

INTERVIEW I

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INTERVIEWEE: JAY CUTLER

INTERVIEWER: Michael L. Gillette

PLACE: Mr. Cutler's office, Washington, D.C.

Tape 1 of 1, Side 1

G: You were talking about the 1974 Impoundment--

C: Right. Budget Impoundment Act. And as I recall that was the one where--and we all know the history--Nixon decided for whatever arbitrary reasons he was not going to expend funds the Congress appropriated. And I was reflecting upon the fact that I can remember it was Senator Mondale, Senator Kennedy, Senator Javits and Pete Williams and they were talking about the formulation of the act and how it in a way will be, in a positive sense, a way to get more monies into social programs--health, *et cetera*--that they are concerned about. Seeing the budget committee as a more liberal body politic than the even then-existing Appropriations Committee. It was interesting, sort of a sidebar in history.

G: Now who was at that meeting?

C: There had to be other staff besides George Struehly. But I do remember the senators: Mondale, Kennedy, Williams and Javits. Those four I do remember very vividly.

G: That's fascinating. Tell me how you went to work on Capitol Hill to begin with.

Cutler -- II -- 2

C: The real truth--by now I had tired of putting--it was public affairs and also a lobbying firm, law firm. I guess two things had occurred. We had just about finished trying to put a comma in the Rivers and Harbors Act to make the East River non-navigable.

G: Really?

C: Yes. It was something the firm wanted to get done. In addition we had moved into television--building a Channel 50. We had received the award, the senior partner.

G: Where was that?

C: In Washington, D.C.

G: When you say "putting a comma in," do you mean literally inserting a comma?

C: Yes. And this is reflection back thirty years ago, I guess, twenty-five years ago. The issue was--my boss in those days was very much involved in trying to build what I'm going to call the aging housing on Ellis Island [Roosevelt?] and the issue was how are we going to get it done privately [given] the problem of it being within navigable waters of the federal government. My recollection was that somebody on the staff--we had come up with the idea if we could put a comma in the Rivers and Harbors Act it would make the river nonnavigable and then we would be able to achieve what we wanted to do. Now I may be mistaken in my memory but that's almost the exact--part of doing wonderful things of that ilk and also--it [had] been almost ten years with the law firm television production. And we just won the award for Channel 50 and I saw myself as being a television station manager and that was not the career I was interested in. I was interested in going up to the Hill, sort of payback time. And I knew a lot of the members.

Cutler -- II -- 3

Television production was essentially public affairs: "Youth Wants to Know,"

"American Forum of the Air," a series of TV interview shows with political figures.

G: So then you signed on--

C: With Javits. And at that point I think I--my recollection is I came on board, was on a committee staff. Roy was the staff director, Roy Millenson, and I had taken over, as I recall, veterans' affairs, which was the subcommittee slot that was open and available that I had received. And then--I don't remember the year by now honestly--a health subcommittee slot opened up, and small business. Which one did you want? I opted for health. I don't think in this day and age it would be at all possible, in the sense of getting it. Where was my Ph.D. or masters in public health? Where was my experience? It was something that--[I] was a good political figure, knew my legislation, was a lawyer, why not? Health policy was created that way, vastly different from today.

G: How so?

C: I think in all honesty the perception was, "What can we do?" And I don't think there was that much looking at cost. I mean, the driving force everyone will talk about--and as a lobbyist now, it's "What does it cost? How much will it cost? Can we afford it?" As contrasted to "Is it something that should be done that will serve the public interest, serve patients, *et cetera*?" It sounds trite--the good guy things. But that was the perception of what kind of legislation was wanted. And then working the legislative process to get an idea and have it implemented, then understanding enough about the process to understand the next step is going to be from authorization to appropriation, to

Cutler -- II -- 4

implementation, then work the executive branch of government, *et cetera*--basic Politics
101.

G: Was the seniority system more important, crucial for--

C: Absolutely critical. Much more I think--I can't put it in a precise time frame but you're dealing with a changeover in the number of staff, a changeover of the control of the staff--and you as an historian I know think back on the time when they changed the rules about what members appoint--you know, every member entitled [to] sort of a staff member for the committee he or she serves on. And seeing that change occur reflected upon one's own change when he left the Hill, which was already in 1977, and dramatic changes occurring in the course of time. In increased numbers--as a lobbyist particularly now I see the dramatic changes. The issue of do you play one or two staff persons or do you play the whole committee? Who's in charge, and how do you work it most effectively?

