

AN INTERVIEW WITH DR. ERNEST M. ALLEN

BY STEPHEN P. STRICKLAND, PH.D.

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TABLE OF CONTENTS

Introduction and Biographical Sketch

Early Days:

Education and early professional positions 1

Origin and Development of NIH Extramural Programs 2

Wartime research contracts transferred to NIH 3

Establishment of Office/Division of Research Grants 3

C.J. Van Slyke, Rolla E. Dyer and Thomas Parran 3

Creation of study sections 4

Question about existing peer review models 5

Revolution of experimental inquiry 7

Executive Secretaries of study sections 7

Reaction of NIH scientists to grants program 8

Extending authority of Division of Research Grants 8

Early role of Dr. James Shannon 9

Later Career 9

Public Health Service Office of Extramural Programs 10

Question about NIH grants program as model 10

National Library of Medicine grants program 11

DRG as balance wheel 12



From left to right, Top Row: Ernest Allen, Charles Kidd, Richard Seggel, John Fletcher, Jack Masur. Bottom Row: Kenneth Endicott, James Shannon, Joseph Smadel.

Introduction and Biographical Sketch

This interview with Dr. Ernest M. Allen is one in a series of "oral histories" focusing primarily on the origins and development of the extramural programs -- most especially the grants programs -- of the National Institutes of Health, beginning with the establishment of the Division of Research Grants in 1946. Like Dr. Allen, most of those interviewed had critical roles in the development of the extramural programs.

The grants program constituting the largest component of the NIH, the interviews also reflect judgments and perspectives about the impact of the grants programs on health and science.

Ernest Allen served in the U.S. Public Health Service for 38 years. For most of that time he was, as well, an official of the parent Department of Health, Education and Welfare (created in 1953). A native of Terrell, Texas, Dr. Allen was graduated magna cum laude from Emory University in 1926, and received his master's degree from that university in 1937. In 1956 Emory conferred the degree of Honorary Doctor of Sciences on Dr. Allen in recognition of his "distinguished service to medical research". He was awarded the Honorary Doctor of Law degree from Clemson University in 1968.

In 1946 Dr. Allen was asked to join the National Institutes of Health as Assistant Chief of the Division of Research Grants, newly created to take over the remaining grants of the wartime Office of Scientific Research and Development. That transfer marked the beginning of the NIH grants program as we know it. Dr. Allen became Chief of the Division of Research Grants in 1951 and served in that capacity until 1960 when he was made Associate Director of the NIH.

In 1963 he went to the Public Health Service headquarters as grants policy officer and served there, with two Surgeons General, until 1968. In the latter year he was made the first director of the newly created Office of Extramural Programs of the Department of Health, Education and Welfare. The position, and Dr. Allen, were given expanded functions and greater authority in 1970, when his title was changed to Deputy Assistant Secretary for Grants Administration Policy. This change marked the Department's recognition that the grants program of its member agencies, particularly the National Institutes of Health, had become of major magnitude and of critical importance to the aggregate university/scientific community.

As Deputy Assistant Secretary for Grants Administration Policy, Dr. Allen was given responsibility for the development coordination of department-wide guidelines and policies, including those relating to the determination of indirect cost rates for grantee institutions and for the strengthening of management relations between HEW and grantee institutions

and individuals. A specific task was to help the Secretary of Health, Education and Welfare develop proposals for the consolidation and simplification of all departmental, including NIH, grants programs. Serving in this position until 1973, Dr. Allen was then asked to join the directorate of the National Library of Medicine in that year. He served as Associate Director for Extramural Programs of NLM until his "final retirement" in 1981.

This span of 38 years federal service is in itself a remarkable and rarely paralleled achievement. Among his responsibilities during those almost four decades, none turns out to have been more important than the central one of helping to create and perfect the grants program of the National Institutes of Health.

