From: Alina <alinazheng4990@gmail.com>

Sent: Tuesday, August 12, 2025 8:00 AM

To: support@teamkennedy.com

Subject: A Request for Palliative Radiation Therapy Policy Progression

Dear Mr. Kennedy,

My name is Alina Zheng, and I am a high school student at Allen High School in Texas. I recently published an academic article titled "A Practice Model for Palliative Radiotherapy," which proposes a simple, cost-effective way to improve access to palliative radiation treatment for patients with advanced cancer; I have attached my paper as a file in this email for your perusal. To get to the point, I am reaching out to express my strong interest in working with the Department of Health and Human Services to support efforts that modernize how palliative care is delivered in this country. I believe my model could inform broader national strategy, and I would be honored to share the paper and discuss opportunities for pilot implementation or policy review.

This idea first came to me during an internship at the Innovative Cancer Institute, a private cancer center where I had the chance to observe the realities of cancer care up close. I was struck by the dedication of the doctors, nurses, and staff who work so hard to care for patients in their final stages of life. This experience closely resonated with my personal struggles with my grandpa, who died while suffering from extreme nerve pain because of the radiation cancer treatment he received. None of the standard pain medications on the market were able to help with my grandpa's pain, and if they could, the side effects of the medication, such as opium, were simply too drastic. The only other possible thing that could've potentially helped my grandpa was medical marijuana, which has been proven to be a strong alternative to pain medications like opium. However, at that time, and even in the present day, Texas has upheld the ruling of marijuana being illegal for medical use. As a result, our family had no choice but to let our grandpa die in pain.

So while I was amazed by how far modern technology has come in curing and controlling many cancers, I was especially moved by the patients who were not able to be fully cured, those just trying to live their last days with less pain and more dignity. There, I learned that palliative radiotherapy (PRT) can make a big difference for these patients, yet many of them can't get access to it. It came as a shock to me that the very thing that caused my grandpa's pain could also help alleviate it, but as I progressed through the internship, I learned more about the inner workings of radiation and why it would work as a pain treatment. It was after this that I came to understand that the reasons that many hospice patients can't get access to PRT aren't scientific—they're due to complicated regulations, current reimbursement policies, and rigid systems that make it hard to deliver care where and when it's needed the most. These struggles didn't just resonate with me on a moral

level–with my belief that everyone deserves to die with peace and dignity–but also on a personal level: my family could've had an alternative to letting our grandpa die without peace.

Working with Dr. Xiaodong Wu, I created a model that addressed these issues. However, even though the model I proposed was practical and could help many people, my article was rejected by several journals, not because the science was wrong, but because it challenged how things have always been done. Many respected journals rejected my paper, citing that the idea of allowing non-radiation oncologists to deliver radiotherapy was a notion many of the reviewers objected to, especially due to their concerns with the potential payment cuts that they were facing. None of the reviewers questioned the science but rather expressed

their discomfort with the idea that the model would allow non-radiation oncologists to participate in the supervised delivery of PRT. One specific reviewer described the field as "territorial," and another worried about the political optics amid reimbursement pressures. In other words, they felt as if the model presented in my paper that would introduce PRT to the hospice field at a lower price would be infringing upon their specialized field of knowledge due to the fact that they spent years getting the proper education for utilizing radiation. While this in itself is normal, these oncologists have naturally never ventured into bringing radiation into hospice, specifically because it wasn't lucrative enough. After spending years in college to become a radiation oncologist, it is by pure logic that they would want to work in the most lucrative positions, which hospice care specifically isn't a part of. However, although they themselves do not have the desire to work in hospice, these radiation oncologists blanch at the idea of letting other health professionals deliver radiation therapy, even if they are trained in PRT. Because of these unanimous rejections, all of which shared the same basic concerns, it was not until Dr. John Adler, a respected physician, scientist, and editor, stepped in to support my paper that it was finally published. In Dr. Adler's own words, "there [was] no science… only politics and money" when it came to rejecting my paper.

From the experience of trying to publish this article, I began to realize just how much resistance a proposal like this might face in the real world. If the idea could be turned away so easily in academic circles, not because it was flawed, but because it questioned the norm, how much harder would it be to actually put it into practice? I know I am just a student, but I care deeply about this issue, and I've seen how even a small idea can turn into a big resistance. You've always been someone who speaks up for fairness and for people who are often unheard, such as your work in reopening Croton Bay Park and defending indigenous tribes from harmful modernization, like the implementation of dams and the introduction of mining operations.

Your history of humanitarian deeds is why I chose you and your office specifically to help with my goal. All in all, I hope you might consider supporting efforts to reform how palliative care is provided in this country, especially for those at the end of life. This is not a partisan

issue—it's a human one. Elderly people deserve to have the dignity that we all have, especially when it comes to their deaths; I firmly believe that improving hospice care is one of the main steps that we need to take to bring about change not only for the less fortunate of today, but for the elderly of the future, whom may include the people we hold dear to our hearts. We, as a country, can do better, and that starts by listening to patients, families, and the healthcare workers, who are trying their best to help them. Thank you so much for taking the time to read this.

Best Regards,
Alina Zheng
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