G: And it varies committee to committee?

C: Yes. There's no question in the "good old days" you could talk to one or two people and know you had a decision, and a binding decision. You could, if you wanted to be foolish, lobby a lot and spin your wheels, or else know you've got the answer, yes or no, and their word was law.

G: Was that Lister Hill?

C: Lister Hill, yes, on the Senate side. If Paul Rogers said, "No," I don't know why you'd waste your time.

Cutler -- II -- 5

G: Was it common in those days to have a fundamental disagreement between the House and the Senate, between Rogers and Hill?

C: I really was not there long enough for the Hill experience, to be honest with you, to really observe well enough that distinction. I really must have gotten involved very deeply in the health--I would say, Ralph Yarborough by now is chairman of the subcommittee. It's the Yarborough days where I start to pick up the health.

G: How long did you stay--?

C: Ten years. On the Hill? Ten years.

G: How long did you stay with veterans' affairs?

C: My memory is about a year or so. I really don't recall what the date or time certain was when I took over health.

G: Did you have any involvement with the efforts to close the VA hospitals, some of those older VA hospitals?

C: Yes. Well, I don't know if I personally was involved or was enough aware to watch it going on, the issue of--No, I'm sorry. I apologize. Really into the PHS [Public Health Service] hospitals is what I had in mind; that battle. It wasn't the VA hospitals I'm thinking of. I really was that much of a novice. It would have been happening and I could have been missing it.

G: Any other veterans' issues?

C: Watching the whole concept of the veterans--separate spin-off of the veterans occur.

G: Were you--?

Cutler -- II -- 6

C: When I was there it was the formation of a veterans' subcommittee. The whole issue then within the labor and public welfare committee--I remember the days and times they changed the title--the formation of a veterans' affairs subcommittee within it, which I guess earned me my spot. Then watching the battle for the formation of a veterans' affairs committee, and the internal discussion, the extensive debate, the political thing to do more than anything else.

G: Because of the sheer numbers?

C: Yes, the sheer numbers, the pressure, the political pressures; you just couldn't go against it. I think even those who were probably for it would say, "Is this wise, giving somebody a place, their own separate committee to lobby?" It's a private turf type of thing.

G: Were there any significant opponents to it?

C: I'm trying to remember, but I don't really recall any significant opposition. It's almost as if it got rolled together in a ball. I can remember talking about it, the wisdom, the debate, the discussion internally [and] externally, and the sense that it really was not important what was "right or wrong;" it was something politically that had to be done. I would almost say that the creation of the Department of Veterans' Affairs is not a bad analogy to the whole issue of establishing the Senate and House Veterans' Affairs Committee. The politics of it were overwhelming. They just couldn't resist it.

G: In going to the health subcommittee, how did that differ from other committees or subcommittees?

C: Thinking back in time, it was the sharp distinction between cost--because that was the Finance Committee. You had the Finance Committee and the House Ways and Means

Cutler -- II -- 7

Committee dealing with health. And you had us dealing with the generic authorizing programs and watching Medicare having really been outside our turf--Medicare and Medicaid really belonged to the Finance Committee as they came into being in 1965.

The other one that--I don't know if you have it. It is interesting. This is sort of sitting with Wilbur Cohen on the creation of Medicare. I don't know what his interviews on record are but I can remember--Javits had a national health insurance bill. I remember being over at Wilbur's house on a Sunday and sort of "schmoozing" with him and he's reflecting back on the issue of the establishment--[under] then-President Johnson--of Medicare and the importance of why it began in the summertime, because it was essentially the civil rights issue that they were mostly concerned about. I just don't know if it's been picked up. But I remember it so very starkly because by then--I just never even thought of it in those terms.

G: What do you remember about that discussion?

C: I can remember most dramatically not even realizing what a civil rights issue that Medicare had the potential to be, as almost a political novice listening to it. And reflecting back--this is five or six years later, I guess--how, watching the debate grow on Medicare that I wasn't there for, failing to appreciate that this was the federal government's intervention into the hospital system, and the right to say that everybody is eligible to be a patient without regard to color. I wasn't even thinking about that. And then you think back as a human being, an individual, your own life career--hey, I was in the service. I should have remembered the stupidity of these laws, having been assigned down south in Augusta, Georgia, and remembering some of the idiot things in 1952,

Cutler -- II -- 8

watching them happen. It's hard to believe--the little boy who grew up in Brooklyn, New York, who didn't know there were supposed to be such issues.

