Professor Timothy Westmoreland
Narrator

Andrea Muto
Interviewer

1/23/2020
Edward Bennett Williams Law Library
Georgetown University Law Center
Washington, DC

AM: Our conversation today is with Georgetown University Law Center's Professor Timothy M. Westmoreland. Our interview is taking place on January 23, 2020 at the Edward Bennett Williams Law Library on the Georgetown University Law Center's campus, 111 G Street NW in Washington DC.

At Georgetown, Professor Westmoreland has taught Health law and courses on the federal budget and legislation. Prior to that, he was the senior fellow at the Federal Legislation Clinic. Before joining Georgetown, Professor Westmoreland worked extensively on public health and house finance. He has served as counsel to the sub-committee on Health and the Environment and the US House of Representatives for Chair and Representative Henry Waxman and later was the Director of the Medicaid Program at Health and Human Services.

Outside of government, Professor Westmoreland has served as counsel to the Advisory Committee on Tobacco Policy and Public Health and as an advisor to both the Henry J. Kaiser Family Foundation and the Elizabeth Glaser Pediatric AIDS Foundation. He has been the recipient of the Robert Wood Johnson Foundation investigator and Health Policy Award working on budget process in health policy.

Professor Westmoreland's BA is in Psychology from Duke University. He earned his Juris Doctorate degree from Yale Law School. Our interview today will recall what work it took to get the federal government to finally act on the AIDS crisis during the late 1970s and early 1980s, Professor Westmoreland's role and influence working for Congress, and what that means for other present day public health emergencies.

Also, on behalf of the library and Georgetown University Law Center, we would like to thank you professor. We are very pleased that you donated and digitized hundreds of documents and files from that time period when you were working on the Sub-committee on Health and the Environment with California Representative Waxman.

Professor Westmoreland, welcome.

TW: Thank you for the invitation

AM: Professor, may I call you Tim?

TW: Please do.

AM: Wonderful. Let's start in small-town North Carolina where you spent many of your early years. Tell us about growing up there, your parents, their work, growing up in the South, and how your mother and father's professions impacted your early years.

TW: I grew up in small-town North Carolina. My father was a Protestant minister, so we lived in multiple places, but I think probably the most formative part of this was that my father was the chaplain in the tuberculosis sanitorium and my mother was a lab technician in that same sanitorium. I used to go and eat Sunday lunch in the employee cafeteria in the tuberculosis hospital when I was in second grade. I did that for years. After my father's service for the patients and the staff. I grew up with public health in my background. Then, in small-town North Carolina, I also grew up knowing how people used and needed health care services. By the time I went to high school, I was in the Blue Ridge Mountains of North Carolina - in a part of Appalachia that is pretty rural and pretty poor. My father was working in a community mental health center that was spread over 5 counties, so I came to understand low income health care needs at the time too. Small town North Carolina is small town and I feel like I'm a long way from home in Washington DC metaphorically as well as geographically. But Washington has become my home. I've lived here for 40 years.

AM: It wasn't quite as far from home, Duke University, but that's where you pursued your bachelors?

TW: Duke was a good transition school for me. Duke is in North Carolina, but not really of North Carolina, if you get what I mean. I think if I'd gone directly from Blowing Rock, North Carolina into one of the Ivy League schools, I would have become emotionally scarred- I wasn't ready for that. Duke was a good transition place of letting me be among North Carolinians and also letting me be introduced to the larger academic world, so it was a good transition place for me.

AM: Then you did move into the Ivies?

TW: I did move into the Ivies. By then I'd had 4 years of getting ready for it. Actually, when I matriculated in the law school, that was the first time I'd been in Connecticut. I'd never been there before. I'd never been up north to live. It was a little bit of a shock to the system, even then.

AM: If I can ask you then from Durham to New Haven, how did you arrive at studying law? And your proximity of course in the east to New York City. How did that shape you personally and academically?

TW: Up until the middle of my senior year in college, I anticipated going off to get a PhD and being a clinical psychologist. At that time though, to be a psychologist, you needed to do

experimental work with rats and pigeons and screaming babies and that kind of stuff. I did some of that my senior year of college and I didn't like it. I did not enjoy this lab work that was at that point - they've changed the degree requirements now - but at that point you really had to do it before you could get a PhD. So, I started looking around, what else could I do that is mental health/ good guy related and it was suggested to me that I could go to law school. At that time when I told people that I was interested in health law, well, it was sort of assumed that I was interested in medical malpractice defense. I'd say, "No, that's not it. I'm interested in how health is distributed and how people get care and what rights they have.

AM: Thank Mom and Dad for that.

TW: Yes, thank Mom and Dad for that. And thank looking around and seeing the needs and thank the community mental health center where my father worked. At that time health law didn't really exist as a discipline - these days it's huge - but Yale was Yale. It was flexible. It let me take classes from other schools, so I took a course in the medical school in medical ethics and a course in the divinity school on biomedical ethics. I took a couple of courses in the business school on health finance and came out with a law degree. Yale let me structure it myself. It would be malpractice for me to be a "real" lawyer at this point, but I came out knowing a fair bit of health law, that I had pulled together. It was a field that was coming to life at that time. When I interviewed for first year summer jobs, I said I was interested in health law and people said "huh?" By the time I was graduating, I was getting unsolicited calls from the law firms' insurance companies saying, "Aren't you the guy who somebody said knew something about health law?" So, even in those two years, that difference, I could see that the field was beginning.

I worked a summer in Los Angeles for a very boutiquey new health law firm that - as goes California, so goes the nation - they were starting to do serious health statutory work at the time and they needed lawyers. I worked there and I learned a lot, but I didn't enjoy the work. The people who could afford those kinds of boutique lawyers were the people who were already well paid by the healthcare system: for-profit hospitals and the pharmaceutical companies, for-profit nursing homes. I just didn't enjoy it; I wanted to do something that was back to my roots of distributive justice. So, I came to Washington and looked around for "good guy jobs," and interviewed with Health and Human Services, interviewed at the National Academy of Sciences. Mr. Waxman was a new chairman assembling a new staff at that point. I had acquaintances from different places who knew something about him. I knew someone from Duke who knew somebody on his staff. I knew someone from Yale who knew somebody on his personal staff, there was somebody from Los Angeles where I'd worked who worked with his campaign people. The Staff Director said that I won the prize for the most letters of recommendation coming from different places and I got an interview, which is - if people know the Hill is unbelievably lucky to get an interview for a committee straight out of school.

AM: You were?