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Interview by Stephen Strickland with Dr. Ernest Allen

March 13, 1986

SS: Today I thought, Dr. Allen, I would like to talk about three different parts of your career. First, about your origins and education, and the early part of your professional life and why you decided to go into the Public Health Service. Second, about the grants program which is, of course, the main interest of these oral histories. And third, I want to get you to review your entire career; you've had one of the longest careers in the Public Health Service of anybody that I could find. I think it's 38 years, isn't it?

To begin with, I know very little about your decision to get into the Public Health Service. I just know about Terrell, Texas and then I leap all the way to your being graduated from Emory University. What were the early impetuses to move you toward Public Health Service?

I. Early Days

EA: Well, when I left Emory I took a teaching position at Augusta Junior College, and I also taught in the Business School at night for extra income. I was in that job from 1926 to 1941. I had no inkling during any of that time that I'd wind up in public health. I was teaching English and French. (Don't ask me to speak any French now! It's been a mighty long time.)

While I was still teaching, the National Youth Administration was set up in 1941, the year I left teaching. Boisfeullet Jones was in charge of NYA, National Youth Administration. Do you remember him?

SS: Very well.

EA: Boisfeullet offered me the job of running the program that we set up in Augusta. And so I came into government as a National Youth Administration person.

SS: Was he in charge of the program in Georgia or the Southeast or the whole thing?

EA: I'm not sure, but I know he was in charge of all of Georgia. Eventually, I think, he went higher than that.

SS: I see.

EA: But I'm not sure about his position at that time. Anyhow, that program lasted until 1943, at which time a large facility was left there in Augusta available for somebody else. The Division of Venereal Diseases of the Public Health Service latched onto the space and what equipment was useful to them and soon began a venereal disease program. Since I was already there, Dr. C.J. Van Slyke came in and we had discussions about the building and he enticed me into

coming to the Division of Venereal Diseases.

SS: What had you done with the National Youth Administration?

EA: I was director of the training project.

SS: And did that project have a health component?

EA: At NYA, no, there was no health connotation at all.

SS: So you just happened to be there.

EA: Just happened to be in charge of the building which the Division of Venereal Diseases acquired.

SS And that was 1943?

EA: That was 1943.

SS: When Dr. Van Slyke came to Augusta to see about taking over the building, was he already in the Public Health Service?

EA: He was already in the Public Health Service and ran the Division of Venereal Diseases out of the program until 1945 - 46. That was when we headed over to NIH to start the grants program. You say you have that in the record, but you may want to ask some questions.

SS: Yes, I do want to ask some questions.

II. Origins and Development of NIH Extramural Programs

EA: Since Van Slyke had come to be known very well, he was offered the job of running the first post-war grants program. The background is that Dr. Eugene Dyer was a member of the Committee on Medical Research of the National Research Council, which was advisory to the Office of Scientific Research and Development. He saw that medically-related wartime contracts were going to fall by the wayside unless someone did something. He knew that Public Law 4010 of the Public Health Service gave NIH authority to make research grants. So he enticed Surgeon General Tom Parran to move to get this program transferred over to NIH. Dr. Parran approved it with the idea that they'd use the councils to recommend for or against support of research grants. That's how I got into it and really how the grants program got started.

SS: Could I ask you a question about those two men, Dr. Van Slyke and Dr. Dyer? Dr. Van Slyke was already in the Public Health Service, as we said, and he was an M.D. out of Minnesota, wasn't he? In addition to administering that program, he himself had done work in venereal disease research?

EA: Yes, but I couldn't describe it to you.

SS: He obviously focused on you, and then when he was put in charge of this larger effort, he wanted you to come and help him carry it out?

EA: Actually, we went as a package to start the grants program. One chief and one assistant chief, and one secretary, when we started up.

SS: I wish I had known Dr. Dyer, because just in reading the record -- reading some of the minutes of the OSRD, for example -- I never had the impression that he was such an entrepreneur, so willing to go out and try new things. He seemed in the record to have a more conservative approach. Is that not right?

EA: I suppose that's true, but he was a wonderful man; I think a great man, and you have to give him credit for persuading the Surgeon General to approve the transfer of those contracts. I've forgotten how many contracts.

