



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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Program Titles: "Representative Moakley with Representative Yvonne Brathwaite-Burke," (WILD) and "Representative Moakley with Representative Ella Grasso"

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Recording Overview: This recording includes two interviews with members of Congress that were broadcast on WILD as episodes of a radio show featuring Congressman Moakley. In the first segment Representative Joe Moakley interviews Representative Yvonne Brathwaite-Burke about federal regulations and ethical issues related to human sterilization and abortion. The second interview is with Representative Ella Grasso and focuses on current issues related to healthcare for the elderly.

Part I: Brathwaite-Burke Transcript Begins

JOE MOAKLEY: My guest today is one of the hardest working, and I might add, the most attractive member of the 93rd Congress, Representative Yvonne Brathwaite-Burke of California. I'm sure many of you remember seeing Mrs. Burke preside over the Democratic National Convention, where she did a masterful job. A former California State Legislator, Mrs. Burke is now in her first term in Congress, and very active member of the Black Caucus.¹ She has chalked up a number of firsts during her political career, including the first congressperson to become a mother in the history of Congress. Mrs. Burke, it's a pleasure to have you today on my show.

¹ The Congressional Black Caucus, formed in 1969, is a coalition of African-American members of Congress working to address the legislative concerns of black and minority citizens.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
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YVONNE BURKE Well, it's a pleasure to be here.

MOAKLEY: Of course, you know I know you've got a lot of friends in the Roxbury, Boston area. I know you've been up to Harvard [University] many times speaking, and that you've developed quite a constituency of your own up there.

BURKE: Well, I certainly have enjoyed my visits there, and I do have some friends there.

MOAKLEY: So, we have Congressperson Burke?

BURKE: No. Just call me Mrs. Burke.

MOAKLEY: Okay. Ms. Burke, recently a federal judge ordered the government to stop paying for the sterilization of children and mentally incompetent persons, and to redraft its regulations for all such operations on welfare patients. I know you are very active in this type of situation. What is your opinion of that ruling?

BURKE: I support it. I feel that we have allowed regulations to develop that gave too much autonomy to the individual health center. And what happens in many instances is you have someone who is very well-meaning who is trying to help someone and help the poor person that they think really cannot afford to ever have any children. So, they determine that this person that they have arbitrarily decided might be mentally incompetent or that they might be—and minors often-- that they should be sterilized in their own best interest. And what was happening was, quite frankly, many of the women or many of the girls who were teenagers, who were being sterilized, are who were being given alternative or sterilization or else no assistance were girls who were not really mentally incompetent.



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The question revolves around this whole thing of mental retardation. You know very well of how difficult it is to establish a standard for determination of mental retardation.

MOAKLEY: Well, I know that, especially on the West Coast, there was, I saw, a couple of edicts by the court that either the girl gets sterilized or she loses aid or probably even faces prison, and I just thought that that was a horrendous thing.

BURKE: That's right. And this is what can happen. At any time you allow monies to be distributed without safeguards, and you give it to individuals who may have their own opinion, and in many instances, a highly prejudicial opinion, and I must say a racist attitude, you stand to face the situation of saying, well, they'll just say to a girl who's fifteen years old, "We don't trust you to take any kind of birth control. We feel that the only alternative is that to require you to be sterilized, because we don't want additional tax burdens that you may have children in the future." And there's no question that this happened in a few incidents. We don't know how many. The really startling thing is that the more you pursue it, you find more and more situations where it was this kind of alternative.

I had an opportunity in my District to talk to some adult high school students last week. One of those girls was about seventeen or eighteen. She was expecting a child. She had moved from Louisiana to Los Angeles. In the Louisiana clinic, when she went there to attempt to get some kind of assistance for birth control, she was told she could either get sterilized or else. She decided not to. Now, that girl has since now moved away to Louisiana and has moved to Los Angeles. And she said, what was happening to her had happened to many others in those clinics.

MOAKLEY: Usually, I find that it's not people who represent the community which the girl comes from that makes these decisions, but somebody completely removed from the community that really isn't involved in the community, doesn't know the community standards. And they're



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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stepping back like a big brother dictating what is best for them. This is the thing that really bothered me.

BURKE: Right. Well, this is not new. Something like twenty years ago there were cases of where parents felt that they could make this kind of determination over their children saying, “Well I’m going to prevent my child from having to go through the same difficulties that I went through.” Often I think that it’s well meaning people. They aren’t people who are trying to hurt someone. They are concerned about the amount of their welfare rolls, and they’re trying to give assistance, but they need some guidelines. And that’s why the court has ruled, and that’s why HEW [Department of Health, Education and Welfare] at this point has said, we’ll have to stop until we develop guidelines, and we’ll set up a method of review.