TW: I was 25. During the interview, they asked me, “Do you prefer the Kennedy Health Plan or the Carter Health Plan?” because even then we were doing health reform. I was later told that the fact that I had an answer, that I knew the difference between Kennedy and Carter, was the main criteria. They didn’t really care what the answer was, but I knew what the question meant. They let me start off as a special assistant and then as assistant counsel. The way those committee jobs worked at the time, the way they’d set it up, was to put new people on rotation, so that I would see the different areas that the subcommittee was responsible for in public health and health finance. I had some background at that point, in school at least in Medicare and Medicaid, so I assumed that I would be doing healthcare finance issues. While I was on the rotation on public health issues, the senior person there, not the 25 year old, but the senior person there, went back to the Center for Disease Control where he’d come from and suddenly at the age of 26, I was the lead staff person for the House Majority on public health issues. I didn't have serious academic training for this. I didn't know the difference between incidence and prevalence and I was in charge of the CDC portfolio, so I learned on the job really fast.

AM: Must have been some long days and long nights.

TW: (nodding) Long nights, lots of briefing sessions, a lot of time with reference librarians with people who would help me do it. It was in everybody’s interest for me to understand what I was doing. I had started as the backup person for him, during that rotation, and when he left, suddenly, I was doing that work. Then, after Carter was defeated and Regan came in, their policy I was simply to cut everything indiscriminately. It just didn’t matter, they just slashed budgets everyplace. At that point, the presidency was Republican, the Senate was Republican, and the House was Democratic- sort of like our current situation- so we were sort of the voice in the wilderness, saying these programs matter, please don't cut them. My first big work there demonstrates how random the cuts were. They had proposed cutting childhood immunization budgets. Cutting childhood immunization budgets - you really are doing it without caring what the programs are about. They said the states would pick up the slack and that state health officers told me that they didn’t have any extra money either, so they weren’t going to pick up the slack. So I put together a hearing at that point on what the effects would be of cutting childhood immunization in the US and had as my opening witness there one of the guys who won the Nobel Prize for developing the polio vaccine. He came and he showed members of Congress slides during the hearing, of what it was like for children to be exposed during the polio epidemic and be in iron lungs. It was my first big oversight hearing, my first - this is wrong, what the Administration is proposing, and we also won. The Republicans backed off immediately, saying this doesn’t make any sense. The Reagan Administration was defeated on that and so I got my first experience that bringing attention to an issue could sometimes bring Congressional support.

AM: Useful later.

TW: Very useful later. I want to point out that it was just undifferentiated budget slashing. It really wasn’t focused; it wasn’t looking for programs that didn’t work. It was cut every dime you could find. It was David Stockman and all his black books. That was my first time out and

suddenly I was doing public health. After a number of the cuts were enacted, the staff and Mr. Waxman believed we were going to have some kind of public health disaster. These programs did things and now they were suddenly crippled. I was looking to see what's the first thing that's going to happen. Is it going to be an epidemic of preventable disease that vaccines aren't reaching? Is it going to be an outbreak of tuberculosis? Lead poisoning? What's it going to be? So, in the summer of 1981 after the first Reagan budget had gone through, I went down for a site visit to the Centers for Disease Control. It's kind of unusual for Congressional staff people to go to Atlanta. It existed at arm's length from Washington. The CDC is dependent, but it exists at arm's length. The CDC director was a Carter appointee who heldover, and he took me around to meet all the directors of the different portfolios - tuberculosis, sexually transmitted diseases, those kinds of things and for them to explain to me what these programs were. I remember I didn't know what these programs were. Also, what they thought was going to happen with their new budgets. I was looking at taking notes and at the very end of that 2 day visit of budget briefings and portfolios, the CDC Director at the time said, "there is this other guy I'd like you to meet who's got something new. He can show you how we respond to new outbreaks at CDC." I went to meet with a guy who was a sexually transmitted disease physician officer at the time, to CDC friends, the Epidemic Intelligence Service, which looks in to new outbreaks. I'm sure they're at work now on the corona virus. This guy, whose name was James Curran, he was young too and I sat and talked to him and he said there's this outbreak of unexplained pneumonia among homosexual men and the first cases that have been recorded (very recently recorded at that time) were in Los Angeles, which is of course where Mr. Waxman was from. I said "Tell me more." He said that there is a rare skin cancer and we just don't know why it is showing up in otherwise healthy young gay men.

AM: Was there a portfolio for this new thing?

TW: Just that we have a new disease.

AM: It was just a conversation?

TW: Yeah, and that he was the person who had been designated to investigate it, to try to figure out what in the world is going on here because pneumonitis pneumonia, which is what it turned out to be, is a disease that exists, but that usually showed up among older men. Kaposi sarcoma was almost always in older men, usually of Mediterranean or Jewish descent. It just didn't fit. That it was all showing up in homosexual men - it made them wonder what in the world was going on. I said my Chairman's district includes West Hollywood, which is the gay ghetto, or was at the time, you tell me the new cases and I'm sure Henry would want to do something about this. Can I help in any way? He said, "No. Please no. As a government physician and researcher, I'm just barely getting the gay community to talk to me. They are very suspicious."

AM: That was his concern?

TW: That was his concern. He said most of these guys just want the government to go away and leave them alone because it was at a time when homosexuality was criminal in lots of

states, not in California at the time, but most states. These guys just didn't want any involvement with the government at all. The last thing they needed was for me to show up - a congressional staff person and say now we brought the Congress in on this too. They didn't want that. Instead, he said, "Let me keep working on it and try to learn things about it." I said, "If there comes a point when there's something you think we can do to be helpful, especially since it was on my mind at the time, budgets, by all means let me know. I'm sure Henry would want to do something to be helpful. This is exactly the kind of public health problem that we were looking for, it's an outbreak of a disease, and it is also a budget issue. I went back and I wrote a memo to my staff director and that memo is in the files that I just gave to Georgetown Law. It said this looks like a potential problem and I would encourage us to do an oversight hearing on this when they're ready.

