



Thanks to the extraordinary commitment and expertise of AHLA leaders, the American Health Lawyers Association continues to thrive and serve as the essential health law resource in the nation. The Association's strong foundation reflects a history that is vibrant, meaningful and worth sharing. Finding a way to preserve AHLA's history was especially relevant in light of the Association's 50<sup>th</sup> Anniversary, which was celebrated throughout 2017.

Conversations between AHLA leaders were conducted via audio interview as part of the Association's History Project. More than 60 of AHLA's Fellows and Past Presidents were interviewed. In addition, several were also videotaped. A documentary was prepared using content from the audio and video interviews and debuted on June 26 during AHLA's 2017 Annual Meeting in San Francisco, CA. This transcript is from a video interview conducted on x date.

**March 27, 2017**

**Dennis Woltering (videographer) interviewing David Cade:**

Dennis: First of all tell us about your background and how you got involved in healthcare law.

David: How did I get involved in healthcare law? It started in law school. In law school when I arrived I was very interested in just simply the practice of law. Wanting to help people. I didn't have a focus on healthcare law. I was very interested in the law generally. And I had two lines of study, one was criminal law and the other was healthcare law. I was in the clinic and one of the things I enjoy most about healthcare law is I had clients who were in need of help and support. The voice that I could bring to their issues made it very compelling for me. As I moved towards graduation I interviewed for criminal law positions and health law positions.

I was fortunate enough to be given an opportunity to work at the health and human services. And in that capacity of a staff lawyer. Beginning to work on a lot of the programs that they had in the department. At that point, I started getting deeper and deeper involved in the wide array of health law healthcare issues because at the Department of Health and Human Services, they covered everything. Not just reimbursement, but they covered the full suite of human services. Headstart, research through NIH, emergency preparedness through CDC. So it was really from cradle to grave, anything and everything that had to do with the provision of care, I got a chance to work on. So as I said, I started my career, going to law school not necessarily focusing on health law but it became a passion at that point and through my time and HHS and beyond I was able to really exercise that passion by working in all the programmatic areas.

Dennis: You spent twenty-eight years at...

David: Twenty-eight years. Yes sir.

Dennis: Fourteen as Deputy General Council.

David: Yes.

Dennis: That had to be valuable experience. What were your take aways from that?

David: I was fortunate I think to be able to have that pathway. And one of the takeaways was that health care and understanding health care and health care delivery is truly a patch quilt. Its part of the mosaic. You really cannot understand what's going on with health care delivery without understanding the patient. In that position as the Deputy General Council, I had the opportunity to see the full array of services. How they are integrated within our delivery system here in

**American Health Lawyers Association**

1620 Eye Street, NW, 6th Floor • Washington, DC 20006-4010  
(202) 833-1100 • Fax (202) 833-1105 • [www.healthlawyers.org](http://www.healthlawyers.org)

America and how it touches the patient. So that position, that platform allowed me to see head start programs. Maternal nutrition issues, well baby issues through hospice. Every program and every element within the program, to and including products and services that relate to cosmetics and devises. So as I said one of the unique things about that experience is that I had an opportunity to truly follow patients from cradle to grave and all of the interactions along the way.

I also got a chance to work with other apartments that also had a piece of this. The Indian health service for one. The education program, the department of education for another. And also to work with state and local governments. So I would say, I couldn't have had a better education than the twenty-eight years at HHS.

Dennis: And then you were the private sector.

David: That's correct.

Dennis: Advising hospitals and health systems and that sort of thing?

David: That's correct.

Dennis: Another valuable experience.

David: It was a very valuable experience because it allowed me to take the education and the knowledge that I learned at HHS and apply to the private sector to take that package. The suite of services, the suite of knowledge to talk to private sector clients about health care, health law on a much more holistic basis. It wasn't just one piece or another. I think of the magical pieces of looking at healthcare and healthcare delivery is to be able to look soup to nuts. I use the phrase cradle to grave but it is really having a conversation about the true integration of health care delivery. And even beyond the break fix health care system, health care is also impacted by education, environment. Some of the elements that are beyond the scope of HHS. Again my experience at HHS allowed me to work with those other agencies so in the private sector being able to talk to clients and council clients at a much more holistic basis is one of the values that I think that I was able to bring to that community again.

