

Dr. Dale Cameron

DC I'll start off by saying a couple of things which are perhaps somewhat personal. My contacts with NIMH have been varied. My first contact really was with the first five years of the program. My second contact was after I had left the Public Health Service and I was appointed the Chairman of the Title V Review Committee and for several years I had that kind of advisory relationship. The third contact was as a staff man now in the field of training in the year 1960, when I had the opportunity to review most of the "irregular" or "off-beat" type of programs and other programs that had been developed within the Institute. And then the fourth period, if you will, when I was Superintendent of St. Elizabeth's Hospital and worked very hard to try to arrange to transfer the institution to the NIMH, so this was the period of 1960-1967. So those have been the contacts. Now if I can start back even a little earlier than you suggested, because I think it's interesting not only to think about the time of the Coast Guard Academy and then I can quite correctly recall that Sid Newman, Joe Bobbitt, Bob Felix and I were together, but to go back even before that and some of the contacts with Dr. Cobb, Dr. Felix's predecessor, I was one of those who was given the opportunity to go to Colorado in the Psychopathic Hospital and receive psychiatric training under the tutelage of Frank Lebov and so was Bob Felix, and it was while I was a resident in Colorado that I really first became aware of Bob and his relationship to the service. He was then a Medical Officer, had been at Springfield and Lexington and so on, and after my training I went to Ft. Worth and as a relatively young Public Health Service Officer, had an opportunity to continue training, to participate in surgical activities, which I had been involved in before I went for psychiatric training, to carry a psychiatric case load and to get into administration, so that at Fort Worth during a three year period I lived and performed most of the surgery, with the help of a consultant, I carried a psychiatric case load and I was the Clinical Director of the hospital for the first year, and executive officer for the last two years that I was there. The Commanding Officer left shortly before I did and so I was in temporary charge during the period that patients from St. Elizabeth's Hospital were transferred to Ft. Worth, to make room at St. Elizabeth's for the treatment of war casualties. And then later I was

DC cont. there when we received war casualties directly in Ft. Worth.

I suppose that it was during that period that I had my major contacts with Dr. Cobb. I learned something of his aspirations for the future with respect to what eventually became NIMH and then learned a great deal of self confidence because he was the sort of person who assigned tasks and then let you alone and accepted reasonably well what you did. This was a very reassuring growth experience I think for me. Well, at any rate, Bob Felix came through Ft. Worth while I was on the staff there and he has since told me that it was at that time that he later decided that he was going to see if he could get me to join him in the activities of the Coast Guard Academy, and as it turned out later, at NIMH. But let me return to Dr. Cobb. He had a dream of developing a mental health research program for the service. As you know, he was instrumental in developing psychiatric services in relation to federal courts, he was very instrumental in developing the program for narcotic persons and he was really one of the principal forerunners in psychiatry in the Public Health Service. And it was his dream that there be established a research center which would work primarily in the field of mental health and he sought primarily this research, secondarily to a certain degree, training. The war intervened and he was unable to bring these ideas to fruition because of the pressures of the war. By the time the war was over, he had reached retirement age, and Bob Felix took over as the new Chief of the Mental Hygiene Division and I think basically picked up the ideas of Dr. Cobb and embellished and enhanced them substantially by enriching not so much the research aspect of Dr. Cobb's concept but ~~the~~ enriching the training aspect particularly and the service aspect. He worked with various attorneys in developing the draft of the National Mental Health Act and left the Coast Guard Academy I guess it was the fall or summer of '44, and between then and July '45 with the assistance of the attorneys, and so forth, developed a draft of the National Mental Health Act. I was still at the Coast Guard Academy and on one occasion we met in New York, and he had already decided to try and break into Washington and serve as the Assistant Director of the Mental Health Division, when the funds would permit. We met in New York and spent a day or two going over the draft of the Mental Health Act, so that even at that point I had