G: Now the bill that Cohen had originally worked on was essentially hospitalization.

C: Right.

G: It didn't include doctors--

C: Right. [According to] everything I've read, did read about and understand, it was an afterthought. I've read a little bit about it, I'm far from an expert on it, but impressionistically it was almost an afterthought to the whole idea of Medicare, Part B. It was all hospitalization, hospitalization, hospitalization and then--I think of it from psychiatry's point of view: Why didn't they pick up the Blue Cross/Blue Shield plan like this rather than Aetna's? Then we wouldn't have this historic discrimination against psychiatric treatment.

Part B was almost literally an afterthought in getting something done. I'm sure you've interviewed the real experts who have been there on that issue and its creation.

G: Anything else on those conversations?

C: Yes. The other one that I do recall--and I may be wrong--somehow, and I have no idea of the real implementation date, my recollection is that--I think the implementation date is going to be right around July 1. And Wilbur is talking about how it's going to tie into the weekend and nothing will be able to hit the fan because they'll be able to be out of town. That's talking about memory, now, and I may be dead wrong about what the implementation date is. If it's wrong, it shows you how memory can be twisted very easily.

Cutler -- II -- 9

What was the implementation date? I was just wondering. I really don't know. Impressionistically, I can remember him talking about--it wasn't anything done by happenstance--it's almost a careful selection of an implementation date and everything else about it. Or the Congress was not in session--I just don't remember the real rationale for it. But I remember Wilbur describing the selection of an implementation date as being critical.

G: Anything else on the discussions, say, between Javits and Wilbur Cohen?

C: *Vis-a-vis* the Medicare? The unfortunate part is it was only me sitting there discussing our national health insurance bill, his views, trying to develop something for the record as we introduced this Javits measure, national health insurance initiative. Quotes in the Rockefeller, *et cetera*, Wilbur Cohen--great idea, *et cetera*, "Time to move forward."

G: To what extent did Javits work with the Johnson Administration?

C: I think in a very, to use the word that is popular, pro-active, positive fashion. I watched health legislation. I did not have a sense when I was involved in it--and I may be off on my eras but it's Yarborough and Kennedy and watching an era of really bipartisan spirit. Really almost everything was done that way. It was not the absolute party line. Javits' own description in his book I'm sure is a much more accurate reflection of what went on in those days than I will be.

G: Can you recall any specific cases where Javits changed legislation or included provisions in measures that hadn't been there?

Cutler -- II -- 10

C: Depends on which day of the--I can't imagine any bill, very honestly, that did not have his imprimatur on it. I don't think there's a health bill ever enacted into law that didn't have significant changes due to his efforts.

G: Nursing apparently was an interest.

C: Nursing was a very big one. If we had invented something smarter than local comprehensive health service delivery systems and would have come up with HMOs, we probably would have been able to take credit for the concept of HMOs! Because he introduced the national insurance bill and also introduced simultaneously--this title I can't even remember--local comprehensive health service delivery systems, which were essentially an HMO. And every time I need evidence of that I suggest that you go back and look at the Senate report on the construction of it. There is a citation back into the Javits bill as the--I'm going to call it the forefather of HMOs.

I can't really honestly think of a bill, and it's probably not because I was the health staff. There was nothing that wasn't Javits.

G: How about mental health?

C: In the mental health arena, from the community mental health centers system to--most of this stuff was done on omnibus--the construction authority for the community mental health centers act, the mental retardation protection and advocacy, they were all his.

G: Did you have a role in that legislation?

C: Yes.

G: Tell me about that.

Cutler -- II -- 11

C: Protection and advocacy, which has now become protection and advocacy, the bill of rights for the mentally retarded, really is nothing more nor less than laying a subpoena on the American Hospital Association. I happened to be passing by and I think they--I don't remember what the book was; I guess it was a set of standards for mental retardation facilities they were developing. We just took them up, took them up to lege [legislative] counsel and set them into a piece of legislation, put a series of "whereas" clauses in front of it and made it the bill of rights for the mentally retarded. It just took a couple of years to get it enacted. Of course, when I changed jobs I found myself arguing with some of these very same concepts. (Laughter) But mental health centers act, from the construction authority to staffing authority--in fact I said something the other day to somebody at the American Association of Medical Colleges. We did have a bill, as I recall, called "Ethics in Medical Education" and we fought tooth and nail. You know, a series of grant programs under medical education.