SS: Well, by the end of 1946 one note I have says there were 66 contracts worth about \$870,000.

EA: That's right.

SS: That was 1946, when you took over.

EA: Yes, the total program was just around \$1 million. Dr. Dyer was, in my opinion a great man, and I have great admiration for him. I agree he was not aggressive the way Van Slyke was; Van Slyke was the pusher, and he was recognized for this later, as I told you when we talked about Myron Wegman.

SS: Do you think Dr. Van Slyke helped encourage Dr. Dyer to persuade the Surgeon General to accept the grants?

EA: No, I give Dr. Dyer the credit for taking the initiative on that. Then he approached Van Slyke to come in and Van was quite interested.

SS: So that was his initiative. The Surgeon General then was Dr. Parran.

EA: That is correct, Tom Parran.

SS: But he wasn't he supportive of this and thought it was a good idea as well?

EA: Oh, yes. He really bought it. We already had the authority in the Public Health Service Act of 1944 for the National Advisory Health Council to approve grants for research and also for training.

SS: And didn't the National Cancer Institute have a few grants?

EA: Small grants, a small grant program, yes.

SS: And just about the same time, the new Office of Research Grants, which became in a few months the Division of Research Grants, took over the remaining wartime contracts. Did you also simultaneously or soon thereafter take over the Cancer Institute grants?

EA: Very soon thereafter we moved the Cancer program into the regular research grants program.

SS: Do you remember whether these contracts were long-term, or were they half way through their research period -- the ones you took over?

EA: They obviously needed additional years of support; in fact some of them were continuing type programs. And don't ask me to tell you the main titles of them! But we immediately sought opportunity for authority to convert those contracts to grants.

SS: Once your office was set up and the Division became operative, the number of grants expanded steadily over the years. But how did you encourage submissions for new grant proposals? Or did the word just gradually get out?

EA: Both ways. It was announced, but at the very beginning we brought in study sections, and these study sections were each just under 20 individuals, the most prominent people we could identify with health, and they spread the word, I think, more than any kind of a piece of paper that would have gone around, because they represented associations and federations as well as their institutions. It was quite a publicity opportunity for us, in working through them.

SS: Within about a year you had about 20 study sections, as I recall.

EA: I don't remember the number, but they steadily grew.

SS: And each one had more or less the same number of people on it?

EA: Yes, approximately; an average might have been 15. Some of them had a little bit more than that.

SS: So, within a couple of years you had between two and three hundred people around the country serving on study sections?

EA: That's right. And then there were federation meetings where they would discuss this new program at NIH. And that brought in a whole lot of applications. It steadily grew from the very beginning.

SS: Now, you inherited the contracts and you inherited the money to pay the contracts. Then who was it in the NIH who then decided how much would be spent the next year? Was that done by you and Dr. Van Slyke?

EA: Dr. Van Slyke and I put a recommendation on Dr. Dyer's desk, which he in turn supported, with Parran, and so it moved steadily. But the initiative for the program after Van Slyke got there, practically all of it, was Van Slyke himself, and his staff. He was, as I said awhile ago, very aggressive.

SS: Well, the time was right for expansion of a program like this because the nation had been so impressed with the medical breakthroughs through the Second World War; penicillin was first used in an extensive way, and I think the country was very impressed with that.

EA: That's why we set up the Division of Venereal Diseases study section.

SS: So that you didn't run into any opposition along the line?

EA: No. We had praise, compliments, no snide comments of any kind, about the grants program back in those days.

SS: I think it's one of the most remarkable programs of the federal government

in its history. There are almost no opponents of it or even skeptics of it. Was it you or somebody else that gave me a copy of a recent report of the Heritage Foundation, which as you know is very conservative and advises President Reagan, among others, and wants to reduce or cut out vast numbers of federal programs. Their report on NIH says it's one of the best investments the federal government has ever made.

EA: No, I didn't give it to you, but I saw the draft.

