their grants and what they’re doing under anything that seemed to please them, because it had a word in there. So they could get around it pretty easily. I’m sure they fought that tooth and nail, or if they went along with it, it was only because they decided it was inevitable, and now it was just a question of saying OK to the right thing. I’m sure Lee told you about the Cancer Act.
Heininger: Yes, let’s talk about the Cancer Act.

Jones: I don’t remember much of that, except overhearing the goings on. Using Benno Schmidt as a go-between, which got me involved with Benno in a mop-up kind of activity.

Heininger: How so?

Jones: This is another of those strange ego stories. Kennedy, in talking to Benno or introducing him or something—I don’t know whether it was a cocktail party or a reception, but it was related to this subject. He introduced Benno in his sort of laughing, good-humored way, and Kennedy’s good-humored way is, “Well, you know he owns Exxon.” Benno apparently wrote Kennedy a note saying he was really upset about that, because he did not own Exxon.

[interruption]

Jones: Kennedy was upset that Benno was upset, and didn’t quite understand why he’d object to being thought of as owning all of Exxon. I got nominated to be the one who would go up, because Benno wanted to talk to somebody and get it all straightened out.

I got there at lunchtime and the receptionist showed me into this dining room, and asked me if I liked lamb chops. I said I did, and Benno came in. This was his palatial suite. It was one of those whole top floor of the skyscraper things. A cook came in shortly after he got there. Benno sat down and he rang this bell, and in comes the guy with the hat, the white, and these silver trays and serves us these little lamb chops. I told Benno why I’d come, and he said he was looking forward to this and he just wanted to straighten it all out. Did I have something to write on? I pulled out my pad, and while we were eating, he just basically told me about his entire portfolio. [laughs]

Heininger: Oh, my.

Jones: And all I could do was say, “Now when you say this, do you mean this?” “Yes, that’s right.” I said, “Is that the same as the Glomar Explorer?” And he said, “Oh yes, that’s the Glomar Explorer.” So I’m writing all this stuff down and he said, “Now you be sure to tell the Senator that.” And I said, “You can bet on it.” We had a jolly time then, told a few jokes, and I left and went back. I went in to see Kennedy and said, “I’ve got his holdings here if you’re interested.” And of course Kennedy says, “I don’t give a damn about his holdings. Why was he so upset?” And I said, “It beats the hell out of me.” He only owned like 20 percent of Exxon, poor guy. He owned all of this and all of that. That was just one of those many bizarre stories of high-ego people.

Heininger: Now the war on cancer was not Kennedy’s idea, was it?

Jones: Oh boy, that’s a tough one.
**Heininger:** Who did it really come from?

**Jones:** It was sort of in the air. It was one of things—there are multiple people talking about it and speeches being given. I don’t mean necessarily politicians, but people saying, “What we need in this country is—”

**Heininger:** Like Mary Lasker?

**Jones:** Oh, that’s very possible.

**Heininger:** Or Elmer Bobst?

**Jones:** Yes, I remember that name. I don’t know. You may not be able to get an answer to that question. You might get an answer to the question of who submitted the first bill. I do remember a race to get a bill in, and I think Kennedy was the first to get one in, as was usually the case, and I wouldn’t be surprised if that didn’t lever a proposal out of the administration. It could well be that Mary Lasker or whoever was behind it, and wanted Kennedy’s, knowing it would lever something from the administration.

**Heininger:** How did Kennedy feel about it?

**Jones:** I don’t know. He possessed it, this was his, it was his venture, but I didn’t sit in on the meetings when he was talking about this with Lee or whomever. I remember Lee commenting about how when they came down to the compromise he was going to propose to the Senator that basically they gave the administration the title and Kennedy got all the substance of the bill.

**Heininger:** I think he said that to me.

**Jones:** Did he?

**Heininger:** Yes.

**Jones:** He was thinking, *Will he go for this?* Because it’s giving away all the credit. It’s going to be the administration’s bill. I don’t think it was even going to be a joint or anything. It was just going to be the administration’s bill. I remember him being just really admiring that Kennedy had largely gone along with that. OK, let’s get it done, which is another mark of his pragmatic way of thinking about this kind of thing.