I could go into the files and have a wonderful time. Buried in the files I know of--the old files that someone drags around with them--why? He never looks at them again; speech files, *et cetera*, that one never looks at, including preparing for anybody who's going to interview him, not having the decency to do it. (Laughter)

G: How about the smoking legislation?

C: I don't remember doing much on that. I really don't. He was a non-smoker, I know. As an avid smoker I probably would have hated the very thought of anything such--so awful.

G: Anything on air pollution?

Cutler -- II -- 12

C: Probably not, because that was really almost a committee jurisdiction issue. You're now dealing with the jurisdiction of the committees, and most of the legislation that we would deal with in health, other than national health insurance--I would regularly, when I was Republican counsel, always open the hearing with whatever member happened to be in the city when Kennedy was there--which was to have to remind everybody of no jurisdiction over national health insurance. Kennedy of course, in those days by now had put [it] into general revenues for the purpose of jurisdiction, just for the sake of hearings.

G: Now did you have much contact with the so-called health lobby, Mary Lasker's group?

C: Yes.

G: Tell me about that.

C: No, that's not fair. We really didn't have much to do with the Mike Gormans, *et cetera*, history. He really worked off the appropriations committee. The only battle I can really think of with Mike was on--yes, it was Community Mental Health Center legislation, and it was Stan Jones. It was the setting up of criteria to be eligible to be a CMHC, Community Mental Health Center. I can't even remember the fight, but I can remember Javits--the give and take--I guess that's what impresses you the most--of him essentially saying, "Did you see Jay?" He answered yes. "What did he say?" Whatever I said. He says, "Why are you seeing me?" That's the difference in style. Things have changed really. "That's why I delegated it to staff. The staff is going to do it and they represent my point of view."

Cutler -- II -- 13

That was about the only real Lasker--I remember her--issue. I remember the issues only from the heart issue and the National Cancer Institute questions, formation of those, and the national heart and lung, *et cetera*. I know the involvement in those.

G: Was she active in those?

C: Yes.

G: Was Javits an ally?

C: If he wasn't, they wouldn't have had it.

G: There was apparently some friction between the National Institute of Health and the Mary Lasker types who wanted--

C: On the cancer program?

G: Right.

C: Oh, yes, I remember that vividly. Then I was handling it. Now we're into the Nixon days when we just take his number and put our bill, the Kennedy/Javits bill, underneath it. The issue was very simple, really. NIH, I think, saw the intrusion of the legislative process into its territorial imperatives and absolutism control, the threat of turning off the research dollar spigot, the issues of the appointment of a--making the cancer institute so important that it bypassed the whole NIH process. Remember the formation of the panel, Benno Schmidt and company, probably the only congressional panel to ever return money to Congress. Talk about memories. Having the great privilege of bringing--I think Laurance Rockefeller was a member--to be sworn in. I remember the clerk of the Senate asking him for his social security--did he work? It was almost humorous. I wish I

Cutler -- II -- 14

had a tape recorder going when he asked him if he had a social security number, because the look of--"How am I supposed to [inaudible]--when do I do anything like this?"

G: Was there concern that having these institutes and the funds set apart by disease might deprive some of the less prominent ones of getting funding?

C: Yes, it was part of the argument. I think at least for our side--meaning Javits--much of many of the speeches would always consistently be, and the response to anybody was, that cancer will be the flagship for the rest of the institutes. I don't think there was a moment's hesitation other than the bout with the Nixon Administration for a while, and that I'm sure was NIH-driven, I would assume, because I can't imagine Nixon paying that much attention to a health issue. And then convincing them to just literally--the truth is literally take the cancer bill, Kennedy-Javits, and put their bill number on top and tuck our bill underneath it. I think the biggest mistake on that one was probably not getting the House involved enough at the beginning in a political judgment call reflectively. Don't forget, it was a Senate special panel on cancer; it really was almost a Senate initiative kind of thing. Upon reflection, it should have been some sort of a joint effort. It probably would have had less to do with the battle with the House and stuff like that.

