

George J. Mitchell Oral History Project

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Chris Jennings

(Interviewer: Diane Dewhirst)

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Diane Dewhirst: *(Aside: Yeah, well, that too.)* This is Diane Dewhirst. I'm here with Chris Jennings for the George Mitchell Oral History Project for Bowdoin College; it is Wednesday, May 27, [2009], in downtown Washington, D.C. Chris, the Oral History Project would like me to ask you about your background, history, education, your parents' interests, and to provide a little bit of context for the interview.

Chris Jennings: Okay.

DD: Full name. State your full name.

CJ: My full name is Christopher Charles Jennings, Chris Jennings. I was born and raised in Athens, Ohio. Parents: Lucile and Gene Jennings, both [professional] musicians, a pianist and a [Fulbright Scholar] harpist [who were professors at Ohio University, and] two brothers. [I] went to school all throughout elementary and college in Ohio, Miami University. I actually got a fellowship after Miami University to come to the Senate with John Glenn. John Glenn was my first boss, and [I worked for three senators over] ten years: Glenn, [John] Melcher and David Pryor. At that point, throughout that process I was serving on the Senate Aging Committee, eventually the [deputy] director, coordinated all legislative policy for the Aging Committee. And during the '92 campaign Bill Clinton's domestic [] policy director, Bruce Reed, asked me to help throughout that process, following up my work on the Pepper Commission with people such as Judy Feder and Ed Howard, [who] were very much involved in the [late] '80s/[] early '90s.

I serviced the campaign throughout the process of '92, [and then] I served in the transition for President Clinton under Judy Feder. I then went back to the Senate but was asked within weeks to go back to the White House and interview with Hillary Clinton to help her do congressional liaison work for the health care reform [] debate, which I did. She said it would be for a hundred days and it ended up being for eight years.

After the conclusion of the health care debate in '94, in which I did spend a lot of time with George Mitchell, I then was asked to, in effect, replace Ira Magaziner and do the health care coordination out of the White House. I did that for the following six years.

The last eight years, I've had my own consulting business in Washington, in which I serve a variety of masters: business, labor, consumers, anyone interested in affordable coverage for

every American, and people who help people get to that point. I do foundation work [along with Mark McClellan], I'm now doing work for the Bipartisan Policy Center, which was established to utilize the former leaders of the Senate – Dole, Baker, Daschle, and Mitchell – to develop compromise approaches to deal with major policy issues of the day, and one of them that I've been very much involved with lately has been health care, and again, spending quite a bit of time until recently with Senator Mitchell on that. Is that [sufficient background information]?

DD: That's great. Could you state your parents' names and where they're from?

CJ: It's Lucile High Jennings, she died just last year in a car accident. Eugene Jennings, and he's originally from Kansas, she's originally from Florida and [Alabama], and he's alive and doing fairly well in Athens, Ohio.

DD: Okay. When did you first meet Senator Mitchell, and what issues did you work on, and what were your – oh, I'm not supposed to ask more than one question at a time but I'm going to anyway – and what were your initial impressions?

CJ: I think probably I met him in my years in the Senate and the Finance Committee, working for David Pryor in the [late '80s, early '90s] [p/o], when I was serving on the Aging Committee and on the Finance Committee. Senator Mitchell worked on the Finance Committee on a whole bunch of different [issues, including] nursing home quality [and enhancing value in medical outcomes throughout the health care system]. He and his staff, Chris Williams, and I would spend much time on those [] and a host of other health care issues [in] the Finance Committee.

And my first impressions of him were that [p/o] he was singularly one of the most intelligent members I've ever met. He had an innate ability to grasp complex issues, he understood their application to policy and politics. He struck me [], for a man of his intelligence, remarkably patient with others who weren't as quick, shall we say, and I never cease to be impressed with the man.

DD: You saw him both as a senator on the Senate Finance Committee and then as leader, which he was for four years before you moved over to the Clinton White House, officially, shall I say. Could you speak to that, and then we'll get to health care on, and the Clinton White House and the health care challenges.

CJ: Well, yes, as a Finance Committee [member] and a leader, he had to deal with a host of members who weren't as, I think, committed to the issue or understanding of the policy. He was remarkably adept at making reasoned cases that appealed to their instincts, not just policy arguments but political arguments as well. I think, if anything, sometimes people thought he was 'too cool for school' a little bit, he was just head and shoulders above many members. And everyone knew it, all the staff knew it, many of the members did []. But I think what was impressive about him was his quick rise to power to be the majority leader. He really was a very junior member to come in to be a member quickly on the Finance Committee and then [so]

quickly become the majority leader. I don't know the history of the Senate as well, but I can't imagine many people who made that leap [that fast].