SS: It's rather remarkable. It shows the extent of support. And of course, the reason we're so interested in this oral history series and the grants program is because the grants program really is the means of transmitting the public dollars appropriated by Congress and reviewed by scientists, out to the scientists in the labs and universities and medical schools.

One thing I wanted to ask you about your statement about peer review and study section is this: Was this a typical thing, did the wartime Office of Research and Development also use peers to help make judgements?

EA: Not the formal study sections. I am sure they used it to get advice and opinions from people, but I was not familiar with that program, so I don't know if I can answer.

SS: But when you and Dr. Van Slyke decided you needed to have study sections, peer review of some type, did you know of a foundation program that used study sections?

EA: No, if Van did, I didn't. I say Van Slyke again was the man who felt peer review was absolutely necessary. And he had Dyer to agree and Parran to agree.

SS: So then you took over the Cancer Institute grants and not too much later took over the Mental Health Institute grants?

EA: By taking over, you mean the initial review and the common review all operated and were administered together, because the applications would leave us and go back to the respective councils of the Institutes, they had the final decision every time as to whether the grant would be made. We had the decision as to whether or not it was worthwhile and what it ought to cost.

SS: Something I'm embarrassed to say but I have to because it's a fact: I have never been quite clear what the route was for a grant proposal first coming in. Does it first go to the Division of Research Grants and then the DRG sends it, after it's rated, to a particular institute?

EA: There is a project review officer who, from the early days, determines a particular grant application belongs in a particular section. And the application is assigned to that study section. It may or may not have been initiated by one of the institutes. The proposals will still come to the Division of Research Grants, and pretty automatically go to that particular institute. So the initiative could have been by an institute program man who stimulated it, but when it hit the Public Health Service, when it hit the National Institutes of Health, it came by way of the Division of Research Grants.

SS: In the House of Representatives -- and I am sure in the Senate as well, I just happen to know the House better -- when a bill is introduced in Congress,

it goes to the Office of the Parliamentarian and the Parliamentarian decides which committee it should be referred to. So I assume this mechanism is something like that? First you decide what study section it should go to; any study section, however, might have proposals that relate to many institutes?

EA: Yes, some of them would serve just one. The biochemistry study section, for example, might serve numerous institutes.

SS: But who then says: this has an approved standing and a high rating, it should be sent to the Heart Institute? Who makes that decision?

EA: The decision that it would go to a particular institute was made even before it would go to the study section. When it came into the Division of Research Grants, it was given a number which identified it as belonging to a given institute, and to a study section that would provide peer review. Now, some of them were automatic; those in mental health, for example, would be most unlikely to go anywhere else. Neurological diseases would be self-identifying. Cancer, largely so. Dental, certainly. Some research proposals, for instance those in biochemistry or pathology, might appropriately be sent to any of several institutes. But one would be more appropriate than others, of course, to the review officer. And it would be assigned initially, as I said.

SS: And that has been true from the early days to the present?

EA: Yes, as far as I know it is still true, But I have to confess to you that I know very little about how the program operates today.

SS: Well, you've done other things in the meantime over the last fifteen years. I'll ask people who have been close to it in recent years. The fascinating thing to me is, looking at it from this distance in time, that you really were pioneering. You were doing something that had not been done before; you had that one four-year precedent at the Office of Scientific Research and Development that did contracts. But the government -- the Public Health Service and the National Institutes of Health -- even under the authority given to the Councils earlier, really never had any grants programs. I have a note on that just saying that at the time those contracts were transferred over to you in 1946 there were 9 research grants, representing about \$85,000. So the existing grants program was very small.

EA: I don't remember exactly what it was, but it was very very small.

SS: So this was a major new enterprise that was an innovative thing for the federal government and the National Institutes of Health to do.

EA: And it won the applause of the entire country.

SS: But when you and Dr. Van Slyke started it, created it, did you have a sense that it was a very momentous thing, that it might become terribly important? Or was it just "What are we going to do with these remaining contracts, and can we do something?"

