E. Richard (Rick) Brown, our close colleague and friend, died of a stroke on April 20, 2012, in Lexington, Kentucky, at the Public Health Services and System Research Conference. Fittingly, Rick, who was a very young seventy, had just finished moderating a panel on how to use survey and administrative data at the state and local levels to address health disparities. The fact that Rick was even working, much less crisscrossing the country, was somewhat miraculous. Just three years earlier he had suffered a near-fatal brain aneurysm. But he made an extraordinary recovery and was not about to be slowed in his efforts to improve health and health care for the underserved and the uninsured.

Rick was born in Plainfield, New Jersey, and grew up in Southern California. His parents, social-political activists who emigrated from Eastern Europe, separated when he was twelve, after which he and his brother were raised by his mother on a bookkeeper’s salary. His family was poor and at one time even lived in a tent next to a friend’s restaurant. He was introduced to the injustices of the US medical system as a child when his brother needed care after a bicycle accident. Reminiscing about this event, Rick said, “My mother always remembered the stigma she felt when the eligibility workers at the county hospital grilled her about her income and were very demeaning to her because she couldn’t pay the medical bills.” It was a lesson that influenced the remainder of his career.

Quotations and some of the historical material in this article were taken from various published obituaries and remembrances, and we were aided greatly by Marianne Brown.
Early Career

Rick attended the University of California, Berkeley, and emerged as an activist leader while receiving a bachelor’s degree in sociology and master’s and doctoral degrees in the sociology of education. His dissertation, published in 1979 by the University of California Press, was titled *Rockefeller Medicine Men: Medicine and Capitalism in America*. In the book Rick presented and interpreted the history of philanthropy in scientific medicine and medical education, as embodied by the Rockefeller Foundation, as a means of fostering capitalist interests worldwide and shaping the medical system to promote and protect those interests. In an earlier piece published in the September 1976 issue of the *American Journal of Public Health*, he stated that these philanthropic programs’ primary goals “were to enrich plantation, mine, and factory owners and ultimately foreign imperialist powers.” One reviewer called the book “the most controversial medical history of the past decade.”

Rick’s research roots and intellectual policy commitments were thus decidedly radical — although one might argue that given the 1960s Berkeley circles in which he and his wife, Marianne, lived, even more radical was their decision to get married and have two children while in their mid-twenties. (They met in a psychology class on Piaget.) Their “until death do us part” matrimony of forty-six years and their rich family life were just as exemplary as their enduring commitment to social justice.

UCLA

Recruited away from the Bay Area, Rick joined the faculty of the UCLA School of Public Health in 1979. In 1993 members of the UCLA campus administration, as part of a larger professional school restructuring initiative in response to a budget crisis, came up with the audacious idea to abolish the school and split its faculty between the medical school and a new school of public policy. The school and its community appropriately viewed the proposal as incredibly myopic and likely very damaging to the people both within and beyond California. In his usual indomitable and suave manner, Rick took the lead among faculty in opposing this effort and, along with Dean Abdelmonem Afifi, led an international effort that succeeded in saving the school.

By the early 1990s Rick was deeply involved as a researcher, adviser, and advocate in both state and national efforts to reform the health care system. At the same time, fully appreciating the value of highly credible evidence in policy making, he realized that much more could be accom-
plished at UCLA to consolidate and expand influential research in health services and policy. He proposed and, along with colleagues in public health, worked to establish the UCLA Center for Health Policy Research in 1994. As the founding director, he led the center until just a few months before his death. The center now has a staff of seventy-five and an annual budget of $12 million. It is arguably the leading organization providing information and research to the state policy community and a major national player as well.

Soon after the center was established, Rick convinced public and private funders to support its development of the California Health Interview Survey (CHIS), which is now the nation’s largest and most comprehensive state health survey. Conducted every other year with a sample size of approximately 55,000 individuals, oversampling underrepresented populations and interviewing up to three members per household stratified by age, it provides timely information on key state health issues. The results are presented in user-friendly terms to both laypeople and specialists, and the data are easily publicly available with specially designed software to permit nonexperts to do their own analyses. The reports from CHIS have informed community groups at the local level, policy makers in their health care reform efforts in California, and national decision makers drafting the federal Patient Protection and Affordable Care Act. CHIS-derived information is currently being used in developing the California health insurance exchange.