Dennis: There have been some huge developments in health law in the past fifty years. How would you describe the most important developments in health care during your career?

David: Well putting aside the last eight years where we've for the first time have truly embraced health care for all and how we get there is a see change. Early in my career, well in law school, when I was dealing with individuals in the mental health arena a see change was the deinstitutionalization where this country was realizing that individuals with mental disease and who needed some additional assistance didn't need to be institutionalized. That happened in the early part of my law school career and early on. One side of the spectrum, that was huge. Sort of recognizing that individuals are individuals and they're care pattern needs to be viewed on an individual basis. That was huge. Looking and working within state and state governments on how to break down large institutions where we warehoused individuals many of whom didn't need to be there.

Fast forward working on programs that deal with homelessness. The individuals with drug addiction. And then fast forward to the very recent period where we are actually providing health care and health coverage to many more people as a percentage than we ever have before are major milestones, and seeing how we have improved health care in this country.

- Dennis: How you characterize the role of the American Health Lawyers Association in responding to these changes and dealing with these changes? Helping lawyers deal with these changes.
- David: Well the last phrase you mentioned is one of the key ones. Helping lawyers deal with these situations. One of the beauties of the American Health Lawyers Association is it is a place where we have truly been the leaders in health care education. And helping the community, not just lawyers, helping the community understand and navigate the health care delivery system health law. AHLA has always been at the forefront and you know not just the project, but we are an organization that has had the best of the best come to the table and share what they know to lift up the entire bar. And that I think has been one of the most amazing things in what this association has done. And they've done it in a non-partisan way. Whether its been, and I can say that honestly for my years in the government. Throughout, whether is was a republican administration or a democratic administration. AHLA was always there as a place for the government to come and share. For the government to come and learn as well as the private bar.
- I don't think there's a place that has offered that kind of unique perspective. A unique opportunity to come together, grow, learn, share than AHLA.
- Dennis: As the first African American CEO of AHLA, how would you describe your perspective on health laws and your goals for this association?
- David: You know I haven't thought of it quite that way. I would say the association has allowed me to bring to this office my experiences. My experiences may be different than others but all experiences have been welcomed here. One of the things that has been part of our mission is that if you are involved in health care, if you're involved in health law you're welcome here. And I think that's true regardless of ones race, religion or gender. You're welcome here. And so that fit very nicely with my own career pathway in wanting to make sure that any office I've been a part of or any organization I've been a part of. We've strived to be open and inclusive to everyone. So, coming here into this seat allowed me to continue to do what I do and what I've done. And that is to make sure that anything I'm involved in, any organization I've been involved in is as open and inclusive as possible. And AHLA is committed to that and that is important. This country, this world is an integrated delivery system and everyone deserves a seat at the table.
- Dennis: You're in charge of crafting the strategic direction of the association. As you work at that, what are some of your priorities?
- David: To continue to be open and inclusive. I look at our trajectory. I look at the market. I look at the health lawyers and health practitioners and think we've got a tremendous opportunity to educate more and more people. So, when I work with the board and I work with our experts and I work with the staff on the strategic plan, I'm constantly looking for ways not only broadened the reach of AHLA but to do it in a way that has purpose. To do it in a way that continues to educate the community to bring the community together and to continue that kind of special relationship that we've had in the health law bar that started fifty years ago.
- Dennis: You talk about diversity, inclusion and I read that your work on the board of AHLA focuses to increase diversity, to broaden participation on a range of different specialties including non-lawyers, health care practitioners.
- David: Yes. Well when I began my affiliation with AHLA I was a government lawyer. It was important for me to make sure that the voice of the government was heard. We're part of the mosaic of health care education of health law of practitioners. And, like with anything, all sides of the coin are important. I made it part of my mission to not only share what I know, to be as open as I

possible could. To be able to share the mission of the department with those who are affiliated with the association.