DC cont. some Input, although I was not involved directly in the drafting of it, but I did have some ^{opportunity to} ~~and often did~~ express views of the first draft that had been developed. By the time I to Washington in July 1945 the Act was in Congress and I must confess I've forgotten the exact date when it passed but one of my early recollections was of going to the hearings in Washington and going to hear some of the debates of Congress on the Mental Health Act and my considerable distress because of the many irrelevancies that were brought out on the floor during the debate on this act which was important to me, but of course it was a matter of procedure and the way Congress operates, but at any rate the Act eventually was passed. But we had no money out of which to operate. Maybe this is the place to digress and comment briefly on the nature of the staff at NIMH when I arrived. There were seventeen of us, Felix and I were the only two professional staff members who were then starting with the existing ongoing program, there were two other professional staff members present one was Sam Hamilton and Miss Mary Corchoran, who you probably will recall had worked with the National Committee for Mental Health at one time in surveying hospitals throughout the country and making recommendations on improving mental hospitals and that function had been taken over by the Division of Mental Hygiene and these two staff members who had been carrying it out, were transferred to the NIMH staff or what was then the Mental Hygiene Division staff. And I have fond memories of both Hamilton and Mary Corcoran, Sam with his little goatee and chuckling stomach and Mary with her quite remarkable spirit of good will and optimism, two quite delightful people with which to work. But they worked on that aspect and had relatively little to do with the development of the new program for the Institute. By that time the Mental Hygiene Division not only had this small central staff but its primary function was the operation of its two Public Health Service Hospitals, the one in Lexington which was created, and opened, I've forgotten just when, but in the middle 30s, and provided treatment program for the voluntary and prisoner patients and probabioners who had problems with narcotics and then later, in 1939 I believe, Ft. Worth was opened, that's the sister institution, and it was there that I worked for three years as I mentioned. Because of that

DC cont. experience at Ft. Worth and my familiarity with Lexington and because Dr. Felix was enormously preoccupied with the development of the program, he asked me to assume responsibility primarily for the management of the two institutions, and I tried to do so, only that I found it a terribly onerous task because of the people at the hospitals, and as I said a moment ago, there were seventeen of us, fourteen of whom had been there before primarily in connection with the central administration of those two institutions. Perry Adams was the chief administrator at that time and had to deal primarily with budgets and so on, As I recall Alice _____ was responsible for the personnel and related duties. I made a couple of trips during the years to Fort Worth and Lexington and very soon my own time became primarily devoted to the new program and also the hospital, seeing that they had competent leadership. Well, returning then to this small staff and the act was passed and what do we do about it. One of the first things was to try to develop appropriate staff with which to try to develop the plans and the policies and the programs for the Institute. There was a woman in the new D building by the name of Lida Husker)?) who was very helpful and she loaned the services of Mr. Arch Clark to the Mental Health Division, as an administrative assistant. He worked with Dr. Felix and me and talked through the kinds of organizational structure we perhaps ought to have. This involved talking through the kinds of programs that were envisaged. These were largely laid out in the basic act, of course, the problem was how to develop an appropriate research program, an appropriate training program, an appropriate community services program, what kind of staff would be needed, what kinds of jobs would be needed, what kinds of advisory groups would be needed, aside from the National Advisory Health Council which was stipulated in the act and had been talked through before. We spent many hours and I remember one very concentrated week, where the three of us worked fourteen and sixteen hour days trying to think through what the staff ought to look like. We'd work in the office, and adjourn to Dr. Felix's home, and I remember on about the fifth night, at 2 AM. Arch Clark says, I don't know about you two bastards, but I'm going home and going to bed. And he did. Anyway, with his help we thought through the kind of organization we thought we needed to have. We then asked the Civil Service Commission to assign us two classification experts