I stayed in contact with the CDC people on a regular basis - that was my job. About 6 months later, I heard from Jim Curran saying that I think you could provide some help. I need to emphasize that these are not official channels that are going on. The Reagan Administration official channels that would have been my contact with the Centers for Disease Control was Agent [?] at that point would have told me the president's budget is X, it's all we need, if we need some more when moving around from projects of lower priority. We don't need any help from the Congress. We're opposed to increase budgets, that would have been the hardline, but I had gotten to know people, even over a year, and in not just what turned out to be AIDS, but in all these areas, Waxman had told me to behave as if you were a public health service person who doesn't have to respond to the White House. You respond to me so you're coming to give me public health advice. You are supposed to be my channel into finding out what the experts are saying so we will know what to do with the committee. I came back and I said I think we need a whole day hearing and emphasized that as Curran had told me, as NIH people were telling me, we need an influx of new money in order to do the research - the epidemiology, the field visits, the interviews, the lab tests - to start into looking at the hard sciences what is going on here in people's blood we need extra staff and we need travel budgets and we need equipment, and at one point, they even needed a secretary. They needed new money, but at a time there was a hard line. So, we had an oversight hearing in April 1982, at a time when we still didn't have a name for what this syndrome was, saying was Kaposi Sarcoma and related opportunistic infections.

AM: And the cases were multiplying in New York City, hospitals were overflowing.

TW: Not yet. The cases were at the very beginning - I think there were only 200 at that point, but the cases were steadily coming in in New York, San Francisco, Los Angeles - where there were gay men. We had the hearing and the scientists were saying this looks like this might be the tip of the iceberg, we need to understand this more. The official line from the Public Health Service people was we have everything we need, thank you. We had to get other people in to say, "Wait. This needs some new money, some new research. This is a bigger thing than it seems. One of the things that I had learned along the way was for a congressional hearing to be of any interest to anyone in the outside world but also for any interest to the members themselves - they were already bombarded by numbers and statistics all day - was that you

needed a real voice of somebody who was personally involved with this. At my childhood immunization hearing, I'd had the former first lady of Arkansas who had led an initiative for getting kids immunized, so she talked about how important it was to get kids immunized. For this one I was looking for somebody who was sick, somebody was scared, somebody who didn't know what was happening to their own health. As it happened, in San Francisco, in one of the gay papers there was a guy who had Kaposi Sarcoma, the purple spots of skin cancer, who's saying we have no idea what this is but I'm going to keep a diary in this gay paper, a journal, so that other people will know what's going on because it's showing up in San Francisco. It wasn't in the hundreds yet, but it was in the dozens. His name was Bobbi Campbell and so he was the self-described Kaposi poster boy. He kept a jar.

AM: And he was a nurse himself.

TW: He was a nurse himself, so he described his healthcare, not just in his personal voice, but in a medical voice. So, I called out of the blue and I said I'm having this congressional hearing, trying to convince people that we need to do more about this. Would you come down from San Francisco to Los Angeles, which is where we were going to hold the hearing, and testify. He said sure. His ongoing journal in the gay paper had some humor to it, but it was mostly quite a serious medical writing of what is going on with my body, what do people know, how is it expanding. It seemed like he would be a good witness. So, I got to Los Angeles to try to put together the field hearing, which we did, at the Gay and Lesbian Community Services Center in Los Angeles, in Mr. Waxman's district. There was some politics involved there, Henry could be seen to be helpful to the gay community, who were his voters and at the same time be drawing attention to the outbreak of this new disease.

Bobby came down from San Francisco for this and when you have Washington hearings everything is put together, the hearing rooms are there, the television lights are there, all that sort of stuff. When you do a field hearing, it's sort of do-it-yourself assemble the stuff, so I was actually setting up chairs in the auditorium, making the little tent cards for witnesses. Bobby showed up and we introduced ourselves. I'm a Washington lawyer blue blazer grey flannels kind of guy and he's a San Francisco gay man activist and we talked for a while. He said, "So, I don't know anything about hearings. How shall I appear? I could wear a jacket and tie, like you are, I could come in my nurse scrubs to give an air of professionalism, or I am a member of the Sisters of Perpetual Indulgence, a drag protest group in San Francisco, I can come in a full nun's habit if you'd like." I remember I saw my entire career passing before me. I said, "A jacket and tie would be just fine." He laughed and he came in a jacket and tie. We had our first hearing. We brought in people. We got a little tiny bit of publicity, but not very much. Then, publicity started because other medical people were noticing the outbreak of pneumonia and skin cancer. As the publicity started up, the journalists themselves began asking me, "Didn't Waxman have a hearing about this at some point?" They started coming to me - to us - to say, "What should we be looking for?" I started to point them to the budget problems over here or if they need a laboratory over there. It wasn't that the press actually covered the hearing very much, but it became a benchmark. We started being a sort of central location of there's a problem here and nobody's paying attention to it in the administration.

AM: Were you concerned with Bobby Campbell's hearing as well and drawing attention to this new unexplained epidemic? Were you concerned about - as we would see later - the sparks of hysteria, especially in the gay community, as this disease presented itself in the gay community? Just hysteria among the general population?

TW: There was a whole lot of confusion at the very beginning. Some scientists thought that the disease was caused by lifestyle, that some of these gay men were living a “fast lane life” with drugs and a lot of parties and their immune systems were just falling apart. Other people thought it was an exposure to a recreational drug that gay men are known to use called poppers, which is an inhalent which gives you a rush at a disco. Other people thought that it's an infectious disease that might spread like influenza spreads. In the early years, we went through years of this between total apathy, nobody cares, to some hysteria, it spreads like the flu and everybody’s at risk, maybe we should isolate these patients, and back to apathy again. A few years later, the guy who was the Press officer at the CDC showed up with a slide in PowerPoint there was a graph of the epidemic with the number of cases always going up and then a graph of the front page news stories about the cases and it was like this [hand makes rollercoaster motion] so it was a steady increase of cases and a rollercoaster of interest in the cases. We went from apathy to hysteria and back to apathy again.

We genuinely didn't know how it was spreading. Relatively early, the CDC people suggested there's an infectious agent here; this is being transmitted. It's not recreational drugs; it’s not exposure to toxic substances, but we don’t know what it is.

AM: Where’s the NIH in all of this?

TW: The NIH was there from the beginning. If I can jump ahead in my realization of this because NIH was in the portfolio that I worked on. There was a sort of gap in mission between CDC and NIH that became more and more apparent as we went forward with the AIDS epidemic. CDC was on the ground, let's figure out what's going on, epidemiology, investigation, and identification. NIH was focused on academic biomedical research, the most interesting new possibility in science at this point. It waited for the scientists to tell them what are new possible discoveries. There was nobody in the middle saying we need some real biomedical research on a topic that we determine, sort of directed biomedical research. NIH thought of itself as, “We’ll wait until the scientists tell us what’s interesting. CDC said, “We're on the ground right now.” There was nothing in the middle. So, NIH came in and told us what kind of research they were doing on immunology and infectious diseases, but they weren't self starting on this, they were just combing through their portfolios and saying, “There’s one. Somebody else is doing that, let’s do that.” It took them a year to even put together even an advisory committee to say “Oh wait, there’s this new cancer, maybe the Cancer Institute should take a look at it.” So, part of it was that we needed more money, but it also needed to be directed and NIH is unaccustomed to receiving direction. For a little bit, I got pushback from some of the scientists who said, “No, we don’t want the politicization of research here. We don’t want you to tell us what to do.” I said, “I’m not telling you what to do; listen to your colleagues at the Centers for Disease Control.

