

Memorial of Peter van Dyck, January 17, 2025

Transcript; MCH Digital Library, Georgetown University

[Jamie Resnick] Good afternoon. I am Jamie Resnick. I am with the Maternal and Child Health Bureau, and thank you so much for joining us to celebrate the life of Dr. Peter Van Dyck in reading his obituary. It's clear, as everyone in the room can tell, that he had a remarkable life of professional accomplishment, had been an interest traveled, and, of course was a wonderful father, husband, grandfather, and great grandfather.



While we're all sad that Dr. Van Dyck is no longer with us, he has left a remarkable legacy, and I'm grateful that we have an opportunity today to reflect really on his extraordinary life.

We're going to hear shortly from his former colleagues, children, sister, and wife to remember Dr. Van Dyke for the person we all really do admire and really do love.

I am truly humbled and honored to be the managers of ceremonies for today's event, because I owe a huge debt of gratitude for the impact that Dr. Van Dyke had on me and my career at MCHB.

It was a gift that I got to work for him and learn from one of the great maternal child health legends. And I really mean that legends of our time when I first started working in MCHB. In 2002 as a 27-year-old young professional, I was very intimidated by Dr. Van Dyke's presence. I recall, after only a month working in MCHB, I got a request from Dr. Van Dyke's assistant, asking me and my boss to come to his office immediately.

I came to learn that one of the other division directors was upset with me for trying to start an initiative on a topical area that she felt was in her authority. Basically, I was stepping on her toes.

I thought I was going to be in big trouble, but Dr. Van Dyke's approach to the conversation had a lasting impression on me. He used it as a mentoring opportunity, and basically told me that my idea was good, and that he didn't want to discourage me from coming to the table with ideas. But what he did do was, he advised me that if I wanted to be successful in the future, it was important to work through the chain of command and foster collegial relationships.

At that moment I realized just how very kind and compassionate a person he was to work for. I also learned about him a lesson on how to better navigate office politics, and he really really gained my trust and respect as a leader.

There really was just such a unique aura about Dr. Van Dyke. He was a towering figure, soft spoken, shy, introverted, and very intelligent.

I should also mention that he had one of the best poker faces in business, and in private he would surprise you with his dry sense of humor. He was not impulsive, and as all his actions, decisions, and spoken words were carefully thought out. Some people that went into his office seeking quick decisions left frustrated because he was not going to be forced to weigh in on an issue until he had the time and space to consider and deliberate on the merits.

His style of slow, steady, and reliable leadership is what built a level of confidence in MCHB. Through multiple administrations and led Congress to assign MCHB with new initiatives that still exist today.

I was always amazed how we could command the attention of an audience at a large conference. People always wanted to know what Dr. Van Dyke was thinking. What words of inspiration was he going to offer? And as he would get to the microphone there would be complete silence. And then, in his very soft, spoken voice, he always had a special way of inspiring the MCH field.

If we were lucky, there might also be some humor in his remarks. On a day-to-day basis if you ran into Dr. Van Dyck in the hallway, he was not a conversationalist, as he always seemed to be in deep thought regarding the work at hand. However, in private, and I was very lucky that I got to talk to him a lot, he was very thoughtful, engaging, and respectful of MCH staff, always interested in discussing recent travel abroad, hearing about my experiences as a new parent and offering empathetic mentorship when navigating difficult professional issues.

[Michael Warren] Thank you, Jamie. Good afternoon. As Jamie said, I'm Michael Warren and the current associate administrator of the Maternal and Child Health Bureau at HRSA. First I want to offer my condolences to Carrie and the family on behalf of the entire team at Maternal and Child Bureau.

When I think of Peter's legacy, I'm reminded of that quote that says wise people plant trees under whose shade they will never sit. I came to the bureau in 2018. That was well after Peter had retired, but the legacy of his leadership in the bureau, in the field of maternal and child health across the country is ever evident, even to this day.

The trees that he planted, both in his time as division director in our division of State and Community Health, as well as his time as the associate administrator for the Bureau are mature and bearing fruit long after his service.

With nearly four decades of State and Federal service in the Journal of Child Health, on top of his service to our country and the army, we could spend all afternoon recounting his myriad accomplishments. I want to highlight just a couple, and you'll hear more later in the afternoon from some other colleagues.