DC cont. to help us with the drafting of the job descriptions for the new positions. And it fell to my lot to try to assume the initial role of drafting the new job descriptions based on what we had decided in those long hours with Clark, Bob, I would sit down with one classification expert and describe a job, she would then leave and write it and while she was doing it I would describe a second job to the second expert, and that person could leave and write and usually I'd describe at least three or four jobs to a given classification person at a given setting and then they went away and I had a few hours respite to think about the ones I was going to try to describe next and simply took out of whole cloth a program or a staff that was visualized by the three of us and tried to describe it in terms of functions and in terms of relationships in jobs of one to another. During the course of several weeks these writers wrote a first and a second draft of each job, they would get the first job and draft back to me, I would review it and say, I don't think you've quite got it here, it should be modified there and they would take it away to do a second draft even as they were given descriptions of new first draft cases. When the draft was satisfactory from my point of view, I then took it to Bob Felix. He would read it and make such additional suggestions that he thought were important, usually to me, in brief notes or brief comments and I tried to relay the information to the classification experts. Eventually we had something like 150 to 175 new jobs which had never existed before, which were now described in detail in theory, functions and mechanisms. On the advice of the Civil Service people this whole package was sent to the Civil Service for review as a single entity, not one job at a time but the whole package, the idea was that they just could not cope with the organization a piece at a time, they had to see it in its entirety. The result of that review was that they gave approval to the jobs as they were, the 150 or 175, all of them were approved at the grades recommended for one year, subject to review at the end of that year, after they were filled to see how they were actually functioning at the time of the review. I think to the everlasting credit of the preliminary staff work and particularly the credit of the classification experts who helped us write the descriptions, and to the credit of the people who eventually filled those jobs, after they were reviewed a year later, only two were changed. This was quite a remarkable feat. So that was

DC cont. one of my most vivid memories of the early days of the Institute, the development of the staff, and I must candidly mention that in some cases we had a pretty good idea of who we hoped would fill a particular key job and though there was a valiant effort not to write jobs for that particular individual, it was fore knowledge I am sure that in some degree influenced the way in which the jobs were written. As you know, the basic original structure was for a training branch, a community services branch, a research branch and what we came to call the office of appropriate planning branch. That office was intended to be one which was reasonably free of day to day operating responsibilities and I'd sit back and think about what ought to be done and the directions that ought to be taken. It sounded fine in theory and it worked reasonable well but there were problems that we later discovered. There were operating people, for example, Jim Lowry, in the community services program who felt, and correctly so, that the operators ought to have a larger input into program planning. So one of the first major modifications or deviations from the original concept was to try to find ways in which the office of program planning could have more operational responsibility and the persons directly responsible for the operations of the branch was to have more planning responsibility, and I might say that not only were the operators in general dissatisfied with their input into program planning, but the program planners were dissatisfied with her inability to implement some of their ideas. But as assistant chief of the division it was my task during this early period to serve as the head of each of the branches until the branch chief could be obtained, and to do service at the office of program planning until it was filled out. So at one point I was Assistant Chief and Acting Director of Research and Training AND Community Services, and since there was noone else in the Office of Program Planning that really didn't cause much of a problem. Then came the task of filling the key slots and I don't remember the exact order in which they were filled, but Jim Lowry came in as the head of Community Services Branch and I remember sitting down with Jim and trying to tell him what our concepts were and what the overall program was to be and we talked about ways in which it might be implemented and how he might contribute to it, and I heaved a sigh of relief and moved on to other areas. Dr. Vestermark came in as the head of the Training Branch, and Vesty later told me, from