There was some pushback if there is no money, then it needs to be at our discretion. But it was new money that was directed towards a specific purpose. I think that the gap between the two agencies has gotten better over time. NIH is more responsive to new developments than it used to be. For instance, you can see how they responded quickly to the Ebola virus. When I started working with them, there were senior NIH officials who said that we had conquered infectious diseases and we were moving on to noncommunicable diseases, cancer and diabetes, not infectious diseases. NIH was a little late in arriving there, except to say that there are some projects that we're doing that might be of interest. But we pushed and it turned out that some of the internal NIH scientists as well as some of the internal CDC people were asking their bosses for more money for this. They were routinely told that this administration doesn't ask for new money - for anything. They cut child immunization, for instance. So no, they weren't going to give it to them. So, when we would have a hearing about what is going on here and who's paying attention to it, the CDC and NIH official statements would be, "We've got it under control; we've got as much money as we need." Meanwhile, I was hearing from the acquaintances that I'd made in these agencies, "You have no idea what our epidemiologists are projecting. The case rate is doubling. It doubles and doubles and doubles." They had been asking for money, but had been routinely turned down.

So, that became my next task, to bring to light what the professionals, what the experts were actually asking for and try to make that public and try to get some attention to it and say "Why are the Reagan bureaucratic appointees saying no to what these career scientists are saying they need?" That's when I started getting leaked documents, many of which are in the papers that Georgetown Law now has. This was before the web, this was before email, this was mostly before fax machines. I would get Xeroxed copies of this. I worked in the Rayburn building over on the House side of the House Office Buildings and there's a little garden and then there's the Department of Health and Human Services and on multiple occasions, I would meet a staff person from HHS in the little garden and (let's not even do gender) he or she would give me Xerox copies in a plain brown envelope of, "Here's our formal budget that's been turned down." I'd go back to my office and start making official calls first and they'd say, "No, no, we have what we need." I'd say, "Ok, we're having a hearing and we'd like you to send witnesses to tell us what you're doing." In the hearing that would be an official line of, "We have it under control." I came to understand - and I think it's still true - that after you get the official line, and there is always an official line whether there is a Democratic or Republican president, but after that, there is a magic phrase that you can use, "Dr. Muto, in your personal professional judgment, is this enough, do we need to do more things?" At that point the career scientist, the public health person, the director of an NIH Institute, is released from speaking on behalf of the Reagan Administration and is now speaking on behalf of his or her professional judgment. Then they can tell us, "We need a laboratory. We need some more studies. We'd like to be able to visit these places." I could retrofit a budget and say this is what we need for this. That sort of minuet, that back and forth of the official line, but in your professional opinion, just to get information that I'd already been given in plain brown envelopes. I knew where I was trying to hit and the witness knew where I was trying to hit, but there had to be a minuet to get to it. I'd have to go back and look at these papers but I think we had ten of these hearings in three years to establish what the AIDS budget should ultimately be at NIH and CDC and FDA.

Ultimately, we got attention from the press and eventually attention from the people who actually make spending decisions, the Appropriations Committees, and that is when we started getting some momentum. First of all, the epidemic itself was manifesting everywhere. There were lots of cases at this point and it couldn't go unnoticed anymore. It was no longer five guys with pneumonia in Los Angeles. It was now a couple of thousand and then a couple thousand more. In the beginning, it was only gay men in New York, San Francisco, Los Angeles, and Miami. But then it started showing up in other places, a few cases here and a few cases there. People started realizing this is bigger than we thought; this is what the CDC epidemiologists have been warning about. The hearings started to be about now we need an emergency response to this, not just incremental increases. The phase that people always use is “a Manhattan Project.” We need something really big.

At the same time, the press was covering the widespread nature of the disease and I’d have to go back and look in the papers, but I think it was the budget for 1985, so I think it was in 1984, the public health people had proposed a fairly significant increase from year to year for what their appropriations should be. The budget people in the Reagan Administration just said, “No.” They just flat-out turned them down. You know, bureaucratic decisions. I had a fairly thick plain brown envelope of that budget and with the complete budget for this that I had, Waxman wrote a letter to the Secretary of HHS asking for the numbers. She said, “No,” they were internal. We wrote back with a letter threatening a subpoena for all their budget documents. It was just about that time, obviously, totally by coincidence, it was leaked that the movie star Rock Hudson was sick and he was going to France to get treatment. There wasn’t anything being offered at the NIH at that time, he was going to find experimental therapy in France. It was at just about that time that we had scheduled a hearing to discuss the budget documents that we wanted and the subpoena. They were sending the Assistant Secretary of Heath, who is high up, to testify. The day before the hearing, we got a letter from the Secretary saying she had asked for an emergency increase of 50% for our budget. He did not have to testify that he had everything under control at exactly the time when every international television camera was focused on Rock Hudson flying to France. And us, with the full budget that we'd already received on a leaked basis, so they asked for a 50% increase and we moved on and on. We started getting more money and more attention from the appropriators.

AM: Was that also about the time that Ryan White’s case came into the…

TW: It's still a little later. I think he started being in the news in ‘87 or ‘88. This was ‘85. They do sort of blur together and it was a stream of events of who was sick. There was beginning to be public hysteria of wait, this disease seems to be spreading everywhere. It was this time that people identified that the disease could be spread by blood transfusions. At that point people were really worried because that meant that any major surgery was a risk of getting AIDS. We did have a name and we did have a virus to help identify. Obviously people who took products that were made out of blood, the hemophilia products most notably. They were at a very high-risk because at that point, the hemophilia products were not heat treated. So, the AIDS virus could be contained in those products. That’s a peak in public hysteria, that everybody was at risk, that everyone was going to get AIDS.

AM: A teenaged boy from Indiana.