**Heininger:** Do you have any sense, in looking back on this, whether the war on cancer and Kennedy’s involvement with it was picking up on something that, like you say, was out there, was politically popular—oh, a war on cancer. Or was there any personal connection for him that made him interested in it? Or was it, “Well, let’s do this. It looks like it’s politically possible.”

**Jones:** I don’t really have words of his, but I’d be willing to bet it was a question of, “This is out there. Somebody’s going to do this. It’s a good thing. We should be the ones to do it because we’re health, and this is our issue, and we ought to take the lead on it.” I’m sure that was part of it.
Heininger: Do you recall what the NIH response was to it? Because it had very long-lasting effects on research funding and stuff.

Jones: Yes. I’m sure NIH, with the door closed, bitterly opposed every bit of it. What political or public face they put on it I can’t remember, but I know with the doors shut they were being dragged into this against their wishes.

Heininger: I think even with the door open they were—

Jones: They were loudly opposed to it?

Heininger: Because when you think about it, NIH’s whole approach was basic biomedical research.

Jones: Right, right.

Heininger: And if all of a sudden you come in and declare a war on cancer—if you declare sending a man to the moon, you’re going to put all your efforts there. If you declare a war on cancer, what happens to all that seeding of basic research? It’s a diversion of efforts.

Jones: That’s exactly the issue, and in their hearts they really don’t believe—

Heininger: And it’s Congressionally mandated, not—

Jones: In their hearts they don’t believe you can program research like that, so that the existence of separate institutes is a nuisance and a fundraising mechanism. You use it to target areas, to get interest, political support, and so forth. Plus the war on cancer set off that different bureaucratic accountability structure, which had to have been really bothersome to the existing power structure out there.

Heininger: Maybe it created heartburn. [laughs]

[BREAK]

Heininger: Resuming the recording with Stan Jones.

Jones: In the mental health area for example, you asked where his interest came from. Once he started in an area like this, things start to have their own life. I remember him being asked to give a speech on behalf of Robert Coles, the psychiatrist who did incredible work in the Mississippi Delta and received all kinds of awards for it, a student of Erik Erikson, and a great name in child psychiatry.

It was over at the press club, and the reason I remember that is I got to write this speech for the award, and I remember talking to Erik Erikson and all these wonderful people and briefing Kennedy, who was fascinated by it. Then he went and gave the speech and shook the hands of all
these marvelous people, because he had started working on that issue. So they tend to build, and everything you do and he did, it would deepen his interest and identification with it. So that kind of thing goes on. He was open to that; he was touched by people. He’s got that capacity to hear people’s needs and feelings, and respond to it. Not everybody up there does. They’re so much on the defense so much of the time.

Heininger: Did we talk about the field hearings before, and the trip to Scandinavia?

Jones: I can’t remember. I didn’t go on the trip to Scandinavia. We drew straws to see who would stay back and write a book on those field hearings, and I got the unfortunate straw.

Heininger: So you wrote the book?

Jones: I wrote the book.

Heininger: Oh.

Jones: The crisis in America’s health care. And as I sat there cutting and pasting and pulling out these stories and polishing and trying to make some kind of sense of the whole thing that would be marginally readable, I knew they were off in Scandinavia. We really did. We drew straws.

Heininger: What had Larry Horowitz’s role been in setting up the field hearings? Had he had anything to do with that?

Jones: I’m trying to bring it back. He was not a shaker and mover. He might have been along on—I can’t even remember. I can’t remember him even being along. I really can’t. He may have been at one or—oh, he may have been at the one in, was it San Francisco or L.A.? The California hearing, or he may have been at the one in New York, but I wouldn’t have interacted with him if he were there as kind of—if he had offered some advice to Jim King.

Heininger: Why were the field hearings initiated?