Now, we recognize that in many instances you do have girls who are mentally retarded who probably should have access to sterilization. We recognize there are adults who should have full access. We recognize that in many instances this is the only possibility of giving that mentally retarded person an opportunity to really move into society, rather than being institutionalized. So, we’re not saying that you should not have any access to availability of sterilization. We are saying that there should be guidelines that, number one, have participation by people from the community, people who are not involved in the program, and that you should have a review committee that will first make sure that in fact the person is mentally retarded, and not mentally retarded on a borderline sense. Because there are many functionally mentally retarded who hold jobs and move into society and make valuable contributions. We’re talking about people who are unable to maintain or take care of themselves.

MOAKLEY: Right. And I think too that when you’re talking about final review, there’s no final review. When that girl is sterilized, that’s very final. And if they don’t make the final review before the operation takes place, the poor girl just carries this throughout her life.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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BURKE: Yes, the Relf children² is certainly probably one of the most dismal examples of something like this happening. Incidentally, this did cause the development of what we call a mini-mini caucus. There's a Black Caucus here in Congress. There's a very loosely formed Women's Caucus. But we know have a Caucus of Black Women that have been really primarily concerned with this particular issue, and also an issue of the distribution of Depo-Provera in poverty health plans that has not been established to be safe. And there are four black women in Congress, and the four of us have been very involved.

Congresswoman Cardiss Collins, whose husband held a seat before her, before he was killed in an airplane crash last year, she has introduced legislation to really do just what the court has now said must be done.

MOAKLEY: Who is the chairman of the Black Women's Caucus?

BURKE: We don't have chairman. We have a seniority rule, but that's all.

MOAKLEY: Yvonne, the question of coercion is a very important one. Have there been regulations adopted that would prevent this? I know that the judge seemed to feel that this had happened under the threat of losing welfare benefits if they refused.

BURKE: Unfortunately, the regulations as they now stand do not speak to that issue. The regulations as they were proposed by HEW would have established a five-person review committee. But there were not necessarily the kind of guidelines established to prevent coercion. And incidentally, let me say this, that many of us have had this same concern in terms of abortion, that while we believe that abortion should be readily available to adults and to women who wish to have it, we don't believe that it should be a coerced thing; that no person should be

² The Relf case involved two sisters, fourteen year old, Mary Alice and twelve year-old, Minnie Lee Relf, who were sterilized in Montgomery, Alabama, on June 1973. This case brought the issue of sterilization abuse to national prominence.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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in a position of where they say to a woman, either you have an abortion, or either you get sterilized, or you get no welfare aid. Because this should not be an alternative that's presented by someone who is a social worker or a person who is in charge of a program. And there is no question that this has been done in the past. And unless we have some guidelines to give some assistance to those who are on reviewing committees, then we will see coercion in the future.

MOAKLEY: Well, do you believe that the new regulations would have given enough protection to protect the coercion of mothers though?

BURKE: Not really. There was a statement that there had to be within that five-person review board, one person who was not a member of the actual program. But we're going to have to really say that there must be some person who is a community person and who comes from that immediate area of the people who are served. And we have seen this in many instances. We have seen it in comprehensive health planning in terms of hospitals and health plans. And in this particular, very sensitive area, I think that you have to community involvement.

You're going to have to have someone who is there who can really recognize what's being done, and not simply just do what is directed by the program. And in so many instances that's what happens on a review team.

MOAKLEY: Right. And many times, social workers have actually played god in these situations.

BURKE: That's true.

MOAKLEY: Since they have the power of the purse, some of these people were just frightened to do anything that wouldn't make the social workers happy. So, many times they've really done away with their producing capacities.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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BURKE: Well, yes. In addition, in many instances, you have parents who don't have, necessarily, the educational sophistication to be able to even determine what it is. They are not necessarily totally aware, and it's not explained to them in a way that they can understand. So that what you see in some instances, you see a parent who says, alright I'll give permission. And as in the case of the Relf children, the parent gave permission and didn't have the slightest idea of what she had given permission to do, then afterward recognized what was actually happening. So that you also have to determine whether or not the parent is in a position that they are fully informed and totally aware of what is being asked or being directed.

MOAKLEY: One other case, I think the parent thought that the child was going to be fitted for some kind of birth control device and didn't realize it was a permanent sterilization.

BURKE: Right.