TW: The hemophiliac boy from Indiana, Ryan White could get it. There was always this tension back and forth in the Congress because, it's hard to recognize now, but there really was fairly intense homophobia. The politicians did not like the people who were getting sick. They didn't like gay men. They were ready to blame them for their own illness. The same thing for drug users. But here was what was usually referred to as an "innocent victim." It's a phrase I've always hated because it implies that the other people were intending to get sick. Nobody was intending to get a fatal disease. But an innocent victim was Ryan White, who got AIDS from hemophilia products. The hysteria that everybody was at risk was cresting at that point with, now it's let's keep all the kids with AIDS out of public schools. There were parents picketing to keep the kids out of public schools. School boards were making the decision not to let kids attend, even though the public health officials were saying, "It's not spread that way. The kids pose no risk in the classroom. But, the unknowns were so big that people were unwilling to accept "We don't know for sure how it's being spread, but it's not being spread this way- it requires blood products or semen." It just didn't connect and people were really afraid.

AM: Can you tell us a little bit about what it did take to get to that point where it can't spread that way. You can't get it from a glass that someone who has the virus had been drinking from, etc. I'm thinking particularly of Dr. Koop.

TW: Dr. Koop. The medical people and the scientists are very reluctant to say absolutes. You ask them, "Are you 100% sure that it doesn't spread by toilet seats or by toothbrushes or something like that?" They will say, "99.9% sure." That's exactly not what the public needs to hear, that there's an unknown there. Scientists are reluctant to prove a negative. There's just not 100% on anything. Many of the official statements, while they were meant to be reassuring were actually enhancing some of the anxiety. C. Everett Koop, who I came to know quite well over the years, was the Surgeon General of the US. He had arrived in the Reagan Administration because of his anti-abortion credentials. He didn't have any public health credentials when he came. He was supported in his appointment by the most conservative elements of the Reagan Administration and of the Republican Senate, so we were all skeptical of whether he would be of much help in the public health setting, especially one that involved sex and drugs. Probably for that reason, President Reagan requested Dr. Koop write a report to him about AIDS: what do we know and how is it affecting the US. This was at a time when Reagan had yet to say the word out loud and thousands of people had died from this epidemic. He asked Koop for this report and Koop, who was the most upright and righteous (sometimes self-righteous but usually just righteous) but honest [man], believed in science and medicine. He was not going to let the politicians influence what he had to say. He wrote this in contact with all of the experts at NIH and CDC, but largely by himself. The White House domestic policy staff demanded to get a copy of the report in advance, so that they could clear it for its content and he said, "No." He wouldn't give it to them. It was important for the precedent. He had a statutory turn to being Surgeon General. It is a quasi-military office and he couldn't be fired except by cause and responding to the president wasn't going to be a cause. What's more, he was such a

hero to the fundamentalist conservatives at that point because of his anti-abortion credentials, he knew he couldn't be fired, so he wouldn't give it out. When he did give it to the President, he also released it. It was he who finally said, "You can't get this disease by casual contact. It's not spread like the flu. It's not spread by drinking water at a water fountain. It's not spread by toilet seats. Here are some precautions you can take about sex and drugs, but it's not something that everybody is at risk for and it's not going to be a pandemic throughout the nation." He wasn't worried about that .001%. At that point, he was speaking as a physician rather than as a bench scientist who needed to preserve that one possibility. His report was definitive and he was so respected, not as a routine politician, but as a health official. Plus, he had such gravitas when he was on television. He was able to speak to people and tell them to calm down. It didn't help with some of the hysteria in public schools. It didn't help with everything, a case went to the Supreme Court about this. It didn't help with all of it, but, it really did calm down the panic quite a bit.

At that point the right wing turned on Koop and said you should be telling homosexuals not to have sex. He actually went on television at one point and said, "I am the nation's doctor. I am not the nation's chaplain." He went back in their faces to say this is what we need to do for medical purposes. I think he did a lot of the calming. He was a great witness for me on multiple occasions too. He came and testified and some of the rightwing Congresspeople really didn't like gay men and drug users. They tried to get him to say things, but he would just say, "You know, you're asking me a moral question and I'm here as a medical person. I have my own personal views about morality, but that's not why I'm here." I think people have forgotten at this point, but he showed up in uniform. He's the Surgeon General of the Public Health Commissioned Corps and he would show up in uniform with epaulets. It was hard for anybody to say, "Sir, you have to do more." He would just say, "This is my job. I'm telling you the truth." He just had this gravitas to him of speaking truth to power. I said to him at one point that it was like Nixon goes to China. People expected you to be an anti-abortion, anti-sex activist and you then showed up and you were the person who could say this to the Reagan Administration and to the American people. He didn't really respond, but he knew that he was the figure that could stand out to do that. It was terrific.

AM: The Congressional Representatives and Senators, when they went back to their districts, how were they communicating with their constituencies and did this report have an impact?

TW: This report definitely had an impact. Tom Harkin, the Democratic Senator from Iowa, had got legislation passed that there would be a household mailer of this Surgeon General's Report on AIDS. Every household in America would get a copy. Other than the census, it is the only document ever sent by the federal government to every household. So they got communication to everyone and it was the same document that said that people are getting sick, it's a very serious disease, but you're not going to get it from casual contact - don't worry about that. I ended up being on the House floor a lot during this time because there were a lot of anti-AIDS amendments being offered at this time. Keep people with AIDS ouf of the Foreign Service; keep people with AIDS out of the military; mandatory testing in prisons, all these kinds of things. I was

always the reference staff person, even for people who were not my boss, so I would have to go down to the House.

One of the unsung heroes was the Chair of the Appropriations, Bill Natcher. I think he was in Congress for 40 years at that time. He was a southern gentleman in a three-piece suit. He never missed a vote - he was very proud that he had never missed a vote. If you sat down next to him, no matter who you were, he would pull out his index card and show you what number vote this was in his career. This was number 23,604 or something like that. He was very proud of this. He was also the most austere of commanding presences. He was Chair of the Appropriations Subcommittee that dealt with all the health spending. All that stuff that many people were characterizing as the stuff to help homosexual men and drug users and it went through him. (His papers are on file, by the way. I've been looking at them in the University of Kentucky's Law Library. So, anybody wanting to cross reference, you can read all of his diaries about all of his votes.) When we first started to try to get increased budgets, he was persuaded by scientists, but he was still a little bit incrementalist about it. We need this for the Californians and New Yorkers, or something like that. But I came to hear from both Natcher's staff and sort of indirectly from Mr. Natcher that it wasn't just happening in these major metropolitan areas in their gay ghettos, that there were people in Kentucky who were sick. There were men who would come home from San Francisco to die. So, people who were from other places than the central outbreak cities were coming to realize that it was loved ones and family members of people in their districts and then it started to be people who got sick in their District too. It felt like the turning point in AIDS funding was reached when not just the major metropolitan areas, but rural Kentucky, started to be places where people turned to their politicians and said you need to do something here. For Mr. Natcher and his staff, there was no reason they had to respond. It wasn't politically important for them at first and at first they too felt like they needed to do what the science was directing. They recognized that it was a national problem, that it was affecting every place, even rural Kentucky and the central part of the US. They started taking this funding really seriously.