When I left the practice of law for a little while and there was a policy walk it was also important for me to make sure that my staff, and I as well, took time to come out and share what we know. To share the departments mission. So , when I say, if you're involved in health care, if you're involved in health law, you have a place here. I truly mean that and its always been a part of my sort of playbook if you will. The table needs to hear all voices. Not just one, not just two, all voices because the issues are complex. We can all learn and grow together. And the government at the time to me had an obligation in its health care promotion, health care education to let the community know what we're doing and why.

Our approaches may be a little different but at the end of the day, I've always felt that we always share the same goal of improved quality health care delivery to all. While we each have clients to represent, and we represent them zealously. The common bond that brings us together is that we're all interested at the end of the day of making sure that we have quality health care delivery. And that to me is the common bond. Its the glue that brings us around the table. I've felt that since my earliest affiliation with the association.

Dennis: I want to kind of expand on that. You touched on this a little bit but I'd like to ask you a little bit more about it. In a time of so much political partisanship, on the issue of health care, how would describe your role, the challenge and the opportunity for this organization?

David: Well on the one hand, complexity and health care delivery system is always good for business. Because the experts we have affiliated with our association break it down and can communicate to everyone about what's going on. To educate those who may not have ready access to other tools that may exist.

Beyond that, It is a time of transition. We're always in a time of transition. We have a unique opportunity because our table is open to all. To bring practitioners around the table to listen and learn together. To grow together and to prove the strength of the bar. Its an opportunity to educate those who are developing laws, rules and regs. That's a role that we play. And we'll continue to play that role because one of the things that is unique about AHLA is we have the best practitioners affiliated with this association. We have folks who have been at the forefront of changes and developments through the history of the association. Truly the history of health law education in America. So, I see us continuing to have that leadership role.

And I also see us having a place where folks feel comfortable coming around the table. Because again, its not the left or its not the right. The law is the law, and education is education. We allow space for those who draft laws and regs to make those laws and regs and where we step in to help people understand the lay of the land. To help people understand what the laws are, what the regs are. Advising our clients, but also educating those who are in the community.

Touching on a point I raised earlier, being a place where everyone can come and sit around the table. Private practitioners, Government lawyers, policy officials. To share, learn, and grow together.

Dennis: How would you describe the culture of the AHLA?

David: Well a phrase that I think you'll hear through many others is, collegial, collegiality. It is one of tenants within the association and its truly something that I've seen and experienced. When a government lawyer can stand up next to a private sector lawyer and share on a topic that

controversial, that's collegiality. Again, recognizing that we might have different perspectives, but at the end of the day its about quality health care and the goal of having a superior system.

Sharing is free and non-partisan. You know, at the end of the day we will represent our clients what ever side you're on. But understanding where we are, having a safe place to share, that's one of the Hallmark's here. It perhaps is a cliché, but it is true. And I think its true when you look at our membership. I think its true when you look at those who are presenting on the. Everyone has an opportunity to share. Government, non-government, big law firms, small law firms. Those who are affiliated with other associations as well as other organizations. We truly attract people from all over because ... folks have realized this is an association that does walk to talk. Your voice is valuable, your voice is important, your voice is a necessary voice to be heard by colleagues who sit on the other side.

Dennis: You guys were in New Orleans last year and there's a video actually of you speaking about your public service work. I want to ask you about the public service aspect of AHLA.

David: We...it is a thread that transcends the association. Its an opportunity to give back and give back to the community. In that video is a special opportunity for us to be able to work. In fact, the organization that we were helping was a HERSA grantee. It had received funds from HERSA to provide a new facility down there. Just like the New Orleans reference that you made, this past year we were in Charleston at a food bank. Public service is a thread that transcends the association. Its an opportunity to give back. Its a opportunity to give back and provide service to those in need.