Jones: They were a way to take leadership in that field, all part of his first strategy as new chairman of the Health Subcommittee—new chairman, new committee, new subcommittee. They were part of a strategy to get national visibility as a leader in health care, and now I’m remembering we did talk some about this, part of a strategy to lay a foundation, if needed or if possible, for the Presidential campaign. I think that was all a package.

In some ways, I think his staff were more focused on using the health issue for political advantage than he was. I really do. And maybe that’s OK. Maybe that’s what you do with your staff. You assign that to them, and that leaves you in a position to—but it was viewed as that, and we had to work hard to get a Republican to go along with us on the hearings, because he wanted it to be a committee hearing, not just him.

Heininger: Right.

Jones: So we always had a Republican there. I remember getting [Robert] Packwood to go with us.
Heininger: Oregon.

Jones: He was with us in, I think it was Cleveland. I remember pulling up in front of a neighborhood health center. They were always on the docket incidentally. These things sort of fit together. There was this big sign over the top, and all these people, the workers and the patients, gathered out front, and the sign said, “Welcome Senator Kennedy and Senator Hackwood.” [laughter] I said, “Oh God, they’re going to think we did that. I know they’re going to think we did that.”

Heininger: Ouch.

Jones: So they were a multipurpose thing, those hearings. They also taught him a lot, because mostly they were consumers. We’d have a couple of thoughtful people talking about the problems in the abstract—medical school deans or public health school deans—and then we’d have individual consumers. And they’d come and talk about how, “We had this problem and Blue Cross wouldn’t pay for it, and now we owe $500,000 and we’ve got a mortgage on our house.” Kennedy listened to all of that. Blue Cross, I might have told you, had a guy following us across the country.

Heininger: Yes, right.

Jones: And he’d say, “Aren’t you here? This is the guy you need to talk to.” Right after the hearing he’d say to the witness, “Go see that guy. You’ll talk to him, won’t you?” But it was educational to him. He didn’t know what was out there, not in that personal kind of way.

Heininger: Now the other issue that became very big was the legalization of abortion in ’73. Did that have any effect on the work of the subcommittee?

Jones: I had one encounter with the issue, when the renewal of one of our programs got held up by an amendment. It will come to me in a minute, by one of the leaders in the Senate at the time who was attaching a “no abortion services” to every bill. You can’t pay for them with federal dollars, or even talk about abortion, or even give a knowing look. Henry Hyde didn’t do the usual courtesy of having his staff call in advance to say he was going to offer the amendment. So he caught Kennedy and me (sitting in the little dunce chair), by surprise, and Kennedy just was furious about it, probably in part because of his own lineage and all that stuff suddenly getting dropped on him on the floor. He beat the amendment. It was finally pushed back. I think it was early in that tactic or he couldn’t have beaten it, because the major pitch he made was, “This is an important bill. This authorization is running out. Money is not going to be appropriated. People are getting care. You can’t hold this bill up for this issue that both of us know is a terrible, difficult issue, and we’re not going to resolve it tomorrow.”

Heininger: Was there any recognition at the time that this was an issue that was going to blow up to be as big as it ultimately has become?

Jones: Yes, I think there was. We were already getting the lobbyists coming through with all their distasteful tactics, but it was early in it. I think I told you about his wining and dining, or I should say scotching the Roman Catholic, the League of—what do they call themselves? They’re
a policy arm in Washington, the U.S. Catholic Conference. Monsignor [James T.] McHugh was head of it.

He treated them to an evening at his house to soften them up on these issues, and plied them liberally with scotch, so liberally that the subject never came up during the three hours of pre-talk before dinner, more scotch after dinner. They had called me. I picked up the phone and the voice said, “Mr. Jones?” I said yes. “We’ve found out you’re the one.” I said oh? “You’re the one holding up these provisions that we want on these bills. We want you to know we want to talk to your Senator, and we want to get to the bottom of it.”

It was just really awful strong-arm tactics. So I told EMK, “I think we have a little problem here.” His reaction was, “Don’t worry. We can take care of this, I’ll set something up.” The next thing I knew I was invited to dinner at his place and these guys all came, and the evening produced what I just described, with him laughing and telling Irish jokes and slapping them on the back, and remembering when he was a kid, and this Catholic story and that Catholic story.