At that point, Lowell Weicker was the chair of the Senate subcommittee and he and his staff were heroic in facing down the Reagan Administration, and he was a Republican, so he was facing down his own party (something you can't imagine happening right now). And he was facing down some really vehement opposition from people like North Carolina Senator Jesse Helms who was really homophobic and really smart and knew how to taunt at this. He knew how to throw amendments in and how to make it appear that the only thing that was going on was the people were trying to cater to the gay agenda, or something like that. Mr. Weicher just brought the entire Senate to a halt to say, "What's going on here." I just want to say that people point at the enactment of some of these statues of programs like Ryan White or the NIH programs, but the appropriators had to be there every year and the appropriators did some heroic work in the backrooms too to get more money for this. With the papers that are at the Georgetown Law Library, a friend and colleague of mine who was Lowell Weicker's Chief Clerk, which is a big deal even if it doesn't sound like one. She has donated her papers too even though she doesn't have any particular link to Georgetown. She has her papers with mine.

AM: We did mention Ryan White and his becoming something of a poster boy for the fight against HIV/AIDS and there were detractors and those homophobic Congresspeople and yet it was President George H. W. Bush who signed the Ryan White Act in ‘90 and then it's been reauthorized.

TW: It’s been reauthorized several times.

AM: Reflecting on that, it seems rather amazing that by 1990, having talked about the early ‘80s, that the pace really did pick up over that decade and did accelerate until 1990 and that's quite an accomplishment.

TW: Because of these papers, I've been going back and looking over the timeline of the things that we did and I'm astonished at many different investigations and hearings that we did over that decade. When I was putting this together for the library, I came up with 5 hearings that I’d totally forgotten that I’d done. The appropriators were having hearings also. Ted Weiss from New York was chairing the Investigations Committee and he was having major investigations into what was going on. So there were a bunch of people doing it, but mostly it was the geometric multiplication of the cases. CDC had put in place a reporting system for state health officers to tell the federal government when they had a case of AIDS. I’d have to go back and do the arithmetic, but when it started out, it was doubling every year and then it started doubling every 7 months and then every 6 months. You get to the thousands and you’re on the evening news. I remember one oversight hearing in which I had written for Henry's opening statement that if the epidemic continues at this rate by the end of the Reagan Administration, more people will have died of AIDS than died in Vietnam. First of all, when you think about how Vietnam dominated politics and news in the US in my early years, you realize that's a lot of people and that's a lot for the President not to have mentioned or say it aloud. The second thing was, I just find it surprising because it's the way political people and public health people think differently. The CDC witnesses were seated right in front of me at the time when Henry gave that opening statement and the lead witness turned to a staff person and then turned to me, “Is that right?” The enormity of the wave was catching up with everybody who was right in the middle of it too. Only when you put it in those sort of metaphorical political comparative terms that more people will die than had died in Vietnam that people say “Oh my G-d. Look at this.” I think the ever-increasing wave of cases made AIDS a place in the agenda as time went on.

What also began to happen and what led to what is now known as the Ryan White Act, was that those people who were sick had no particular place to go for care. There weren't AIDS specialists at that time, so people would go to the emergency room because they couldn't breathe; they had pneumonia. People would go to the emergency room because they were running high fevers; they had meningitis. All these diseases, which exist all the time, just immediately show up if your immune system collapses. So people were going to the emergency room, and filling them up. So that urban hospital emergency rooms had this deluge of sick people who had no other place to go and were getting care in the emergency rooms. But they were swamped. At the same time that also meant that if you were not somebody with AIDS and you'd been in a car crash, you got to the emergency room and it was full. You had to wait in line

behind these people with 105 degree fever from meningitis or something like that. So, San Francisco at first and then it spread to other cities, that people recognized that you didn't need in-patient care for most AIDS care. You needed to stop the fevers; you needed to help people breathe, but you could stabilize them. We needed something other than people just showing up at the emergency room in a very expensive and time and resource consuming way. That is what we were trying to do with Ryan White. We were trying to create funding for the major metropolitan areas with lots of cases to be able to take care of people outside of hospital settings, to provide nurses to go in and check on people, to provide home health workers who could help with the changing of IV tubes, but also to provide mental health services to people, to provide counseling services to people. But an out-of-hospital model that didn't exist and there was no infrastructure for. So the first round of Ryan White was getting an influx of federal money to develop a network of out-of-hospital services and I could explain it to people in major metropolitan areas. I could also explain it to people who didn't care about people with AIDS, saying if you want your emergency rooms to be open again, if you don't want to spend inpatient hospital level spending per patient, then this is a good model for you too.

We brought it together to be out of hospital care and it started out, when we were doing it in the House, it was focused on the major metropolitan areas and Ted Kennedy was the counterpart in the Senate. He was doing this too, but to get his ranking Republican, who was conservative but constructive, we had a crazy ranking Republican at that point in the House on our committee. He was one of those people who was telling people that AIDS was spread by spores. We had to negotiate sometimes. He really hated gay men. Mr. Kennedy, to get his ranking Republican, Mr. Hatch added a new title to the bill, which would fund not just major metropolitan areas, but every state would get some money for this out of hospital care and the purchase of prescription drugs. So Utah, Mr. Hatch's state, which did not have a big number or cases, but had some, would get some money from Title II. Title I was still the same. We didn't need that in the House because we had proportional representation, so the urban areas were dominating, so we could get the votes for that. They needed it in the Senate to get the rural Senators to support it. I put together, in parallel in the House and in the Senate, legislation to provide hospital services.