EA: There was never a feeling of "what are we going to do with these contracts". It was a feeling that this was an opportunity to get a real job done and get NIH launched on an important program. That was a feeling from the very beginning. I think if that had not been true, Van Slyke would never have left

the Division of Venereal Diseases, because he loved that program. He was attracted by the opportunity, which you have just identified. And he brought me with him not realizing what it was all about, but I think I learned fast!

SS: Gosh, you had to. So there really was a sense and a vision that this would be a growing program and a major program.

EA: Yes.

SS: So, when Dr. Van Slyke was, at your instigation, many years later given an honorary degree by the University of Michigan, I think I read that one of the things that he was recognized for was that in the creation and development of the grants program he had helped "to revolutionize experimental inquiry in health sciences". That basically is what you did through the grants program?

EA: Yes. "Revolutionize" I guess is an unusual word there, I think.

SS: That's a direct quote.

EA: Well, it's unusual even so. But it really means what it says, because it got people in the universities who had ideas to seek support to carry out those ideas. And in many programs now the federal government supports other people's ideas, but back in that time it was not so common.

SS: You spoke the last time we had our preliminary conversation about another aspect of the growth, namely you had to have more people to help you, you had to have secretaries for study sections -- where did you get them in the first instance?

EA: Some of them were people who were already at the NIH, and the others were attracted in by word of mouth, recommended by study section members. You see, we ran for awhile without executive secretaries, and therefore we had to call on the membership of the study sections. J.D. Porterfield and David Price were the two professional people that we brought on early in the game to lend that kind of direction to study section activities and help them. And they, of course, helped identify people who were brought in. But then as the program began to grow, that was impossible and these people had their own jobs to do, so it was about a couple of years we brought the exec secretaries in.

SS: Dr. Endicott in a preliminary conversation suggested that in the next round -- that is, after a few years -- you consciously decided not only because of the work load, but because you wanted to make sure that the study sections executive secretaries were impartial, that you wouldn't pick somebody from the field in which they were going to make judgements. Does your memory accord with that?

EA: That doesn't prick my memory, I mean I'm not sure that that's true or not true. I just don't remember that.

SS: He remembered a particular example of, a little a later in time, choosing for the hematology study section an executive secretary who specifically wasn't a hematologist.

EA: I wouldn't dispute that. But I just don't happen to recall that particular aspect of it.

SS: Well, the other fascinating thing about the program, in addition to what it did vis a vis the universities and general research enterprise, is what it seems to have done for the intramural program. Of course, the National Institutes of Health started out as the Hygienic Laboratory where people on the federal payroll did their own research. But at this juncture right after the War, all of the sudden there was a new program and emphasis was on the new program, the extramural program. What was the reaction of the bench scientists of NIH to this?

EA: There was no opposition that was expressed. They all went along with it and thought it was a good idea. I can't remember any sense of rivalry or competition in the study sections on their part, or fear of any sort. Now Ken Endicott could answer that better because he was one of those people before he came over. But I would think my answer is right.

SS: What is your recollection of how the intramural program was organized at that time? I suppose that the Cancer Institute had its scientists and the Heart Institute had its own, and the Mental Health Institute had its own.

EA: And there was a more general program of NIH proper, before it began to break up, splinter up into all the different institutes. After awhile you had an institute for almost everything.

SS: That's right. But there was no opposition anywhere at NIH to the new extramural program?

EA: I don't recall any.

SS: On the other hand, in a certain way, maybe it was a boon to the intramural program.

EA: See, there was a Public Health Service person (from NIH most of the time) represented on each study section. That gave us a liaison there that was ideal. In other words, the man on the study section talked with his fellows back in his own organization and there was good communication back and forth that way. I think they were pleased.

SS: By the way, what other agencies or components of the Public Health Service made grants? Because I remember reading (maybe you told me this, but I have certainly read it as well) that before long, the Division of Research Grants took over the review of all Public Health Service grants. Now, did that include things outside of NIH?

EA: Well, there were not other grant programs in the Public Health Service. NIH started it. Subsequently Mental Health came into NIH, as you've already observed, and the Cancer Institute came into NIH proper. But there were no other grant programs that were parallel.