One of CHIS’s major themes was documenting the uninsured: how many there were, their characteristics, and the health consequences of being uninsured. Former state senator Sheila Kuehl, who was chair of the California Senate Health Committee and author of many single-payer bills, explained Rick’s devotion to health data: “The way he chose to address it is he thought if you just developed responsible and accurate health data, you could counter persistent myths about the uninsured and also connect the fact of being uninsured with harsh health consequences, such as a shorter life span and having more serious illnesses because you didn’t test to be diagnosed early.” Or, as Robert Ross, president of the California Endowment, said, “He understood that good-quality information was the engine that powered all the things he cared most passionately about, from expanding health insurance to feeding and caring for the state’s poorest and most marginalized residents.” It was Rick’s belief that providing objective data would make laypeople and policy makers alike see the light about the tragedy of uninsurance—a belief that ultimately was proved correct with the passage of the PPACA.
Seeing CHIS as an example of what every state could do, Rick spent the last several years working with federal and state colleagues to further the cause, which, as we note, was part of the health reform legislation approved by the House of Representatives in 2010. Marianne Brown is committed to advancing Rick’s mission to spread this kind of data-gathering capacity among the states.

As part of expanding the reach of public health research in policy making and promoting the highest standards in health services and policy research, Rick was also deeply devoted to his students and pressed them to meet the bar of high analytic expectations. Many ended up working at the center either while in school or after, including taking on leadership roles. Indeed, there are now dozens of UCLA graduates who have relied on the CHIS or other center studies as the basis of their research.

Policy Formulation and Advocacy

Given Rick’s early publications critiquing the role of capitalism in health care and his commitment to universal coverage, it is not surprising that early on he became a fervent advocate for government-financed health insurance or that his political allies included everyone from community organizers to the leadership of Physicians for a National Health Program, from California assembly members to US senators such as Robert Kerrey, Paul Wellstone, and Al Franken. He put his will and analysis behind this policy approach in both Sacramento and the nation’s capital, co-drafting the first single-payer legislative proposal in California and advising the development of federal legislative initiatives under that rubric. One of us first met Rick during a party in Senator Bob Kerrey’s office celebrating the introduction of S. 1146, the USA Act of 1991, an amalgam of taxpayer financing and “all-payer” payments to providers that Rick helped write with a former student of his who was then the senator’s top health policy legislative assistant.

Just as Rick used data and analysis to guide his policy objectives, he also learned to pay close attention to the empirics of the political process. After single-payer approaches were repeatedly stymied on the political shoals, he started calling himself a “recovering single-payer advocate” and looked to alternative avenues for reaching universal coverage and restraining escalating health care costs. He advised First Lady Hillary Clinton as she and President Bill Clinton embarked on a managed competition approach for national health care reform, which of course failed in Congress. He later helped lead an effort to prevent the enactment of a
2004 ballot initiative intended to overturn an employer mandate-based health care reform that had been passed by the California legislature and signed by Governor Arnold Schwarzenegger. (The reform law ended up being repealed by a razor-thin 51 percent to 49 percent vote.)

Despite the long and tortured history of reform efforts that Rick worked on, he never gave up, his passion for universal coverage never flagged, his optimism never waned, and his determination to fuel sensible health care reform debate with hard evidence only grew more intense. When health care reform returned to the national agenda in the 2000s and President Barack Obama made the issue one of the major goals of his administration, Rick was there as an analyst and adviser. After the historic passage of the PPACA in 2010, he and Marianne hosted a boisterous celebratory party with the Los Angeles health policy community in their home.