I think its hard hard to be in the health law space. The health care space and not have a desire to get beyond the court room. Even to get beyond the classroom to do a little sweat equity and provide an opportunity to give back to those who are in need. To touch those communities that are still struggling to provide care in their own community. It was a special opportunity. It is something that we try to do on an annual basis within the board. Its something that we also try to urge all of our members to do to get back into the community. It is a passion that I have, but it is also part of the core fabric of the association.

Dennis: On this fiftieth anniversary, with health law becoming ever more complex, how would you characterize the role of the American Health Lawyers Association?

David: If I would give one word to it I would say leaders. We remain leaders and yes through the times that we see before us, they are complex. Health law in this country is complex. I think it'll always remain complex. But as we are leaders in the industry, as practitioners, I think we will maintain that position. We will maintain that position as an educator. We will remain that position as a facilitator. One of the again, Hallmark's of the association is bringing the parties around the table. It isn't an association that's just for law firms. It isn't an association that's just for big law firms. As I said, everybody who's interested, who has a passion about health law and health care has a seat at the table, has a home here. We'll continue that. I would say yes, the complexity of health care delivery may make it easier for folks to come to us. More than anything, we have created over the years a safe place. An inviting place for practitioners from all sides to come listen, learn, network together.

At the end of the day I think we are better able to help and work and service our clients. Leading towards better quality care, safer environments for our patients. I truly came to that I think by being at the department where we were dealing with the health care delivery system from soup to nuts. Its not just one touchpoint. I've always urged folks to truly follow the patients, understand the needs, and translate that information to our clients wherever the clients are.

And AHLA will continue to be leaders in that space.

Dennis: You talk about the history and milestones and that sort of thing. What does the future input?

David: I think the future is bright. When I look back over the fifty years or more of history of health care in this country and how we've changed and how the health lawyers have always been a part of that in a leadership role. In a convening capacity. I think that will continue. It's hard to see how that trajectory changes dramatically. I guess ... maybe if health care was just so easy there would be no role. I can't envision that.

clients continually need guidance in how to navigate. The rules change, but also technology continues to force us to change. So, as technology continues to drive innovation in creative ways of providing more care, better care. There's a role for lawyers to help guide the community. To help explain the rules and engage in the transactions that are necessary to allow the practitioners to do what they do.

I see health care delivery evolving constantly. As I said, innovation, technology, computerization, precision medicine. When you look back fifty years ago, when you look back twenty years ago, things were very different. So, I think when you look forward ten years, twenty years, fifty years, it's hard to know what the future is going to look like. What we do know is it'll be very different than it is today. Therefore, there is a role for us. There's a role for health lawyers. There's a role for this organization and those individuals who are affiliated with us to continue to guide, educate clients the government through the pathway of making sure that we're always there and that we're an acentral part of improving the health care delivery system in the country.

Dennis: Excellent. Anything you want to add?

David: I would add one thing. Having an opportunity to reflect which is what a history project does, allows us not only to give thanks to those who've led the way, but also to highlight what the path forward might look like. And that is, to continue to be open and inviting. Inclusive, that gives us our strength, it was our strength. And it will allow us to be relevant into the future. And so that pause point that we have right now to sort of look and reflect on where we were to see what we've done in this changing environment I think is a pretty clear indication of what the future will look like. And I think it'll more of the same. More and more inclusion, growth, and continuing to have a critical role in the future of health care and health care delivery.

Dennis: As the first African American CEO of the American Health Lawyers Association, how would you describe your perspective on health law and your goal to your association?

David: I think my perspective on health law doesn't really change. I haven't viewed it through the lens as the first African American CEO here. I think the footprint for health law is the footprint for health law. If there's anything that's unique to my perspective, it's the journey that I have as an African American patient, lawyer. So I bring to the table the sum total of the experiences that I've had and try to incorporate those into how I manage, how I guide, how I lead. But health law, as a discipline, as a practitioner is the same. It may have, and probably does to a large extent, influence how I view opportunities for others and why it's so important for me to be at an association that has at the core of its mission, inclusion. It's not just race, ethnicity and gender. If you're involved in health law, if you're involved in health care, this is truly an association where you have a home here. These are not just words on the page. Part of the mission statement before I became the CEO. This is an association that I believe has a deep rooted commitment to being inclusive and for creating opportunities for everybody.