SS: The PHS gave grants to states for various things, didn't it?

EA: That was a service program, not research.

SS: On the other hand, the Division of Research Grants at some point, maybe in the 50s, started reviewing as well, or overseeing the initial review, of training grants and health resources and development grants, and various other kinds of grants, construction grants. But in the early days it really was just research.

EA: Yes, started out as research. And then the fellowship program, then training grants, then resource grants.

SS: Always using the same model? Always using study sections?

EA: A general type model, yes.

SS: Then, at some point Dr. Dyer, as I recall, recommended that Dr. James Shannon be brought to NIH to be in charge of research, is that right?

EA: To be Scientific Director.

SS: In that capacity, was he more concerned with the intramural program? Or was he concerned with the entire program?

EA: I think he was concerned with the entire program, but I think he was more, his greater or stronger interest was in the intramural program. For Dr. Shannon -- I think it was true of Dr. Dyer too -- it was natural that they would be interested in what they were running right at home, I think. But they never lacked for interest in the research grants program.

SS: I guess I am still trying to figure out whether there was a pattern of influence on the intramural program by the extramural program. The extramural program was sort of the new kid on the block -- there had been internal research since 1887 -- and all of the sudden here is this new program and it's growing very steadily. Maybe that was the justification for also expanding the intramural program?

EA: I think that was true. I think that the intramural program rode on the back of the extramural program. Now I might get challenged by that. Are you going to see Dr. Shannon?

SS: Well, I am trying to. I have just exchanged letters with him.

EA: He was in town awhile back. John Sherman had a dinner for him one night. I was invited but I couldn't go.

SS: I have exchanged letters with him, and John tried to get us together but he was here for only a short period of time. He's working on his own book, and I think he may feel it would be better just as well if I waited and read his book and got information from him in that way, which I will be happy to do if it's the way he prefers.

III. Later Career

SS: That certainly covers very nicely the early period. We know what the grants program has meant generally. I am also interested in your later career, and I just wanted to get you to talk about that a little bit. In 1968, you were asked to come back to the so-called "parent" Department of Health, Education and Welfare and be the grants policy officer. In 1970, that was made into the position of deputy assistant secretary of HEW.

EA: Well, before that, though, I left the NIH and went with the Surgeon General, in the Public Health Service, as the grants policy officer. I've got the title right here: Grants Policy Officer. I stayed in that job for 3 years; actu-

ally I stayed in that job longer because they just changed the name of it to Director of the Office of Extramural Programs. I was in the Surgeon General's immediate office; then I was put in charge of the Office of Extramural Programs for all the Public Health Service. I'll give you a piece of paper which gives the years. That took me up to '69. Then, I was offered the job Jim Kelly had set up in the Secretary's office. A fellow named Nat Carroll was actually in the job and resigned to go take something else. And Jim offered me the job then to go in as the Deputy Assistant Secretary for Grant Administration.

SS: What this suggests is that what had begun in 1946 as a little program and an innovation and a sort of a small effort, had over a period of two decades become so important that the government had to create a higher level position and function and office to oversee the grants program.

EA: At least that's what they felt. It was a dwarf size, the rest of it, compared to NIH. But what you said is essentially true. Some of the things that had been done successfully by NIH were taken over by the other two levels, such as indirect costs, for example.

SS: I was going to say that in addition to being a planner when you were in charge of the grants policy for Public Health Service and then for the whole department, I'm sure you must have been a trouble shooter, too, because I remember from my days at the American Council on Education that the matter of indirect costs was always a difficult one. The Department of HEW was in on it and the Bureau of the Budget (or the Office of Management and Budget, as it was later known) was in on it. So, the indirect cost rate has been kind of a thorn in that program, hasn't it?

EA: It's always created problems, yes. Still does, I understand.

SS: Still does. And I understand there's a new effort on the part of the Reagan Administration to reduce the amount of overhead costs, indirect costs. What other kinds of problems or opportunities had reached the point where you thought you needed a departmental policy for them?