DC cont. reminiscences of his about his first days, he said, you not only helped me find a house, when I came to Washington, and I did the same for Jim, by the way, but you talked to me incessantly, vigorously for several hours, you heaved the biggest sigh I had ever seen in my life and I didn't see you again for two weeks. Well, at any rate, it was a real great joy to have these persons who personally know both Dr. Felix and myself, and whose capabilities enable them to come in and assume these responsibilities, and we felt very comfortable with what was happening. The last of the major branches to be filled was the research position and that was eventually filled by Larry Cobb, who prior to that had been at Davy, and he had not, like the others, been a Public Health Officer prior to that time but I don't think you could get much closer to the service and be a non-service officer than he was, since he was the son of the Senior Cobb and was fully familiar with what had been going on in the mental health field for years. So he was not a stranger. These then were the first three major key appointments. Then came also the appointments to the office of Program Planning. We tried to have there a representative of each of the key mental health disciplines. Joe Bobbitt came in, in that capacity to Psychology, and Daniel O'Keefe came into the field of social service and he was someone who had been involved with Bob in his work at Lexington. Pearl Shalit came in as the nurse and I represented Psychiatry. I've already explained some of the difficulties. One of the things that each of these persons wanted was to have some small amount of money that they could have to implement ideas that they had that they thought were sound and important, which they had not been able to peddle to the regular program operators, so this sort of arrangement was set up. But I'm getting ahead of the story, because perhaps it's useful to go back to the earlier period before the staff members and the program planners came aboard, there was a need to try to formulate the policies for the National Advisory Mental Health Council, for the study sections that were being calculated and so forth, but there was no money. And so a small grant, I think \$25,000 was obtained from the Greenwood Foundation to make it possible to bring in the then six members of the National Advisory Mental Health Council who had been appointed by the Surgeon General on the advice of Dr. Felix. This was a most important and a most significant meeting, and you can remind me when it took place,

DC cont. but I think it was in 1946, August 1946, we laid before this Council our views on the statute and asked sincerely for their advice on how these three major programs on research training and service should be realized and it was a propitious time for it to be done because there was then no money on the line and they could talk about policies and applications without constantly looking over their shoulder at the possibility of funds for their own institutions. It was a very helpful meeting. They felt the need for the early appointment of the research study section, of the services and training, and after the first budget was obtained, these additional advisory groups were set up. During 1947 we had a budget of \$1 million and that seemed like an absolutely unbelievable amount of money in view of the fact that we had had essentially none before. And during 1947 each of the advisory groups had met, but we wished to save money and expedite action, so at the first go around we had simultaneous meetings of the training committee, the research study section, and the community services committee during a two day period, as I recall, and their reports were written for that night, the night of the second day. The members of the committee and the staff assigned to assist them didn't finish writing the reports until about 2 A.M. and the reproduction staff took over and a rather bleary-eyed but satisfied group of administrative personnel delivered to the desks of Council the following day, the reports of these three committees and they were on their desks at least five minutes before the Advisory Council was scheduled to begin its meeting. Those reports were reviewed and considered by the members of the Council and we saved a great deal of money because we didn't have to bring the Council Members back because the Council members sat in on each of every committee's sessions and in this way we saved the travel time of 3 members of Council and almost killed the staff in the process, not to say the members of the Advisory Groups who had to work so late getting the reports ready.

EAR Was Hattie Arnold there by that time?

DC Hattie Arnold was there by that time. We learned rather slowly. I think we did that a couple of times at least before we got the message, and separated in time the meetings of the Advisory Groups, which included the research study section, etc. Those were interesting early days. I suppose that one of the more interesting

DC cont. of the early meetings, was the first meeting of the Training Committee where there was money on the line. That was a very difficult meeting because as members of the Training Committee there were some of the outstanding teachers of the country and we couldn't have outstanding advisors without also having outstanding and the conflict that was readily to be seen in these men as they performed their role as advisor to the government and leaders in the development of an overall training program in the psychiatric disciplines in the U.S., the conflicts of those desires and interests and their own personal interests in their particular training program were really quite marvelous to watch. I might digress here and say that one member, I think, of the first national Advisory Mental Health Council was Muncie and he accepted the appointment with some reluctance I think because he was not fully convinced that government and big government money should get in to this field, it might interfere with academic freedom, that it might, and for whatever reasons he had his reservation and he attended the first one or two meetings during which he said practically nothing. I think if you go back and review the minutes of the meeting you will find he seldom spoke. After some of these more difficult meetings that I just described, difficult and long meetings in which decisions were made with respect to the initial distribution of funds for training and research and Muncie asked for the floor toward the end of the meeting and he said, in effect, some of you may know that I had some misgivings about this process and the entry of government into it. He said, I have a comment to suggest. I wish that many, many additional people in key positions could attend and watch these meetings and see democracy in action. Now this I thought was one of the greatest tributes to the wisdom of the man who established the basic policies with respect to the manner in which the grant programs would be held or managed.