My boss, it was sort of interesting, David Pryor was immediately impressed with Mitchell. [] He was a southern Democratic moderate and in the race for majority leader he, without hesitation, embraced Mitchell. He just saw in him a capability and potential that he thought needed to be cultivated, or he wanted to hook himself to the train []. But under any scenario, I was intrigued with how quickly someone like Senator Pryor, who tends to hold back, just immediately thought, "He's the guy, we've got to get behind him." And he was one of the members who spoke in favor of him to become the majority leader at a time when it wasn't clear he was going to become majority leader.

DD: And he had a neighboring senator – Johnston.

CJ: And he had a neighboring senator who was very upset with Senator Pryor, that he would take the plunge.

DD: And that was Senator ... ?

CJ: Senator [John Bennett] Johnston [p/o] was viewed to be the inside candidate. He had done all the work, he'd had the relationships for longer. It was a surprise [that he lost to Senator Mitchell]. And I think that that signaled at least to me as a staffer that, this guy is special.

DD: Jumping ahead to '93, when you went to the White House for Mrs. Clinton, and that included such things as the drafting of the bill, the consulting, or lack of consulting, with the Hill – not to prejudice it – the hearings in '93 and '94. You spent a lot of time in Mitchell's office, and with him down at the White House. Could you talk about that two-year period, those issues, and the interactions with Senator Mitchell and how that affected health care?

CJ: Yes, I mean there was very, a lot of moving parts during that time. A lot of the times people look at health care as a stand-alone issue, as though it's not impacted by the environment around it, but clearly, in my view, it was. And the decisions made around health care [] that were independent of [the issue] had as much if not more to do with the outcome of health care [reform] than even the health care process and legislation – which I'll put in some context. Even for Senator Mitchell, who was very seriously thought to be a candidate for nomination for the Supreme Court, he felt this was a time where health reform could happen. It was an issue that he felt very deeply about. He thought there was a very good chance to get something done and he wanted to be around to do it.

And so I believe – I'm not sure this is true – but I think he, that was one of the reasons why he rejected entrée, or the outreach by the president for him to consider becoming a Supreme Court justice. Again, for someone like me, who is very much interested in health care, that sent a signal that, "Wow, this guy thinks it can happen, here's this thoughtful strategist, he knows, and he feels this may be the time," and that was very encouraging to someone who followed the

game pretty closely.

But I think, when I talk about other environmental issues, he got it early on that if we were going to do health reform, we would need to do it pretty quickly, [particularly because we had] a relatively small margin of error in the Senate. We, I think, at the time had fifty-six senators [p/o]. He felt it wasn't a certainty that we could pass it outside of reconciliation, and he and his strategist – John Hilley and others – felt very strongly [p/o] that it wasn't a certainty that Republicans were going to play at all [and] that we had to fold it into the budget [reconciliation] process. [In so doing], he was at odds with [our] economists, or economic advisors in the White House and others who really wanted just to focus on the deficit.

And the president really was instinctively more supportive of the Mitchell view. He felt that health care had to be part of the budget because you couldn't extricate health care from the budget for obvious reasons related to long term solvency issues, long term fiscal issues, et cetera, that it was ridiculous not to integrate it, and he thought it was very consistent with his whole message, just as we're seeing with President Obama today.

DD: And reconciliation is important because in the Senate it does not require sixty votes.

CJ: Correct.

DD: And it's a procedural move that allows legislation to be passed, in simplest terms – I mean, I'm putting this in simple terms, not the legislation in simple terms – by less, by a simple majority as opposed to sixty votes, which is the case for most pieces of legislation.

CJ: Correct, so he felt that that had to be an option, and he worked it very hard [to make it the] option but he had some problem children in the Senate. He had the chairman of the Finance Committee, Senator Moynihan, who not only didn't [think health reform should be a priority], he didn't like the Clintons that much, and so he wanted nothing to do with health care [p/o]. [He felt] welfare or Social Security [should be the priority]. And he had Senator Byrd, who [] had developed the legislation about and the rules guiding the reconciliation process. He felt very strongly that something as big as health care shouldn't be attached to a [single majority legislative] process.

And so he [i.e. Senate Majority Leader Mitchell] worked in every way he could, and also with the administration, to see if there could be a way to get this onto reconciliation. At the end of the day, those two opponents, and a host of other reasons, including the advice of the economic advisors, led us to not pursue the reconciliation process, and explicitly delay the work on health care into the fall of 1993. Why I say that's relevant is, [it directly relates to his longer standing nervousness about the consequences of delay]: one, you would have ongoing leaks [] and problems related to the health care development process; and two, you would lose the honeymoon period [in which] every president has to do big things [and, as such, predictable and unpredictable distractions would weigh down the issue and the president]. [] His initial instincts I think proved to be right—[] delaying and [going outside of] reconciliation would raise the bar

and make it even more difficult to pass health care reform.