It was about that time that we were also getting therapies, at first not therapies for the underlying HIV immune disease, but for what I call opportunistic infections - the things that attack people who don't have an immune system, so the pneumonia, the tuberculosis, the meningitis, the CMV infections. The scientists were developing drugs that would not stop the immune collapse, but would prevent those diseases from arising. At that point, there was a reason for the potentially infected to find out if they really were infected so they can start taking these preventive drugs to keep themselves from getting tuberculosis or meningitis. We also believed that we needed to start a federal program, which didn't exist, of counseling and testing and urging people who engaged in high-risk activities to come in to be tested. They'd been afraid to be tested before because the only thing that it was was bad news: you were going to die. And, people were being fired from their jobs, people were losing their health insurance, or kids were not allowed to go to public schools. So, up until that point, everybody who was potentially infected was afraid of being tested, but now we had a reason to tell them this is not

going to be used against you, this could be used for you to keep you healthy. We also had a title in Ryan White for encouraging early testing and early treatment.

That wasn't quite enough in the House, we still didn't get very many Republicans because we had handful of very vehenmently homophobic, mandatory testing Republicans and the moderates were afraid to cross them, so that wasn't quite enough. Elizabeth Glaser was a woman who had gotten infected by a blood transfusion during the delivery of her first child. She and her child were infected. She put together an organization to advocate on behalf of pregnant women and kids with AIDS. She was a hero; she was very clear that she was uninterested in getting just a small program for pregnant women and kids. She wanted to do something to respond to the whole epidemic. So, she came to me and said show me those offices to don't like gay men and drug users and I'll go talk to them about women and babies, but you tell me what I'm asking for because they're going to tell me that they'll give me what I want, but I don't want to be peeled off and be the "innocent victims" off to the side.

So Elizabeth went to some of the Republican offices in the House and advocated for a small program for kids, but it has to be part of this larger program because everybody needed the out of hospital care. We got some moderate Republicans to sign on in the House because Elizabeth was there saying this is what we need for the kids. When it comes to the Senate, the filibuster is everything and people were threatening it. Mr. Kennedy needed more Republican support, Mr. Hatch's support wasn't enough. Practically the last decision that was made in the House/ Senate conference was because Mr. Kennedy's staff, and I assume Mr. Kennedy himself; they thought that they could get Dan Coats, the Senator from Indiana (who went on to become the Governor of Indiana, who went on to become an appointee in the Bush Administration). He was wavering, so they thought they could get him, if they renamed the bill after Ryan White, who was from Kokomo, Indiana. I thought to myself, "Well, this is a marketing thing, if that's enough for their votes, then sure why not?" I just agreed to it on a staff level. I didn't even take it back as one of the major decisions that the chairman had to make for himself. But then when I brought the papers to Henry he said, "Why this Ryan White thing?" I said, "It's something the Senate said that they need. Everybody knows him; he's been on television and he's a very sympathetic character. He's been heroic in speaking up, very articulately. Henry knew who he was and his family had been very helpful as well. Henry said, "I know a bunch of people in Los Angeles and Washington who died. We could name it after other people too. Why are we picking this one? When it had left the House, it was the AIDS Emergency Act or something like that, something relatively non-descript, though emergent. I said, "I've already agreed to it. It's already in the papers. We're not going to revisit this. It's something they say that they really need. And Mr. Coats voted in favor and he did bring a few Republican Senators with him.

So on final passage, if you go back and read the Congressional Record or look at the C-SPAN tapes, you will see Mr. Waxman on the floor saying that Ryan White is one heroic person, but there are a lot of other people who deserve recognition and Henry read into the record a series of names of people that he'd known and I put down some of my friends who had died. There was actually one former member of Congress who died of AIDS, and Henry read it into the record saying that this bill could be named after any of them. But Ryan White was really well-

known on television, very well known as a public figure and in retrospect, it was a master stroke for Mr. Kenedy and his staff to choose this name because at that point, no one could be opposed. No one could say this is only about junkies in Jersey City or it's only about gay men in West Hollywood. This is about all of these people. Ryan White came to be the face of AIDS. He had died by that point, but his mother advocated for the legislation and for ongoing funding. She was very effective as a spokesperson too. It's a mix of speaking truth to power, like Dr. Koop, of basic science information here are the budgets that they need to do laboratory work, but also some political marketing to give it a human face and something more than just a series of epidemiology statistics- that was the legislation.

AM: Are we better today dealing perhaps with large even small scale public health care crises?

TW: We are certainly better at recognizing and dealing with infectious diseases. Avian flu, ebola virus, the new outbreak that's going on right now of coronavirus, people take it quite seriously and recognize that we have not conquered infectious diseases. In fact, new ones will show up all the time. I think that the public health agencies still do heroic work in responding to that. Are we good at recognizing that there needs to be a public health infrastructure that keeps track and responds to this and that - states don't have the money to do it? No, we're not. The federal government underfunds its public health agencies. Are we good or bad at hysteria? I think we're bad at hysteria depending on how the coverage is. In the age of social media, people fan flames for their own reasons or just to be ornery about it. I think we're better situated than we were. The other thing that's obvious is that the thing that has changed that I cannot describe to students in a way that they get is how attitudes have changed towards gay people, towards LGBTQ people. When I was working up there, I was one of the few openly gay people working in a Congressional staff office. My boss was representing Los Angeles; he was the lead sponsor of the Gay and Lesbian Civil Rights Bill. When I first realized that this epidemic was going to be something that we would need to spend a lot of time on, I asked if I could have some time, so I could tell him personally, "I know this community more than just for an epidemic profile. I am gay." He just said, "Oh, ok. Now what?" He was totally blasse. It was a huge deal for me to come out to him at the time, even though I'd been out to the office and all my colleagues knew that I was gay. Everybody knew my partner at that point. To sit down with a politician and to come out, it was huge. These days, I don't think people would even bother telling their bosses that they were gay.

AM: Was Senator Frank in Congress at the time?