Peter came to the Bureau about a decade after Federal maternal and childhood funding was converted into a block grant during the Reagan era, and a few years before his arrival Congress decided to add additional requirements for the block grant, to increase accountability.

He wanted to approach this in a really thoughtful way, to make sure that we were showing Congress we were good stewards of these Federal dollars, but he had that State hat that he wore, so he wanted to make sure that we were maintaining flexibility for the States to be able to do this good work on the ground.

He envisioned a new way to measure the performance of States in order to show that ability to Congress, while also maintaining that flexibility. He inspired epidemiology staff and the Bureau to create a performance measurement framework that has endured. Now for three decades, allowing the Bureau to capture robust data to show the impact of the block grant and the reach of this vital funding.

For example, every year the block grant alone reaches over 60 million people in this country - 93% of pregnant women, 98% of infants and over 60% of children, including children with special health care needs.

The performance measurement framework that he envisioned was one of the first for a Federal Grant program, and subsequently then held up as a model for accountability and other federally funded programs.

Another of his legacies is the national survey of children's health. The current iteration of our survey dates back to Peter's innovative leadership in 2001. He knew well from his State experience that States often lacked data on which to drive important decisions about policy and programs related to children.

He partnered with national thought leaders and data experts to develop the national survey of children with special health care needs in 2001, and subsequently the National Survey of Children's Health in 2003. He wrote an article shortly after, in 2004, saying that we hoped to repeat the surveys periodically, to allow for analysis of trend data.

He might never have dreamed at that time that the survey would eventually grow to become the flagship survey of children's health in the United States. It's done annually now, which was not done before, and it's conducted in a way that allows us to estimate child health data at both the State and national level.

The survey not only provides data for 19 measures in our block grant, but also for 15 measures that guide the nation in the Healthy People 2030 project. The survey data are also used broadly outside of government. For example, America's Health Rankings uses it for their health of women and children report. The Robert Wood Johnson Foundation uses it for their annual publication of childhood obesity statistics, and even in the corporate world Starbucks used it as they were developing a new childcare policy for their employees.

[Laura Kavanaugh] I first came to know Peter when I worked at Georgetown University. We were building an information system that was going to provide data to states about what had happened, influencing maternal and child health policies across the country.

We sat around a conference table with just a few of us. A few of us are in the room today. Still, I'm looking over at Chris over here, and we wanted to make sure that we were building a system that would communicate to the public what the MCH Block Grant was doing, and I'll tell a little bit about more about the history of it, too.

He later became my boss when I came into Federal service in 2001. He was very supportive of my professional growth and respected the knowledge that I brought to the programs. He gave me the autonomy to succeed in my new responsibilities in Federal Government.

He made incredibly important contributions to the field of maternal and child health. The field was able to successfully navigate when the discretionary MCH Services were converted into a block grant in 1981. At the time he was the president of the Association of Maternal and Child Health Programs, so he was outside Federal Government when he saw this influence coming.

By observing his leadership, I learned about the importance of persistence, the use of data to support programs, and the value of having diverse partners as part of our work. Peter really recognized this power of persistence. Change requires not only imagination but also persistence, because policies don't change overnight. He understood that he was in it for the long term.

[Jonathan Van Dyke] One of the things I want to talk about is how my dad could be a determined person - very gentle, very calm most of the time, but also very determined. When we moved to Utah, my dad liked fast food a little bit, and he had a 1972 old Volkswagen. The backseat was just piled full of McDonald's wrappers. But in his late thirties he decided he was going to get himself healthy.

There was a high school about 2 blocks away from us, and he would get in his running clothes and walk around a quarter of the track. He did that for a while, then he got up to half the track, and then he began to jog a little bit. He was very determined, and running became a big part of his life.

He ended up running a Marathon in Saint George in the mid-eighties. Then he started doing Aikido, and he eventually became an Aikido black belt. During his black belt test, he had to stop

for a minute to take a break. He came back and finished the test, and we found out afterwards he'd broken his lower arm. He finished his black belt test with a broken arm.

He got Parkinson's, diagnosed in 2009 or early 2010. I talked to him about it and he said, "Greg, I kind of feel betrayed. I feel like my body's let me down. I've done all these things to get healthy and stay healthy." He felt like that for a couple of months. Then he decided he wasn't going to let Parkinson's define the kind of person that he was. He was going to define the kind of person he was going to be with Parkinson's.