One issue associated with Rick’s broader policy agenda and the PPACA’s drafting process offers a specific illustration of his approach as an influential and pragmatic policy entrepreneur. As described by A. J. Scheitler, a senior staff member at the UCLA Center for Health Policy Research, over the years Rick had talked to many people within the US Department of Health and Human Services (DHSS) about the possibility of supporting a national network of state and local health surveys—CHIS on steroids. Limited early funding financed initial meetings in which many researchers from various DHHS offices participated, along with survey leaders and data users. In five years the group grew from fifteen to seventy-five participants and included representatives from twenty-six states. Federal researchers at the National Center for Health Statistics recognized the value of having state- and local-level population health data that are comparable across localities, but funds simply were not available for a national survey.

When President Obama announced his plans for health care reform, Rick seized the opportunity and began to work through the congressional process to have the network included in the emerging reform bill. Rick and A. J. worked with staff on the House Energy and Commerce Committee, chaired by friend of the center Representative Henry Waxman. Having learned well a lesson from past policy battles—ask first for the ideal and then be prepared to negotiate for the best realistic outcome—Rick and A. J. proposed a federally funded program for a coordinating center and support for fifteen state survey projects. The final language in the House version of the PPACA directed DHHS to create a program to support state population health surveys that collected local-level data. Rick had backing for an amendment to the Senate bill to include the language once
the competing House and Senate versions of the PPACA were sent to the conference committee for resolution. But then the election of Republican Scott Brown in Massachusetts to replace the late Democratic senator Ted Kennedy ended the Democrats’ capacity to overcome a Republican filibuster and resulted in the complex strategy for passing the PPACA that avoided the usual conference committee process. As a result, the specific language for the network in the House legislation was not included in the PPACA as enacted. But the act does call for DHHS to collect population health data at the smallest geographic area possible, opening the door for potential future support.

We should also note that Rick was a “high flier” in more arenas than health care policy. Unknown to many in his health policy network, at the time of his death he was the chair of the Santa Monica Airport Commission, as always striving to ensure that the voices of everyone affected by the airport were duly heard.

**The Person**

Perhaps one might not expect it of someone who was so research driven, institutionally entrepreneurial, cause motivated, and politically adept, but Rick was cheerfulness, serenity, and kindness incarnate — a real gentleman. He was an extraordinarily warm person who genuinely liked being with, working with, and engaging with all kinds of people. Moreover, he was actively interested in the activities and welfare of others, profoundly loyal, and the first to give credit to others rather than claim it for himself. He loved a good story and could tell one, too, often marked by his infectious laughter.

For Rick, life and experience always provided an opportunity to benefit others. A perfect example is when he had the aneurysm and went through the recovery process. Reflecting on that experience, he subsequently worked with the patient-care team to improve the postoperative treatment regime. In the words of Dr. Nestor Gonzalez, his attending physician at UCLA, “Thanks to his work with us, we clearly know now that supporting our patients beyond the ICU or even the hospital bed is as crucial as the highly complex technology we use to treat the aneurysm. Once again, in the form that he has done in education, public health policy, and so many other endeavors, Rick took his personal experience, transformed it into something bigger than himself, more meaningful than the discomfort he suffered, opened our perspective beyond the scope of a cerebrovascular problem to a broader, wiser view — the perspective of a man with a
For such an accomplished person — recognized with multiple awards and honors, elected president of the American Public Health Association — Rick was always self-effacing. This was not a stunt; rather, he looked up to others and admired their own qualities, which he would say he wished he possessed. One abiding characteristic was his generosity, which was brought home in particular to one of us when ill. Rick made frequent calls and sent multiple e-mails, offering to go on walks or just visit. For all who knew Rick personally, it is no surprise then that over four hundred people — from policy-making circles, the academic sphere, the activist community, and his extensive network of family, friends, and neighbors — attended his memorial at UCLA, which was really a celebration of his extraordinary life.

Rick’s abundant colleagues and friends will deeply miss having him as part of their lives, and his absence will also mean that there will be one less unusually effective voice advocating for those who are most in need of access to good health care. This latter deficit, however, will be shorter lived than it would otherwise have been because through Rick’s research, data collection and dissemination activities, policy advocacy, and mentorship, many others in the health policy and advocacy communities are well prepared to follow in his footsteps.

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