Heininger: Oh, wow.

Jones: And they went out the door and the last thing they said was, “You have to come over to our place, because we have some really good scotch.” [laughs] And as they went out the door I looked at him in total disbelief, and he said, “I told you it wouldn’t be a problem.”

Heininger: When they sobered up it remained not a problem?

Jones: I don’t remember ever hearing from them again.

Heininger: Wow!

Jones: We didn’t have that many opportunities in what we did for them to intervene. That was one of the nights when I discovered I was not competent to work in his environment, because my radar simply didn’t pick up a whole bunch of signals that were out there and were critical. So that’s one of my crazy fond memories of that place.

Heininger: The last issue I want to talk to you about is disease-specific funding.

Jones: For NIH you mean?

Heininger: Well, just in general. There’s a lot that takes place. The Lead-Based Paint Poisoning Prevention Act, Sickle Cell Anemia, Hemophilia Act, Sudden Infant Death Syndrome Act, Diabetes Research and Education Act, National Arthritis Act. A lot of stuff in this ’72 to ’74 time. Where did all that stuff come from?

Jones: My guess is those were all responses of varying seriousness. Maybe a speech gets given, maybe a bill gets filed. That would be a big step. Maybe a hearing is held or maybe that bill was one of eight on the docket for a hearing on something bigger at NIH, and they maybe get a witness or some such thing. You know that process. There are all these calls and pressures and people contacting the staff or Kennedy. “We’ve got to do something here in response to this.” But generally, in the staff, disease-specific funding wasn’t looked at favorably, because of
experience in Medicare, with “renee” dialysis, as Kennedy liked to call it, he never got that out of his head.

Separate funding for stuff like that was proving to be unmanageable, and even if we didn’t think NIH directed research as much as they could, we didn’t think the answer was to have all these disease-specific funding things. We were more sophisticated than that about it. We would have heard something like that and said, “You know, this is just really difficult.” But the people, as you know, are always such mortally wounded people with these horrible family issues, and they also make great witnesses.

**Heininger:** They make great witnesses, you’re right.

**Jones:** So for all kinds of reasons you try to make a place. I remember those names, but I don’t remember the legislative activity on any of them.

**Heininger:** Do you think this was an outgrowth of the success of the enactment of the war on cancer?

**Jones:** Yes, probably. Lord, there are people who want a national institute on post polio. That’s what I have. I get all this mail all the time.

**Heininger:** That’s what my father-in-law had.

**Jones:** They want me to come. “Can’t you come and help us and work for this?” Oh gosh, what an empty victory. That means they have to create another crosswalk category in NIH printouts, and then another person to sit at that table or around that room I went up to that day, who was a power center and needs to be negotiated with. [*laughs*]

**Heininger:** Do you have any recollection of whether sickle cell anemia was something that resonated with Kennedy because it was a disease of minorities?

**Jones:** Yes, I do remember that one. I think his working assumption was that if it was a minority issue, it was probably getting too little attention. It was getting short funding, short shrift.

**Heininger:** What about lead-based paint?

**Jones:** He would have probably reacted to that in the same way.

**Heininger:** Because of the kids?

**Jones:** Kids and minorities and inner cities and old buildings. As I recall that was the way the issue surfaced. If it didn’t surface that way, it was the big publicity thing that we were deluged with, all these old buildings with lead-based paint that the kids were gnawing on in the inner city. So that would have come under the minority umbrella too.

**Heininger:** Yes. Did he have anybody specifically working on minority issues at that point, or did that come later? I know he has somebody when you get to the late ’80s, but was there anybody at that time?
Jones: Isn’t that funny. I want to say yes, but I can’t bring a name or a face to mind. Mark Schneider did some of that with the migrant thing, and that may be what he relied on Mark for. Later I have vague recollection of a black guy whose name I can’t remember.

Heininger: Mike Frazier?

Jones: It may be.

Heininger: Yes.