Now, I don't think he then concluded in [the fall of] '93, "Health care can't get done." I think he worked it very, very hard and felt it was still possible, but I think it's important to note that from the very, very beginning of the process, he was one who felt that this needed to be moved early in any president's tenure to have a chance of doing something so difficult.

DD: What about after that decision was made and the bill came to the Hill and there were the hearings and... Take us through fall to the following September.

CJ: Sure, well in the fall, the legislation was sent up to the Hill. There's a whole debate [] as to whether people wanted to have legislative language or they didn't want legislative language sent up to the Hill. The truth is that people wanted legislation to be drafted because they wanted [it] to be scored by the Congressional Budget Office and see what we were dealing with. The debate as to whether who [decided and said we] should send language up or not send language up is an ongoing debate, but the reality was, it was a mistake having a big bill that you're sending out there that [early to enable it to be used as a metaphor or a poster child for complexity and big government].

DD: How many pages.

CJ: It's just, strategically, was a heavy burden to bear. And in the fall it wasn't going to happen, we weren't going to [introduce] legislation in the fall and get it through the committees, [and certainly not pass it before 1994]. [p/o] [Having said, people forget that when] Hillary was going to the hearings and talking it up, it felt, if you look at contemporaneous reporting on it, [that], "Health care is going to happen." It was clear.

People think back on that time and [say], "Oh, it was clearly a disaster," [citing] the Ira [Magaziner] issues and the terrible leaks (and all the concerns that Senator Mitchell had [feared] had proved to be true). But even in the fall, even after all that, even after legislation was unveiled, for a month period of time, maybe two or three months, it [seemed] quite clear, "[We are going to pass historic legislation]." It was a question of exactly what, but, "It's definitely going to happen," and all sorts of positive signals from the Chamber of Commerce, and [] from Republicans like Dole and others co-sponsoring the Chafee [universal coverage] legislation [made it feel so].

So people tend to not remember [what] contemporaneously [reported facts make clear], but it doesn't matter. The seeds had been planted for its demise. [Senator] Mitchell worried about that but it did not undermine his efforts or in any way influence his commitment to try to get it done. This was still a big, big priority for him. And [he was] involved throughout the process with his staff, [] trying to think of strategies, both from a policy/[political process and personality] perspective [p/o] [about] how we could get something done.

And that happened throughout the [year before we engaged in the health reform debate]. We had

gone through a period where we had a very controversial vote on the deficit, we had [the debate surrounding] gays in the military, we had had Haiti, we'd had a very tough trade vote, [and] we'd had a very [challenging] crime vote. All these things over time tended to undermine the president's popularity, and as the president's [standing] falters, it's almost palpable in Washington about what he can pursue in terms of agenda.

And little did we know that we actually were about to have a whole realignment when all these Democrats, [many of whom were really] in Republican districts, were about to [lose their seats in] a tsunami [election]. Health care was a part of that because it helped frame the debate, but it wasn't, at least in President Clinton's mind, as influential as things like the crime bill and NRA [opposition], and gays in the military, these sort of value[s-based issues] that Republicans used [to label Democrats 'as being] completely out of touch.'

But at the time, we didn't know the tsunami was coming. [p/o] I think even Senator Mitchell would say, "We didn't know."

DD: Right.

CJ: But it clearly was there, and Republicans like Newt Gingrich and others felt it and they took advantage of it, and there was all sorts of strategies. It became clear by [] early '94, that it would be almost impossible to get any Republican votes whatsoever, and certainly [from] the [House] Republicans who were now taking over the Party. [Their new leaders] would absolutely castigate anyone who [p/o] would play constructively, as the [now famous] William Kristol memo outlined. [p/o] Senator Mitchell [knew] that we were going to have to moderate our policy in order to capture moderate Democrats. And his fear was that if we couldn't get moderate Republicans, a lot of those Democrats wouldn't support the legislation because they would want to have cover from the Republicans to vote for it.

And so it was a very, very difficult task to see how you were going to get to do that, because [] moderate Republicans like Chafee, Danforth, Kassebaum, and others who were still in the Senate [p/o] could not politically say, "I'll support an employer requirement," or some of the more controversial things, unless Democrats were willing to put it on the table. The conservative Democrats were unwilling to do that [and, as such, no politically viable compromises could be struck].

And so all these things substantively weakened our chances to get something done. Senator Mitchell, I think, saw that before a lot of people. He didn't give up on it, but he certainly knew it before we did, that it was close to dying, certainly in the spring of '94 into the early summer.

End of Interview