MOAKLEY: What happens now in the battle between the HEW people and those in the community who feel that we need better and more stringent guidelines?

BURKE: Well, I believe that HEW has been sufficiently prodded. I think that we're at a point now where HEW recognizes that there have been abuses, and they have been able to substantiate those abuses; that there is a need for guidelines, and there's a need for regulation, and that they are in the process of reviewing those regulations. What we do is that we keep a steady stream of communication going to them to let them know of our position, and review each one of these proposals as they come before us. And as I say, it's just a matter that the Black women who are in Congress have taken this upon themselves simply because we feel that in many instances the poor and minorities are those who most often have language problems. They are most often those that are subject to public health facilities and who don't necessarily have free will in determining the kind of healthcare that they receive.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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MOAKLEY: Yvonne, say the people in the listening audience, the people of Roxbury and the North Dorchester area wanted to have some input into the regulations, how would they go about it?

BURKE: Well, first of all, I would say that they should write to HEW, to the Secretary of HEW, Casper Weinberger. In particular, what I would like to see, if your office is interested, that they keep in touch with your office and we would certainly be very pleased to keep your office aware of regulations as they are proposed, and who particularly in HEW is working on those regulations. And we'd be more than glad to make sure that there is access to and that you have copies, of Cardiss Collins bill that is being co-sponsored by the other women, and the progress of that bill is made available. So, if they would simply call your office, we will make sure that your office gets all the information.

MOAKLEY: That would be great. This is a little aside. I was flying back to Boston and I picked up a copy of *Ebony* magazine and I saw a lovely Mrs. Burke on the cover with her brand new baby.

BURKE: Yes.

MOAKLEY: What's your baby's name?

BURKE: Autumn Roxanne.

MOAKLEY: Right. And that was a lovely picture and a lovely story. In fact, I would like the people in the listening audience to really, if they want to know a little more about Congressperson Yvonne Burke just get the March issue of *Ebony*.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

Moakley Archive and Institute
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BURKE: March issue of *Ebony* magazine, right.

MOAKLEY: I thought it was a great story. It tells where you came from and your background, and what you plan to do in the Congress. And I thought it was a well done story, and the picture was great also.

BURKE: Well, thank you very much.

MOAKLEY: Yvonne, it's really a pleasure to have you on the show. And it's very illuminating because these are some of the questions that I've been asked in the Roxbury District. And I know there's one person in Congress who has really rolled up her sleeves and gone to work on these problems together with Mrs. Chisholm and Mrs. Collins, that you were very knowledgeable. And I just wanted to bring this information to the Roxbury and North Dorchester area.

My guest today is Yvonne Brathwaite-Burke of California, who is a very outstanding member of the Black Caucus, and also as I said before, the most attractive member of the 93rd Congress. Very nice to have you.

BURKE: Well, thank you very much. It was a pleasure being here.

END OF INTERVIEW



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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Part II: Grasso Transcript Begins

JOE MOAKLEY: My guest today is Congresswoman Ella Grasso of Connecticut, one of the most prominent women in American politics today. Ella was the first woman to be floor leader in the Connecticut State House and Mrs. Grasso may very well be the first woman to be governor of the State of Connecticut. Mrs. Grasso is a very active member of both the Educational Labor Committee and the Veterans Affairs Committee. She's long been a leader in the fight to protect the rights of the elderly. Ella, it's a pleasure to have you on the program today.

ELLA GRASSO I want to tell you how pleased I am to be here and how pleased I am to be your associate in the Congress working for those programs that are a benefit to all of our people.

MOAKLEY: Ella, really you're one of the first people I came in contact with when I came to Congress because of certain stands you took on certain legislation. And it was very happy for me to share a head table with you recently in Boston when you were cited as a very outstanding woman of Italian heritage when you received the Marconi Award, an award which was probably the first time was ever given to a woman, wasn't it?

GRASSO: I think it is the first time, and I was pleased to get the award not only because it came from the Sons of Italy, but also because it was involved in legislation that we had passed for Cooley's Anemia,³ which was an area of deep concern to me as well as to the organization, because these health issues and the involvement of Congress I feel is very important.

MOAKLEY: I was very impressed being there to see you cited out of all of the people in the United States as the one person who had done so much work on this bill. And for the Sons of Italy to take recognition of this fact and to honor you publicly at their annual meeting I think was quite an honor to you. I was very happy to be there, and I was very impressed with the talk you

³ Cooley's anemia, or Beta Thalassemia, is a rare blood disorder that requires regular transfusion and extensive medical care. This condition mainly affects people from the Mediterranean and Asia.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

Moakley Archive and Institute
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gave that day on what you had done in this sphere in how much the award meant to you. Which just shows that Ella Grasso is still a woman of the people, right?