I don't know whether it appears in the minutes of the meeting.

EAR No, it does not. No, but it will be in my recollections of it.

DC I wouldn't want you to put quotation marks around that statement.

EAR No, no, I understand.

DC That was in essence the meaning of what he was trying to convey. And I suppose it was one of the things that most pleased those of us on the senior staff of the Institute at that time. From there on it was mostly a business of refinement, enlargement, extension, bringing in, for example, in the training field, not only the key

DC cont. basic disciplines, psychiatry, psychology, social work and nursing, but trying to find ways in which to bring into the mainstream of the training other key groups, clergy, attorneys, etc. and Dr. Vestermark was primarily responsible for the elaboration of that aspect of the program, and it was that part that I had the opportunity to review after several years absence in 1952, 1954 actually, 1954 to 1960 when I was not in the service and then came back and had an opportunity to review these programs from the point of view of the benefit and the early prospectus of what was in the minds of those who helped to formulate the program in the first place and could now see these rather remarkable , it was a very gratifying experience.

EAR Let me ask you two questions before you turn to that next period. You very nicely describe the involvement of all the people in that early development and training program and the inevitable type of conflict, if you will, that existed but which obviously was very well resolved in the kind of constructive interaction that took place, there was early on as you well know the development of a formula, known as the 40-20-20-20 formula. I cannot find anywhere where that initiated. In that recollection, can you remember.....

DC Tell me more about the formula

EAR The formula was an early procedure for the division of funds among the four key disciplines. Psychiatry was to get 40 percent, psychology, social work and nursing were to get 20%. Now that over the years was rather significantly modified

DC You mean as far as training was concerned....

EAR Training, only training. This was a training program. When I came in 1958 it was already a cliché, so to speak, the program was done that way. In fact, it had been violated insofar as the precision of those percentages was concerned, it's not a critical point, but I really would like to know whether there was some point very early on in which that was tangibly developed.

DC I can't really answer your question but my feeling is that this sort of question arose at the very first meeting of the national Advisory Mental Health Council and at the first meeting also of the Training Committee. Some mechanism had to be found to provide for some sort of equitable distribution and the decision was made, I think, that the psychiatrist was a very key person in the mental health program and without him there probably couldn't be much of a program and that there were key members of the other three

DC cont. disciplines who each bore a reasonably equal responsibility for some aspect or another program, and so it was simply a mechanism to try to insure that all four fields were developed. I think also that one of the things that may have been considered in the kind of distribution is the fact that in order to train and pay psychiatrists the salaries involved were somewhat different from the other disciplines. But I can't say precisely when it developed, but I am pretty sure it was very early on.

EAR Behind my question though is a recurring theme that is illustrated in the program. On the one hand, clearly the medical primacy, so to speak, in terms of the variety of programs, although as you may well know, in research, the actual training of psychiatrists for research lags somewhat behind. But coupled with that acknowledgment of medical primacy was the clear sensitivity to the team, the flexibility to provide support and encouragement for the totality of the mental health field and innumerable ways for constructive interaction to occur among all the disciplines. I think to play that out as well as the program did, I think it's a very important part of the total picture. Among staff, in terms of support of programs, in terms of development of new modes of research and training, everywhere you look you see this interbalance.