Jones: I’m trying to think. It came up too in medical schools, the funding for health manpower in terms of incentives for minorities and for women. I’m trying to think if that’s what we were debating when Hyde—no, that couldn’t have been. But I remember the—I’m sorry, I have all this stuff going through my head. His bills on medical education created incentives to bring women into medical school, and there was a lot behind that. There were people who testified that some of the problems in our medical system are ones that women are more likely to solve, like spending more time with patients.

Heininger: Yes.

Jones: Because the statistics all showed that. Isn’t that something?

Heininger: Yes. It’s true, though.

Jones: And I know minorities and blacks in medical schools was a big thing. All of that stuff. NIH fought Kennedy on all the issues from in their area. John A.D. Cooper in the medical schools fought Kennedy on everything in that area. There were some statesmen in there. [Merlin] Monty DuVal, Assistant Secretary for Health, which means the Surgeon General reported to him and NIH and so forth, testified on those manpower bills. He took a more global and thoughtful view. Kennedy really liked him and vice versa. Monty’s a great man who founded University of Arizona Medical School after he left Washington.

Heininger: He died recently, didn’t he?

Jones: Yes, last October. He was a dear friend of mine.

Heininger: Did Larry Horowitz deal with all of the FDA [Food and Drug Administration] medical ethics issues?

Jones: What I remember of Larry’s involvement, when he was there on that trade, intergovernmental health policy thing or whatever it was called, for a year or six months. I can’t remember how long it was. I don’t remember much of him. He must have had most of his dealings with Lee, but I remember enjoying him. He’s always been so aggressive. I like aggressive people. Then he disappeared.

Kennedy got to where we had deluged him with all this—you know what it was? We were coming up on the second renewal of all of the legislation I just mentioned. So we went back to him, and he looked at it and said, “This looks familiar. This is the same list. How many hearings
are we going to have? We’ve got to do something. We’ve got to show leadership, we’ve got to be out in front, and we’ve got to get press. That’s the way it works.”

In fact, when he recruited me, he told me that. He said, “What you have to do around here is you’ve got to help me. You’ve got to get us to show our leadership. We’ve got to get press, because that’s the way we get these other good things done.” He had asked me what I’d be interested in working on. I told him and he liked all that stuff and he said, “We can get that done, but if we don’t maintain my leadership role, we don’t get to do anything.” And I believe that’s true.

So I remember this meeting with Lee, and it could be Phil Caper was there. After meeting with Kennedy yet another time, we were trying to set up the year’s calendar and deciding we had to find some press. How were we going to get press for the renewal of the Community Mental Health Centers Act or the Community Health Centers Act? We had a little bit maybe, somewhere in the paper, but you know.

We sat there thinking about how can we get press, and Lee said, “Do you know something? We’ve never done anything with FDA, and we have jurisdiction over FDA. It’s been in the back of my mind and we just haven’t had a chance to open it up. You could really get some press with FDA.” And then either from him or Phil or me or somewhere, the idea of asking Larry to come back and do it. I remember the laughter and Lee saying, “Oh, my God, this is a historic occasion. If FDA could hear this!” [laughs]

We recommended to Kennedy that he invite Larry to join the staff and to focus on the FDA, and he thought that was a great idea. He also likes aggressive people, as you know, so he just thought Larry was the greatest. Larry came back, took this—the other reason for FDA was I remember Lee saying, “This will just get him out of our hair. He’ll work on FDA and we won’t have to do anything with him, because he’s such an impossible son of a bitch to work with.” So it was like a marriage made in heaven.

Larry came back, and I remember one occasion, looking into a hearing room. I had a hearing coming up the next day on some prosaic legislative issue that Kennedy was to chair, and he was chairing a hearing that Larry had staffed on FDA. I looked in the back door—Kennedy was way up there at the other end—to see how it was going and whether we had got press, because that was going to determine what kind of mood he was in for the hearing.

Heininger: Right. Of course.

Jones: I look in, and he sees me, and he gets this big smile and he holds up three fingers. There were three cameras in the room. [laughs]

Heininger: That’s a lot.