G: How about the changes in the state funding formulas for health programs?

C: Well, one could recall the major issue being giving instructions to whatever computers there were in the skies then, which essentially said, "I don't care what the formula is. We want it fair. Think of Hill-Burton as we"--because that was always a Javits fight, changing Hill-Burton. We do know one thing. Texas has got to be number one--that was Yarborough days. Whatever concoction we make for this formula that's fair, whatever it

Cutler -- II -- 15

is, we've also got to factor in some way that Texas is first and then the rest of it can balance out. I remember to this day trying to understand the formula, the inverse ratio issue: need, population. . . .

G: Did Javits ever have any success in changing the [inaudible] orientation of those?

C: To a slight degree I guess we did finally achieve some *de minimus* change in the actual formula itself. It was always a constant struggle of formula changes. It was always a major battle. That's why I kiddingly refer to whatever the formula is, make sure Texas comes out first and the rest of it can be fair.

But those formula fights were not just related to health. They were on education. They never stopped.

G: Anything on the Health Manpower Act of 1968?

C: Probably the first one I wasn't involved in. It had to be the renewal that I really got involved in, having written on it. I probably was not dealing with health manpower in 1968. When the next one comes up, now I'm up to my eyeballs in it.

G: The Health Professions Personnel Training Act?

C: Yes, all of those. By now I've really forgotten the titles of them. If one could look at something one can remember and be refreshed very quickly. I can remember the speeches. Particularly where you work now--I can remember. I have to laugh. One of them was on trying to do the research to find out how many--one of the Javits initiatives was going to be on the use of the corpsmen in the private sector. I remember one of the speeches went along the line of he can treat a gunshot wound to the belly but he can't even set a broken toe in the private sector. Then trying to get the numbers that go out

Cutler -- II -- 16

each year, and ending up in absolute confusion. No matter how many times I went trying to get the answers from DOD, I couldn't get any solid number. And I'm going to pick the number out of memory--I really don't remember--I'm going to say twenty-five thousand, near twenty-six thousand. Twenty-five was too rounded off. I'm going to say we used--something must have been close enough. And using that number for our speech and for all the activity we undertook, and then the thrill and excitement as the Nixon White House presidential speech comes down: there were twenty-six thousand corpsmen, and we ought to be using them. At which point I was elated. I remember calling up and finding out where the number came from and, "How did you get it?" They said, "Right out of the Senator's speech. What do you mean, where did we get it from?" And then telling the Senator that with a smile. He didn't have much of a sense of humor on this one, because his answer was, "How many times have I told you never to make up numbers?"

G: That's great.

C: That's a very funny story [about] where health numbers come from. I watched it happen on the alcoholism fight. I can remember correcting, with [Senator Harold] Hughes there--I'm going to say--but I don't remember the original numbers now. The original speech was six million. Hughes is now coming to Javits having been involved for years with the Senator for Utah on behalf of alcoholism issues and seeing nothing happen. Harold Hughes comes to the United States Senate and [becomes] the driving force in really moving alcoholism legislation. What I'm going to call the first major public hearing--my frame of reference somehow was six million alcoholics in this country. The

Cutler -- II -- 17

next thing, Hughes is--I'm going to say nine million or ten million, I don't remember; everybody's now adopted it, and we've added three or four million but that was fine. That became the number. Don't ask me where it came from.

G: This was Harold Hughes?

C: Harold Hughes, former governor of Iowa.

G: Anything on the efforts dealing with drug addiction during the 1960s?

C: Oh, yes. My recollection is the driving force then was the question of marijuana, heroin and marijuana. But the young people are impacted by the marijuana; the heroin for the black ghetto scene, getting involved with the military bases as Vietnam developed also. That was another one of the committee assignments, the creation of that presidential--I may be in error--sort of a bipartisan group to take a look at the consequences of marijuana smoking, decriminalization of marijuana issues. Javits I know served on it. Their conclusion--I guess Oregon had decriminalized it; not legalized it, but trying to get those subtleties through. The battles on heroin, Nixon calling--then, Jerry Jaffe; today's Bill Bennett--"We have a responsibility to knock heads together to solve this problem. We've got a bureaucratic struggle that's going on between the health agency and the Justice Department, *et cetera*." It's almost a replay of today. One could get a sense of *déjà vu* watching the battles.