DC These were some of the things that were discussed long into the night when we first started with Marsh Clark and I'm sure it ran through Dr. Felix's mind even with the formulation of the Mental Health Act, but I think most importantly with respect to the observation that you made, one would need to recall the experiences that Dr. Felix and I had had with members of the team, if you will, in our previous work. One of the more important was at the Coast Guard Academy where Joe Bobbitt, Sid Newman, Dr. Felix and I worked very closely together with great personal friendship and with enormous respect for the talents of the others, and the training of the others, it was one of the most enjoyable experiences of my life, actually, and here a word should be said about Sid. He, too, came into the Public Health Service at that time, but instead of coming into NIMH he went to the Division of Commissioned Officers where he undertook to do for the Public Health Service that which the four of us had already done for the Coast Guard, namely to improve the selection procedures for officers and for personnel. It was our basic program, and that was really a quite remarkable training exercise for those of us who were to come into the new

DC cont, Institute. Other experiences I'm sure that Bob had with persons like Danny O'Keefe and so forth have always been so kind of rewarding, and I have had similar rewarding experiences with members of the sister disciplines, if you will, as a resident at Colorado where there were excellent psychiatric social workers, excellent psychiatric nurses and excellent psychologists. I had very pleasant experiences with a psychologist at Fort Worth. I had a remarkable pleasant and fruitful experience with a chaplain at the Coast Guard Academy, for example, he not infrequently would come to me or to Bob Felix with questions about a young Coast Guard officer who had come in with a problem that the young man saw primarily as religious but which the chaplain saw as emotional. He would come to us and seek our advice on how to deal with this particular problem and sometimes we would counsel him and he would continue to handle the young man and we would serve as an adviser on the side, and sometimes we suggested that we take over the case because we did. By the same token we not infrequently had young Coast Guards who would come to us directly with problems which I sometimes saw as primarily religious and asked the Chaplain to help me, and sometimes he served as adviser and sometimes he took over the case. This kind of relationship can do nothing but help develop appreciation for what others can contribute to a program. Now this was reflected and it was in part responsible for the basic structure. We had the operational thing which had medical practicing, Jim Lowry, a physician in the Service, Cobb, physician, psychiatrist, research, Vesty, physician, psychiatrist, training. But all of the other disciplines were represented in the Office of Program Planning and it was set up to be sure that this input came in. I told you, there were problems about that, some imperfections about it. Later we added, as you know, sociology, and we brought John Clausen in and so forth. We later added Statistics and Mort Kramer, and on and on and on. And Public Health in the early days in the form of Paul Stevenson who had come back from China not long before that and all of these various inputs. And this reflects the importance of Public Health, I think, and reflects the fact that Bob Felix had previously been sent to the department for training in Public Health and he was really sincerely devoted to the Public Health approach to problems in his field and one of the first things he said to me when we started to work together was, one day Dale you must go and take your degree in Public Health, which I later did.

DC cont. Again, I think this kind of background is related to the observation you made about the interplay of the several disciplines.

EAR I want to ask you one more substantive question. You very nicely described the way the tripod which characterizes the NIMH program from its inception was developed, namely research, training, services and that, as you well know, is not only what characterizes NIMH but in effect made it unique among the NI's of H over the years. We can talk about that. When was the idea of the intermural program initiated? Was that also thought of initially even though it didn't come to pass....

DC In what way unique?

EAR Well, in the early 1950s we developed an intermural program which didn't actually take place until the NIMH moved over to the campus in Bethesda. But was the idea of the intermural program there from its inception?

DC You mean primarily the intermural research and writer training. That was the original concept of Dr. Cobb. It was to have been an intramural program, that was Dr. Cobb's concept, he saw in his early thinking the development of the research center, probably at because it was the largest hospital in the Public Health Service and perhaps the most able to provide the patients that would be needed. He saw it basically as an intramural program. Now the intramural program was provided for in the basic statute and it simply had to await for its development the building of the clinical center, except for research regulated drug dependence which was carried on from the outset and had been ongoing before the Institute was developed, at Lexington. And as you know, it later was melded in to the intramural program of the Institute. Now that was one of the basic original concepts that simply had to await for the development of the facilities for recruitment and training of staff and things of this kind. That prompts me to recall Dr. Kahn, who was Surgeon General at the time, and in my view,voted the proposition of development and research in the Public Health Service and the tracing of the development of research to the Service as an interbureau activity is an interesting exercise in itself, starting under the backstairs in the Stapleton Hospital and culminating in the massive program at the NI's of H and NIH now. Dr. Kern wanted to take a generic approach to research. He wanted research in medicine and he wanted psychiatry and those interested in Cancer, Leukemia and everything