TW: Representative Frank, yes, he was there. If you may remember, he was outed, involuntarily. He had been involved in a scandal and somebody outed him. He dealt with it and then moved on. Barney is Barney. He has a very strong view of himself. It was a bad time for him, but he moved on. There's another Congressman too, Gerry Studds from Massachusetts who was involuntarily outed also. He ran for re-election in a number of working-class districts in New Bedford, Massachusetts and was re-elected. But it was easy for politicians at that time to say that they didn't like gay people and words that were a lot less friendly than gay people. At one point, the ranking Republican on my sub-committee, Mr. Dannemeyer from Orange County

was apparently telling journalists that Henry Waxman was a puppet being run by his gay guy who was following this gay agenda. His name was Tim Westmoreland. The reporter was from the Los Angeles Times and he told me, “I’m not going to print this. I know that Henry’s nobody’s puppet. But you should know that he’s out there telling everybody this.” At one point Mr. Dannemeyer came into one of the committee meetings with a copy of *The Band Played On* under his arm and I am named repeatedly in there and identified as a gay man. My Republican colleague came up to me and said, “I have no idea what he’s going to do in this markup.” He’s got the book under his arm and I was supposed to be sitting at the counsel table explaining pieces of legislation with C-SPAN cameras going. I had no idea what was going to happen - none of us did. My Republican colleagues knew I was gay, there was no question about that; they didn’t care. I went up to Waxman at that point and said that Mr. Dannemeyer is here with the book. I don't know what he's going to say or do to me. Henry said, “If he says anything about you, you do not say a word. This is something that the members will handle among ourselves. You just keep doing your job.” Dannemeyer didn’t say anything in that mark-up. He did say things to people on other occasions. Democrats who were voting for the legislation that I was working on were saying, “I don’t like queers. Why are we doing this?” They weren’t saying queers the way that students these days say queers, like Queer Studies. They were saying queers like fags. They were saying it to me, but they didn’t know. It was just so different. So, when you ask if we’re better off now, gay people are better off now. At that point, I think a number of the members would have said if it kills off one-tenth of the gay people in America, fine. I think a lot of them would have said it out loud. It wasn’t something that they were ashamed of. That's changed quite a bit.

AM: We have a viable Democratic presidential candidate.

TW: We have a viable Democratic candidate, who seems, actually, to be one of the more conservative ones and he’s a gay man. It’s just so different. I cannot convey to my students how different it is. You go back, and now it’s been revealed through some of the archival materials, the press corps was making jokes about who was getting sick, saying “Are you a fag? Is this you?” to each other. The jokes are on tape, so you can listen to them. In fact, I think I have one of them outlined in the papers that I gave to the library. That part is very different and I think we're better handling infectious disease, but we're not very good at funding public health programs to be on the ready. We live in a country where we let bridges collapse on highways before we do routine maintenance. It’s not a surprise to me that we wait until we have an Ebola virus or an HIV outbreak before we actually turn to public health. We managed by crisis in this country and we haven’t gotten any better at that in most instances.

AM: You mentioned your students and as you're teaching it at Georgetown with such achievements for such a distinguished career behind you. We manage by crisis, and you have all these young minds in front of you. What do you impart to them as they go forth into the legal profession?

TW: I don’t know what I actually impart. I try. I think they need to know that we manage by crisis and not that you can lay out a portfolio of important facts and expect truth and justice to prevail.

That you have to advocate, you have to market, that wordsmithing and phrasing matter in this. It's not just going to be a series of facts that convince the system to do the right thing. I try once again to tell them that we're the richest country in the world and we don't do well by poor people. I think the most basic thing that we can give poor people is health, so that they can get on with the rest of their lives. We've talked about a disease that affects a lot of people regardless of their class, at least it did then. These days, I think that HIV is, in many ways, a disease of low income people because higher income people can get drugs that prevent infection and they get good medical counseling. At the time, it was a disease that affected the rich and poor gay men. I try to convey to my students that, for instance, tuberculosis should have been a 19th century disease; it should be gone. We know what to do for TB, but we don't do it because it only affects poor people. Same thing for lead poisoning. Lead poisoning should have been an 18th century disease. We've known forever that lead is bad for children, but we don't do an adequate job of responding to it because it doesn't affect people who are living in well off neighborhoods. It affects poor people in Flint, Michigan, or it affects people who are living next to a toxic waste dump. We need to do this better for the good of the entire society and what I've heard you speak about, the rule of law. If you don't do these things on a more egalitarian basis, then the rule of law is going to lose respect, if the law is seen not to help. So, I tell my students about that.

I don't think that I could ever say that I personally have ever been very poor, but I come from around a whole lot of people who were very poor and my parents grew up poor. I feel like that is part of my mission: I think that health is the most basic thing that we can do for people and we do a terrible job of it in this country. It's why I did Medicaid, as you mentioned. It's why I still work on Medicaid issues, to try to get health services for poor people seem like the most basic thing a society can provide, so I try to explain that. I tell them not to take any of it for granted; things change very quickly. I also tell them that they need to listen to expertise. As lawyers, we know how to do things, but we don't know what to do all the time.

AM: Will they listen? You were in Congress, 25 years old. Many students are 20 when they are sitting in front of you.

TW: I've worked with a bunch of people over the years who were my age or around my age. The Hill is run by young people. The jobs are hard, the pay is bad, there are long hours; the only people that will go up there are young people, except for the members who are by and large old people. The staff people are young and I worked with a whole lot of people who were 100% sure they knew what the right answer was. Those people scare me. I didn't come up with the AIDS budget for the Centers of Disease Control. They did. I was their ambassador, their lobbyist, their inside source, but I was listening to them. I think lawyers need to listen well to experts. I think we are losing trust in science and expertise as a society right now. Sometimes, it's manipulated. I've worked a lot on tobacco issues and they manipulated the science for years and years too. Hill staff people should be humble and listen to people who know the substance and the problems better. Hill people, government people, and lawyers should not assume that we know the answers. We should listen for the answers and then try to put them in place.

AM: At least if they come from Georgetown University Law Center, we hope they do.

TW: We hope they do.

AM: Is there anything else you'd like to add?

TW: You were interviewing me, books have included me in some aspects of it. I've gotten some recognition for this work, but I want to make clear that there are a lot of unsung heroes. I got recognition because I was in a position where I could make their ideas happen. The public health service people who labored day in and day out, even under the circumstances. There are a lot of heroes. Some of them would not want to be sung. A bunch of them would not want it to be known that they had a plain brown envelope sent to me. I don't want anybody to think that I think these things happened because I worked hard. I worked hard with a lot of really good people and so I'm grateful that Georgetown has been so kind to me. I'm not a traditional scholar in the way that my colleagues here are and that universities usually look for. Georgetown has been very good to me and has allowed me to continue to do these kinds of things. I worked on the Affordable Care Act; I did the preventive health stuff in the ACA for Waxman. Georgetown has allowed me to continue to do these things that I care so much about. I'd like to say thank you to Georgetown too.

AM: We are very grateful you are here; we are very grateful today in our interview. I wish you continued success here at Georgetown University Law Center. Thank you so much for donating your papers and so on to the law library, to Georgetown, and if there is something else that you'd like to add to our collection, we're always willing to receive it. Thank you very much.

TW: Thank you for your time and thank you for the attention. It's fun.