GRASSO: Yes. And you know that's what I like about my associates of Massachusetts and the work that you are doing now as a freshman member of the Congress, taking all of your good experience. And although you're very young in years, you've had full opportunity, I think, to become an effective member of the Congress because of this solid background of service and of responsibility and of your very deep concern for people, and I'm especially pleased people of all ages, most especially our elderly.

MOAKLEY: Thank you very much, Ella. Ella, one of the major issues in which this Congress will consider this year is the healthcare. And you've been very outspoken on the issue. You've been a leader, especially as healthcare refers to the elderly. Do you think that the Congress can make the existing Medicare program more effective?

GRASSO: Well, I think that Congress has got to work to make it more effective while we're trying to overcome all the obstacles that HEW [Department of Health, Education and Welfare] manages to put in the way in the matter of regulation. Certainly, we found that in the very beginning when with hospital care people heretofore had been paying seventy-four dollars they were very fast, in spite of the opposition that was demonstrated by so many of us, to make that figure a higher figure. And another area of great concern to our older people is the incredible paperwork in which they are so often involved, and the very great difficulties they have in even getting someone to help them take care of this on a volunteer basis.

When you think that someone has been ill and perhaps discouraged, then to have to go through so much of the requirements of the regulations to give answers to questions, I think it adds one more burden on top of the financial burdens. And then of course, for many people is the fact that



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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rates vary and the amount of money that is allocated is not enough to meet all of the costs. And this cost must in turn be born by the people themselves.

There is a deep concern on the part of our elderly people has to how effective the program is. But when they see the great program that our president has prepared for them, then I think that they would rather leave some situations as they are. Because hidden away in this are all kinds of cost increases that would make the first ninety days of hospital care cost almost as much as ten times more than what they are now having to pay out-of-pocket under some of our own programs. I think this is what we must do. And I think it is the responsibility of each of us in the Congress, now that the bills have been introduced, to do an evaluation so that everyone knows at every level what is going to be expected, where the money is going to come from, and what will be benefited by it. The president says his program isn't going to cost anything. Well, costs are there that have to be borne one way or another. And I feel that that is just glossing this over much too readily and that we should be very sure that the dollars are going to be allocated to serve health needs. And then we've got to decide how we're going to get this money, which is one of the issues for discussion in the Congress.

MOAKLEY: Mrs. Grasso, I know that you and I and many people talked, I just think that when you're talking about healthcare for the elderly, I think we should be more insistent in putting more preventative medicine into the elderly program. And I think that we can save not only many, many lives, but many, many millions of dollars, because as the program now is, people are afraid to go to the doctor to get a prescription because they're just not covered at this stage of the proceedings. And I think that if they were covered right from penny one, that they could go and get rid of that cold rather than waiting until it turns into pneumonia or some other respiratory disease.

GRASSO: Or they could find out what causes that ache before it develops into another kind of illness. I think people are apprehensive as to what will develop. But so many people are so afraid



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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because the costs are so high and they think maybe if they wait a little while it will go away. And in too many occasions, this just doesn't happen. So, I think that what you say that preventative medicine is a very effective key not only to helping people maintain vitality and maintain health, it is a cost saving device in the long run.

MOAKLEY: Ella, what do you think that we in Congress could do to control the prices of prescription drugs that are now being used by the elderly? And do you find it helpful that HEW appears to be changing its attitude about the use of generic drugs?

GRASSO: Of course. I think that it's high time that they change their attitude with regard to the use of generic drugs. The cost differential is a factor that is readily apparent to everyone. And I would hope that in the Congress we would get to the stage where prescription drugs are included so that the elderly don't need to worry about these high costs. And some of them are unbelievable. I've seen some of these bills. The medication comes at a very high price, and so many times the few dollars of people. And we've got to remember that these are people living on limited incomes and they do not have opportunities to augment their income through other kinds of jobs, living on limited incomes in time of inflation having to bear these great burdens.

MOAKLEY: Well, that's one thing about the elderly, they're the first ones affected by any price increases such as fuel, such as rent, such as food. And they're probably the last ones to be brought into line. And you know the struggle we have when we amended the Social Security Act that took affect this year to give just a paltry 11 percent in two payments to those who are living really on the bottom of the socio-economic ladder. And of course, this is why they're very hesitant to go to that doctor for the prescription and very hesitant to go to the drugstore to get it filled.