He continued to run until he started falling. His Aikido training helped him when he took unexpected falls - he was able to roll. When he couldn't run anymore, he kept walking. He'd go out for walks with Carrie and the dogs as long as he could. When he couldn't do that, he set up an old mountain bike on a trainer.

[Brett Van Dyke] My first memory is a bird. How we would hear its whistle at dusk, a two-note descent calling us home. And there were songs, the folk songs he would pluck on banjo or strum on his guitar. Hang down your head, Tom Julie, hang down your head and cry. He documented our lives - negatives he would hang to dry, and the old home movies we would watch together late into Sunday night. We would always ask him to play the one where we ate hamburgers in reverse, how he would stop the projector in the exact same place each time to get it right. We would laugh when it looked like we were puking our hamburgers out instead of shoving them in.

His remedy for cuts and bug bites was always the same: put a warm, wet washcloth on, soak in warm soapy water for 15 minutes, and first aid cream. Whenever I asked him how to spell a word he would say, "Look it up!" "But Dad," I would say, "How can I look up a word if I don't know how it's spelled?" He never gave in, but somehow I always found it.

He had more open containers of ice cream stacked in his freezer than I think are legally allowed in any country, always vanilla, all of them half full. He loved to cook gourmet dinners for us and experiment with fancy desserts. He sealed pickles and jams and jellies into jars, and he brewed beer. Four of those things won him ribbons at the Utah State Fair. The other one exploded all over our basement, leaving ribbons of yeasty brown down the walls.

He built miniature furniture for my dolls. But my favorite memory is a ring - more of a dime store trinket really. I was only five. It was a mosaic made of tiny glass shards. I remember how hard I wept when those shards came unglued and swirled down the drain. And then how surprised and happy I was when I got it back! You fixed it for me, Dad - how you dug those tiny glass shards out of the drain, as many as you could find, and glued them back into place.

Dad, I still have that ring. And I will always remember you as the glue that held everything in its place.

My first memory is a bird, Dad, do you remember that bird? Is that what you heard when you were finally ready to leave this earth and fly? Is whistle at dusk a two-note descent, calling you home.

[Carrie Van Dyck] There was just in the end there were some hallucinations, not a lot, but they were very calm. The doctor was worried because they weren't scary like most hallucinations can be. His were always peaceful - he'd see kids up in the trees, parents clapping for them. They were so gentle the doctor didn't want to prescribe any more medication.

In October, he had fallen in the house. I called an ambulance because I couldn't get him up. At the hospital, he had a stroke - a cerebral one in the back of the head. They brought in the hospice papers, thinking he wouldn't wake up, but he did. The nurse found him sitting up, knowing his name and birthday. That was one of three times he came back to life.

He coded on me in March. They sedated him for a day, and we weren't sure he'd wake up from that. But he did. Then finally, he died in my arms at home. I let him know I loved him and that it was okay to go.

One night near the end, he was in the hospital bed in our bedroom. Suddenly he said, "Carrie, you've got to come over here. We're in an airplane and the turbulence is bad!" I squeezed into the bed with him. He had his bathrobe on with the tie, and said "Let's tie quick - we need seatbelts!" So I tied it around us both, and he asked, "But did you do a square knot?"

I really did find true love with Peter. We were both kind of controlling people, both determined, both givers. We learned from each other how to take. The giving and taking became symmetrical and entwined. He was the love of my life.

[Reverend Jane McCarthy] This is really special, the wholeness of it all. We got all of Peter here today. For a closing prayer for this wonderful time together - we need you, Peter, on your spiritual journey of the soul we are blessed, knowing that you are free at last, released into the eternal. We know your spirit will always be with us.

[Service Conclusion] I want to reflect on the fact that we have people joining us from across the country - people who worked with Dr. Van Dyke in the early 2000s, former division directors, branch chiefs, executive officers. While he was somewhat private and didn't say a lot, his office was filled with family pictures. We knew him professionally, but when he retired we got to see more of his personal side.

For Federal employees, every transition with a new administration brings nervousness about change. Peter's leadership always provided a guiding light. His legacy - the bureau, the programs, all the people he mentored, his family - will continue.

Thank you to the Van Dyke family, to Carrie. Thank you all for coming to celebrate the magnificent life of Dr. Peter Van Dyke.