Dennis: What have been your goals for this association?

David: In this regard, to make sure that the association remains as inclusive and open as it is. And to be even more so as I said. Everyone and anybody involved or interested in health law and health care has a home here. In goals in that regard are that we continue to live that out and to make that a living and lasting legacy for the association.

Other goals for the association are truly to continue to be the premier legal education association in the country. And as health care continues to be exported around the globe, that we might also play a role in that. As I said, throughout history, as health care has evolved and grown, we've always been there. We've played a part. Our membership are the best of the best practitioners in this area and I have a goal of maintaining that and to making sure that the association grows and is continued to be the go-to association for anyone and everyone who is interested in health law and in health care. To understand what it is that's being offered through this country. And that our collective clients are served optimally. Because we are a quality institution providing great care and great education for everybody.

Dennis: As a premier education association, what does that mean to be a premier education association?

David: What it means to me, and I hope it means to our members, is if you have a question, this is the place to get the answer. If you need guidance, this is the place to go. This is the place that nurtures. Thought is a safe place for exchange of ideas. You know, at the end of the day, we may be sitting opposite sides of the table representing our clients. But in this space, in this association, it is an opportunity for us to grow together, learn together and to be a strong vibrant connective entity that creates that safe environment for people.

Dennis: You've said that your efforts have focused on increasing diversity and broadening participation on a range of different specialties, including non-lawyers, health care practitioners and admissions. Tell us about those objectives.

David: Well maybe I came to this from my years in HHS. This is not an association that is just for big law, big reimbursement, big fraud. To truly understand health care delivery from soup to nuts, it's anything and everything associated with health care. So it is the big law firms as well as the solo practitioners. It is compliance officers. It's in-house. It's government at all levels, not just the federal government but also those at the state and local levels. As I said, health care is local, health care is national, health care is international. It is my goal and expectation that AHLA will continue to be a vital part in the education of all those practitioners in there. And, you don't have to be a lawyer to be a member of the association. Many people are engaged in the practice or working with clients in health care and health law are specialists in their own right. They're not lawyers. You don't have to be a lawyer to be a member here.

And so when I talk about our goals and I talk about the future, this truly is a place for all those who strive to learn and improve their craft to be able to be better practitioners whether you're a lawyer or non-lawyer providing counsel and advise to your clients. This is the place for you.

Dennis: In the world of large, outside of this room and outside of this association, there's so much political partisanship about health care. What challenge does that present to this organization, and what opportunities does that present to this organization?

David: I think it creates challenges and opportunities. The opportunities is, as a non-profit organization where everyone is invited to the table. We don't lean to the right or to the left. We educate and provide valuable information to practitioners and members and non-members. So, the opportunity is still there for us in a highly politicized world. And a highly complex health care delivery system is to be exactly where we are to be able to provide education and opportunities.

The challenges exist, and maybe again, my background and years at HHS where I worked for republicans as well as democrats. The law is the law. The policy is the policy. It may change from here to there, but at the end of the day, our goal is to educate the practitioner so that they're able to provide council and advise to their clients. We do that whether there is a republican in power or a democrat in power.

So, some may see that as a challenge. It's one that we manage very well. If we were partisan, I think our value and reputation would not be as thrilling as it is. We would be marginalized and compromised. I think for us to continue to be the vital go to association, is to be exactly where we are. Not leaning to the left or to the right, but making sure that we are providing the best education possible to lawyers and non-lawyers. To practitioners and health law and in health care.

Dennis: So does that make your brand even more powerful?

David: I think it elevates it tremendously. Yes! Because again, you know, as the pendulum does swing, it will always swing. But if you swing with the pendulum, you're value is compromised. People are likely not to trust what you say when the pendulum swings away from where you are. I think the fact that we have a vital and strong brand is in large part because we embrace everyone here. We give voice to everyone here. Without doing that, I think we would be compromised.