EA: That's a difficult question to answer, because personally I think the program could have continued to run right out of the National Institutes of Health. But part of what was going on was that NIH was moved up organizationally. And operated by a different group. So, I'm not going to be able to give you much help on that.

SS: Obviously the expansion of the program kept getting bigger and then as you say, other elements of the Department, other agencies of the department developed grants programs.

EA: Office of Education . . .

SS: Exactly. Were you ever sought out by the Office of Education or by the people that were thinking about setting up National endowments for the arts and for the humanities about how to start a grants program? It seems clear to me that the grants program of NIH, being the pioneer and being so successful, had to have been a model, that other agencies used. But I haven't traced the parentage of some of the later programs.

EA: I am not going to be able to help you on that one because I don't recall

that I was actually invited to go and advise another agency or anything like that. I sat on different committees that were interagency-wide. In that way I talked with people from other agencies, but I don't recall ever being invited to do what you asked me about.

SS: There were a number of those interdepartmental committees, weren't there?

EA: Yes, and I'd have to look up records to identify them for you.

SS: I should remember some of them myself, but I don't know whether I can right now. Well, looking back, Dr. Allen, now I come to the last period. In your last tour of duty, so to speak, you went over to the National Library of Medicine and helped them organize their extramural program.

EA: They had a small program going when I came. I don't know that I contributed a great deal to the National Library of Medicine program. I enjoyed it, and I worked at it, and I used some of my earlier experience, I hoped, to improve some of those things. But actually they already had a small grants program when I came.

SS: What is the nature of their grants program, or was it when you left?

EA: Support of research in the library field. Any aspect of library work that called for research was supported.

SS: From the history of medicine perspective, or the technical or technological?

EA: Both of them. History of medicine definitely was one of them.

SS: The Library of course is just celebrating this year its sesquicentennial. Although when I read Wyndham Miles book, I noticed he said that when they celebrated their centennial, they just sort of arbitrarily picked a date. You can trace the NIH to the establishment of the Hygienic Laboratory. But the history out of which the National Library of Medicine came was a little looser. With the Army Medical Library they don't really know exactly when it was officially recognized as such. So I take it that history is a little looser. But that's neither here nor there.

EA: Marty Cummings would be a good person to talk to about this sort of thing.

SS: He's on my list. In fact, I have to find out where he is in Florida. I told him I'd try to come down to see him in Florida some time.

Let me just ask you, do you know of anybody else who served much longer in the Public Health Service than 38 years? 1943 - 81, isn't that 38 years?

EA: Well, I am sure there are people; I just don't happen to know any to identify for you. I still stayed on, even when I was making no money. Because they had a rule in government that if you retire and still work, you draw the difference in the retired pay and the other. I worked so long that my retired pay was almost equal to my salary. And therefore I worked for peanuts for quite a few years. But I enjoyed the work, otherwise I wouldn't have stayed on.

SS: Of course. Do you have any kind of vivid impressions of the most important trends, most important opportunities, most important problems, say in the last

decade, that have come out of this invention of yours and Dr. Van Slyke's, the grants program? Many schools are flourishing, universities are flourishing, there are problems on the edges, but generally what would you say?

EA: Well, you used the word yourself, "generally". I think NIH supported across-the-board medical research. And you've got the names of the institutes to identify the particular areas where aggressive action was taken to promote research. But I think beyond that, I wouldn't be the right person to answer your question. Ken Endicott probably would be able to do a better job than that. When you talk to him, ask him that question.

SS: Let me ask you a more specific question with respect to the support to general medical research. There was a period, apparently early on, when the Division of Research Grants not only reviewed applications coming in, but also had some funds to support research. Was the idea that DRG would be sort of a balance wheel, or would make sure no important area was left out?

EA: A balance wheel^d in the sense that it helped to complete the job that needed to be done. That's correct; supported general medical research. But they did for a long time.

SS: Well, Dr. Allen, you have given me a wonderful account of a fascinating and important part of NIH history that will be crucial in the monograph I am preparing. Thank you for your time and information.