G: There were some initiatives as I understand it for federal drug treatment programs at some of the federal prisons.

C: Right. I was saying this to somebody from Texas just yesterday. I remember we had closed down the one at Lexington, and I can't remember the name of the one that is in

Cutler -- II -- 18

Texas because--Yarborough was the chairman. I remember us flying down there to do a hearing on it. I'm blocking on the name of the city--it must have been Fort Worth. I bet I'm right now. The problem was getting home by plane with Mondale, and the big push to get us on board this question of saving the Fort Worth center and using the issue of Spanish speaking, and this is the last bastion; it will be good for New York too. And my discovering that this branch of abuser and my Puerto Rican constituencies did not do well together, the Mexican versus Puerto Rican. Learning that, and then seeing it was perfectly reasonable for me to close this thing down. (Laughter)

G: Anything on the establishment of the National Eye Institute?

C: Yes, but that one was not ours. That's Senator--I'm blocking on his name. This was his own. I can't remember his name for the love of money now. It was almost his own personal crusade. Talk about how somebody can get something done, the creation of the eye institute. I'm blocking on the senator's name and I can't even remember whether it was a Democrat or Republican that drove that one through.

Javits, as I recall--it goes back way before the cancer institute--battle with Claude Pepper, who becomes the father of the cancer institute. And then there's the heart institute before it became a spin-off of the NCI [National Cancer Institute] battles. You know, I'm not sure that he was [involved in] forming [it] or making sure they were getting appropriation dollars now. That's where I'm falling apart. But I really can't remember the one who's responsible for the eye institute. It may have been him but I may be in error. I'm blocking on his name. I can hear the speech sitting on the floor now.

Cutler -- II -- 19

G: Anything on birth control?

C: Yes, very vividly. Having been staff on that one. I remember that that was [the] senator [from] Maryland's bill. What's his name? This Alzheimer's is a pain. A senator from Maryland. It's his bill; it was defeated. And chairing the hearings is Senator [Tom] Eagleton--and I know history is going to prove me correct. The hearings go along very peaceably. There is no measure [inaudible] Title X, very quiet hearings. There's not much of an uproar. When all of a sudden everybody awakens to this issue, there is a second hearing and now Eagleton, obviously having heard from the church, is no longer involved in chairing these hearings at all. [Joseph] Tydings--it was Tydings' bill. The original Title X family planning bill was a Tydings bill. I think it's then Speaker McCormack gets his message also from the church, and the battle that is fought out on the question of abortion--out of nowhere. I know I'm right. If one goes back you won't even hear those words mentioned. This comes after the first hearing. There is no--it was almost a quiet, peaceable hearing. I can remember it so well because I can remember my picture is on something I think I have at home, on the cover of the photograph of the first hearing on it, on family planning. Very much involved in it.

G: And it did have to do with abortion as well as birth control?

C: Not when it started. Nobody even heard the word abortion. I am telling you that I would bet anything that that subject almost never comes up in the first day of hearings. I'd have to go back to prove myself right. And it's because if Tom Eagleton chaired it, nobody even thought of it in that sense. When Missouri then gets all over his back, he disappears from view, as I recall very vividly. He does not have anything to do with the second

Cutler -- II -- 20

hearing. It might have been Tydings' problem as it went along, but not when--the first day of hearings, it's quiet and peaceable. It happens later, and then it hits the fan.

Then there's the letter from--my recollection is that there is some sort of letter in the hearing record itself on Title X. I fail to remember. It's no fun being forced to go back and think--(Laughter)--without being able to do the research to prove you're right or wrong. But there is a letter of transmittal from Nixon, as I recall, because they did not testify, if I'm not mistaken, and there's something that sort of made part of the committee report and I think it's on Title X. One more time that they didn't show up.

G: How did the health policies change from Johnson to Nixon?