GRASSO: And I think what you say is important because so many times our older American is hesitant to express their opinions and make known the problems that they have. And so, they



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

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need to have others who speak for them. And you have spoken time and again, eloquently and well, you say how you recognize the contributions that our elderly, our senior citizens have made to our society, and you talk about the great debt which we owe to them. I think that that is a very fine and positive attitude. And if all of our young people felt as you did, we would be further along to finding solutions to our problems.

MOAKLEY: Actually, you're really making me a lot younger than I am, Ella, and I appreciate it.

GRASSO: I say this relatively. But you talk from the heart. You know what the problems are, and you understand them, and you appreciate them. And we just have to have more people who do this.

MOAKLEY: Ella, several weeks ago, you and I both voted finally for the Nutrition Bill, which was finally passed. Do you think that this will substantially affect our older Americans who now go hungry? And what will be some of the other gains that you see coming out of this bill?

GRASSO: Well, you know, the bill that we passed provides for 150 million dollars in fiscal [year] '75, then it goes to 200 million, then to 250 million. We're now funding this at a hundred million dollars a year, and it would have expired at the end of this fiscal year. We had to fight to make it a three-year program. The administration only wanted a one-year program. And I was very pleased that no one on the other side of the aisle felt that they had to pick up the flag in this particular issue. It seems to me that this money is only seed money. It only begins to approach a problem. In some areas decisions have to be made. And who is going to be the Solomon who says we go this far and then you can't go any further? They're encouraging people not to sign up every week or not to sign up for more than so many days within a week. But in every community, there is a very real recognition that this money just isn't enough. And with the increased cost of food, the problem is even greater.



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

Moakley Archive and Institute
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And you know this might have become a reality much sooner than this year, because the program had been passed, but the money had been in the HEW budget that had been consistently vetoed by the president. So, that it has only been really since the beginning of the year that we've had ongoing programs in most of our states. And I have been in my own state and in my own district to visit some of the places at which luncheons are served and I've been so impressed not only because a very real need is met—one man said to me, he was eighty years old and his wife had died. This was the first warm meal he had in a long time, because he just couldn't get together all of the things that he would need to cook, to prepare it, to serve it. He was having it in a pleasant atmosphere with old friends. There was volunteer work shown in the people who had come in to help out with the program. There was a good measure of local, state and federal cooperation. And these are all positive and healthy things. But I tell you that I think that the money that has been authorized does not begin to do the job, and we've just got to put more money into the program.

MOAKLEY: It really makes me wonder sometimes when you're talking about older Americans how many people when they're campaigning for office tell about all the great things they're going to do for older Americans. And once they take the oath of office they seem to forget about it. And it's very refreshing that there are many people in Congress that haven't forgotten their promises. So, that bills such as the Nutrition Bill and the Older Americans Act and the increase in Social Security finally did get off the ground and did get through this year.

GRASSO: If I can just interrupt. And trying to make all of the concepts of the Older Americans Act a reality so that we would have funds to provide for drop-in centers and that this wouldn't have to be a new building, but it could be used to remodel another kind of structure. That we could try to provide some kind of supplemental job opportunity so that one then could earn a few extra dollars. That the transportation needs of the elderly could be recognized because I think that their problem is even more acute in this time of shortened energy. Gasoline is so high many



**Moakley, Brathwaite-Burke, Grasso Interview Transcript
(MS100/09.01#27)**

Moakley Archive and Institute
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of them are no longer driving cars. In some places, public transportation facilities are inadequate. And special kinds of transportation programs to meet their special needs are essential. And then there is housing.

MOAKLEY: I was going to say that housing in my area is very bad, and I'm sure in parts of your area it's very bad too. Again, it's the older Americans, the senior citizen housing developments that seem to be the last ones off the drawing board for some reason. I know that we're making some strides now in the New England area, and I just hope we'd get more because this really is a disgrace to house some of our elder Americans who made it all possible for you and I to be housed in some of those developments.

My guest today is the congresswoman from Connecticut, Congresswoman Ella Grasso. And this is one woman that really makes politics work. She has been very active in many of the elderly affair projects. I'm sure that if God is good and she keeps up her stamina and this speed, that Connecticut will have again and the Congress will have a little loss. And I'm sure that whatever the future holds for you, Congresswoman Ella Grasso, I'm sure it will be out helping people, as you've done so many years here in the Congress.

GRASSO: Well, I thank you. And I'm proud to have had this chance to work with you, because you care and I care and that's what this is all about.

END OF INTERVIEW