Jones: So OK, we’re cooking. Go get ’em, Larry. You could say that the FDA was offered up as a sacrificial lamb to get these other health care activities legislated and attended to.

Heininger: Well, it’s going to be interesting talking to him about it.
Jones: Yes.

Heininger: One last quick question. What was Kennedy’s relationship with the AMA [American Medical Association] and the American Hospital Association and the HIAA [Health Insurance Association of America]?

Jones: All three of them took him as a serious threat, especially early on, when they thought there was going to be a national health insurance bill. All three of them, I’m sure at a lot of expense and effort, put together their own alternative proposals to Kennedy’s that were credible. Some people worked very hard. All three of them fought him at every turn. I remember little things the AMA would fight—they covered these things we did like a blanket and were unscrupulous.

I remember Howard Cook showing up in my office, first to tell me we shouldn’t bring a particular item up in the markup because it’s going nowhere. He said, “Stan, really you shouldn’t—” it was something that they didn’t like. I can’t remember what it was, but they seriously didn’t like. I told them, “We’ve just got to do it. We’re committed to it.”

After the vote, where everybody but Kennedy voted nay, he came by and said, “You just need to know how this works, because you’re new.” And he pulled out these printouts and showed me how they had tracked every member of the committee all the way down to the local level and had the name of every doctor who had given to them and how much they had given, and how much they had gotten at different medical society levels over the years. He said, “We visited them all last night and we showed them this. You didn’t have a prayer. I tried to tell you.”

Heininger: So, sophisticated lobbying.

Jones: Sophisticated lobbying. I remember one hearing with Blue Cross. It was so much fun—childish, sandbox kind of fun. The head of the Washington office, whose successor I became eight years later or so, was to testify, and Blue Cross—he was trying to tell them this is really serious, this national health insurance. He was trying to tell his constituents, “You’ve got to get prepared and you’ve got to do stuff. We’ve got to set up lobbyists, and we’ve got to have one person in each plan who covers not just the state legislature”—they knew they had to do that because they get their charters there—“but the national process, and I need an advisory committee in Washington that convenes and does this.”

In fact, we got this memo someone leaked, from him to each of them, saying now here’s how it works. You each get assigned a Senator, a Congressman too, and you’re responsible for them. When they go back home, your job is to make sure they’re contacted and worked with, and you’re in touch with them and you set this kind of thing up. You’ve got to be able to count votes, and back home we want to know who the key people are.

We got hold of this memo the day before Kennedy was to have this hearing with Blue Cross, and this poor guy—he must have gotten wind of it, because he called me and said, “Anything special at the hearing tomorrow?” [laughs]

Heininger: By the way, yes.
Jones: Anyway, he sat there and Kennedy just got after him, and he said to this guy, “Who’s my guy? I’d like to know him. Do you have a picture of him so I can recognize him? Because you know, I like to be sociable about things like this.” And also, “Who are the key people?” When you say “key people” he should know who has influence. “I’d really like to know who the key people are.” He just wouldn’t let him off the hook. Then he ended with the real question, “I thought you guys were non-profit. You know, you’re lobbying here, obviously. I mean you’re lining up to actually lobby. Who pays for that? Does that come out of premiums?”

Heininger: Ouch.

Jones: They obviously hadn’t thought that one through, and they started scrambling, and Kennedy got a whiff of it that this was potentially big stuff, but it would have been an Administrative Practices–Judiciary issue, and for whatever reason, it didn’t get followed up on back then, but it could have.

Heininger: It became an issue later. Much later that became a real issue of nonprofits using—where are their funds coming from if they’re doing the lobbying that they’re doing, and the reporting requirements?

Jones: Yes, yes.

Heininger: He’s really on to things very early.

Jones: He really was.

Heininger: Very early. Well, this has been as it was before—exceedingly useful.

Jones: This is fun.

Heininger: I want to thank you.

Jones: I’m just delighted you’re getting this down. All this stuff in my experience stands out so much that I’d love to convert it into something outside my head.

Heininger: Yes, and it is.

Jones: That’s great.
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