C: I would not be an astute enough observer for you, really. I couldn't have been astute enough for me to really be helpful in that regard. The sense was that we were now into this--in fact, when you think about the cancer institute, Nixon was probably right. He fooled us all. We thought we were going to have the leader, the flagship, and what he did was just take it out--they were right. They just took it out of the hide of the other institutes, as they increased cancer theoretically; there's no question about that. But impressionistically, that was not the way it was going to go. What you saw was really someone who was--the sense of not that interested in social or health programs. The whole issue of the categorical versus the block grant is now developing, the Ronald Reagan theme that plays itself out again. Less of a support for the block grant, much more still for the categorical, even despite the Nixonian approach to block granting things also. Nothing close to the success that Reagan had seen in block grants. Vastly different. See the demise of the regional medical programs over time. You see the demise of

Cutler -- II -- 21

health planning, *et cetera*, but not to any degree of success Reagan has. And it may be memory--losing a few--you had a series of categorical program after categorical program, which gets back to the opening salvo of one would listen, one would hear, one would pay attention, find out what needs there are, develop appropriate, hopefully, legislation, do the legislation battle, House and Senate, looking only in a positive sense and then using the appropriations route for funding. What was thought to be the right way to deal with the health care needs of the nation. One could argue all day now, and from Hill-Burton on, on the appropriateness of the rural health care. It's incredible. They had a phase of "Having been there long enough, why did you ever let these rural hospitals be created?" First it's "We need them." Then it's "Why did you let them create it?" Now it's the incentive to maintain them. It really is amazing when you watch it happen.

But also much more of staff-driven initiatives.

G: Now?

C: No, then. Much more then. When all is said and done--when you talk about--before even I get involved in health, there are the two--I wish I could think of their names. The two guys working for Lister Hill--at least one anyway--Roy [Millenson], I guess handling health for Javits and the whole Republican side, Jack meaning the health side for the Democrats.

G: Forsythe?

C: Forsythe. Roy being Mr. Health on our side until I came along. And Jim Menger being Mr. Health over on the House education--for the chairman, Harley Staggers. This is sort

Cutler -- II -- 22

of a precursor. And I wonder what Paul Rogers would think of that statement, before Steve Lawton even shows up.

G: Anything else that we haven't talked about from that period?

C: No. The trouble is I'm not putting my time frames correctly. That's what I guess the most disconcerting, because somehow I have this suspicion that the overwhelming amount of legislation is really during a period of about--that I was involved in happens probably after Johnson and more in the Nixonian era. From 1970 on I started to live health until I left it and came here.

End of Tape 1 of 1 and Interview I

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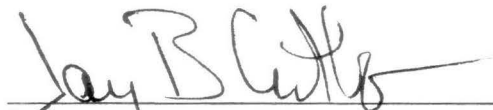
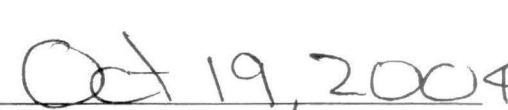
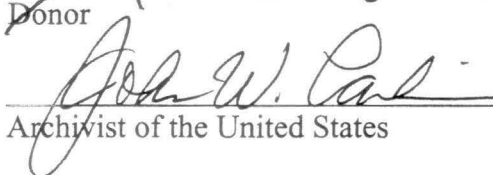
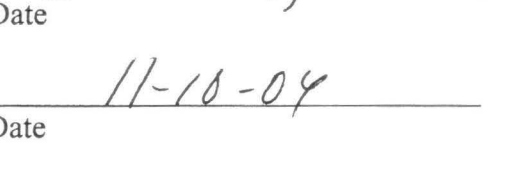
Legal Agreement Pertaining to the Oral History Interview of

JAY CUTLER

In accordance with the provisions of Chapter 21 of Title 44, United States Code, and subject to the terms and conditions hereinafter set forth, I, Jay B. Cutler, of North Bethesda, Maryland, do hereby give, donate, and convey to the United States of America all my rights, title, and interest in the tape recording and transcript of the personal interview conducted with me on June 28, 1990, in Washington, D.C., and prepared for deposit in the Lyndon Baines Johnson Library.

This assignment is subject to the following terms and conditions:

- (1) The transcript shall be available for use by researchers as soon as it has been deposited in the Lyndon Baines Johnson Library.
- (2) The tape recording shall be available to those researchers who have access to the transcript.
- (3) I hereby assign to the United States Government all copyright I may have in the interview transcript and tape.
- (4) Copies of the transcript and the tape recording may be provided by the Library to researchers upon request.
- (5) Copies of the transcript and tape recording may be deposited in or loaned to institutions other than the Lyndon Baines Johnson Library.

	
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