DC cont. else to be in one overall program. He wanted to study diseases of man, he didn't want to study mental disorders, he wanted to study the diseases of man, and if you go back to the Public Health Service Act Section 303, I think, it will give us the overall guidelines as to the purposes of the Service and one of them is the study of man. That was the basis, the authorization that Kern tried to use to get the overall generic research of the medical . He worked hard at it for two or three years and then finally said, alright, the generic approach hasn't got enough sex appeal for doctors. We'll go at it in a categorical way and see if we can get categorical money, because there's probably more interest in cancer than there is in health, probably more interest in mental illness than there is in mental health. But we'll go at it, but gentlemen, he said at a director's meeting one day, let me assure you that the first one of you that gets any money for the development of this program is going to buy enough land to build a building big enough in which to house a general program. Well, it happened that mental health was one of the first to get its budget. Heart was not with us at the same time, so was Cancer, but I've forgotten just the sequence but I know that Mental Health was one of two before the third came in and at that point, as near as we could tell, our bite was going to be something over \$800,000 and we were pretty distressed about it because we were really kind of eager to spend the mental health money for generic issues. We too shared the general view of Dr. Curran with respect to the importance of integrating research on disorders of man and not on a completely mechanical report. And it was this interest in integration of the overall program that was really fundamental to the development of what might have been called the ultimate categorical approach of mental health where community service, training and research were all integrated into one program. This was fundamental for the same general kind of thinking. Eventually the three institutes did get money and they all had the bite put on them and the golf course was purchased for the exorbitant price of \$5,000 per acre, I can't imagine what that property would sell for today and plans were begun for the construction of what is now Building 10. That was an exciting period. Our staff was still medical center. very small at that time so here are Felix and Cameron, two principal professional staff members that ran the Institute, sitting down with

DC cont. architects and looking at plans and talking about what we would need in a new facility. Larry Cobb came into the picture not too long after that and took over from me most of the contacts with the planners and the rest of the Institute. Building 10 had clinical facilities for Heart Cancer and Mental Health and the reason it had this was that those were the three categorical Institutes that first got the money, and wrapped themselves up in those enormous clinical facilities, patients were wrapped up in those enormously complex and series of laboratories and training facilities and much of the interesting things were working on with the other Institute directors, that relationships that would have to exist within that overall program, devising an administrative structure which would permit each of the three major institutes involved to proceed with their own programs without getting into each other's hair too seriously, and to provide a certain common core of services and responsibility for the clinical care of the services in that unit. This leads me to another personal kind of anecdote which says something about Bob Felix. Bob was a very interesting fellow to work with, it wasn't hard to understand what he thought, he was able to express himself quite clearly, forcefully, and he would listen, and he would back up to the hilt any of his staff members that had made decisions in his name, when they felt they had to. The story I want to tell you has to do with the latter characteristic. He was gone, on leave or out of town, I don't know why, and I was left in active charge of the Institute. Norm Topic was then assistant director of NIH, and I've forgotten just what the problem was, but he called me about something. It had to do with the overall development of the program, and he wanted us to do something which I thought was completely inappropriate, and as I say, I've forgotten what it was, but he was the assistant director of the NI's of H, and he was asking us to do something. I went over and visited with him about it and I tried to understand what it was. I said, Norm, I don't think we can do that and he said, well Let Bob Felix handle it. I said, he isn't here and we have to decide. And if you insist that we get the decision now, the answer is no. Sunday Bob got home and he called me at home and said, Dale, what in the hell did you do to Norm Topic? He is livid and he is angry. And I told him what had happened. He said, well, you're of course dead right, but I am not sure that I would have taken exactly the

DC cont. flatfooted position that you did, since you're dead right in principle, there could have been other ways of dealing with it. And we talked about what some of those were. On Monday, I guess on Sunday he saw Norm, and again on Monday and as far as I know, Norm never knew but what Bob felt that there was absolutely no other decision, or no other tactic, and that decision stood and it was sort of a landmark because it had to do with relationships between an Institute and the overall management, and it had to do with program development and so on. I'm sorry I forgot what the point was but it illustrates the characteristics of Bob Felix who backed me to the hilt on what could have been a very difficult situation.

EAR You will not be surprised to learn that almost everybody else has said a variation of almost the very same thing, it's obviously he's a very extraordinary guy. I wanted to ask you about a few more people, though, just in passing, Ray Switzer was at the very first Advisory Council and could we just discuss what was her very integral involvement with the program and what was her participation?

DC Ray Switzer was a very forceful and energetic woman. She knew government inside and out. She knew what the Congress did, she knew what the Administration did, and she was just an enormously valuable adviser, senior adviser, with respect to how things work in Washington and within HEW, for any person who would listen to her and who was faced with the task of trying to get on with the development of a program within Washington. I think Bob simply had a great deal of confidence in her knowledge and competence and understanding and frequently went to visit her.

EAR Another lady, equally forceful, but in a different role and a different capacity, Mary Lasker.

DC Well, contacts between those of us at the Institute and Mary were primarily between Bob and Mary. I had very little contact with her. She was a key person in the National Committee for Mental Health. The National Committee for Mental Health played a key role in the passage of the National Mental Health Act. So the interest that Mary Lasker and Bob Felix had in each other was understandable. Being a woman of some considerable means, she was also quite helpful in bringing Bob and others into contact with people who could be helpful in various ways. I have a small vignette. There was one person who will be nameless, who we thought might make us a very good adviser, and we didn't know much about him except for his professional background. We knew that if we

DC cont. invited him to serve as adviser, when he came to Washington it was clear that it would take him away from his other practice and would probably cost him money, and we weren't able to pay very much for consultation fees in those days and Bob called Mary and asked her advice, as to whether or not he should invite this man because of the possible financial in employment and what Bob had in mind in asking Mary about this I can't fully say except that I know that he knew that she knew the man in question, and she laughed and said, Please Bob, don't worry about him, he's richer than I am. That's probably one that should not get into your record in any way. I think because of what I said it would probably make it quite easy to identify the parties involved. I think it's a remarkable kind of vignette but it shows, here Bob was approaching a lady requesting a specific piece of information because he knew that she had the information, he didn't know that she had the information that she gave him. Now he perhaps could have gotten the information from somebody else but he chose to ask her, and this, I think, is an interesting sidelight about the man. He not infrequently had more than one thing in mind.

EAR But you now bring into focus a thing that I think is extraordinarily important to the whole history of NIMH and it's not only with Bob, it's with everyone that had senior responsibilities. The facility and the competence with which contacts with all key people were made and continued, not only with Mary Lasker, on the one hand, DC This was Bob's chief talent.

EAR Right. Percy Priest, across the board, all these people and, as you well know, his interaction with people in Congress, I guess with the exception of Jim Shannon, which may be in somewhat different ways, Bob was probably the most successful of all.....

DC This was his unique talent, and you only have to know him well personally to know how readily he relates to people, how genuinely fond of people he is. Of course it is his unique talent, without question, and it was utilized again when he left the Public Health Service and went to St. Louis and with that same set of skills he turned around a medical school which was in serious trouble and made it one of the better ones in the country. It enormously changed his base.

EAR May I ask you a personal question, and you don't have to answer it if you don't want to, of course, you were directly the assistant in those early days and I would assume that you had some expectation

EAR cont. perhaps if Bob were to leave that you might then become the head of NIMH, you didn't and could you talk about that please.

DC Sure, it's quite easy. As time went on at the Institute I became progressively more involved in activities all of which were not central to the work of the Institute. For example, there needed to be a representative of the Institute on the Committee on Narcotics and Drug Dependence in the National Academy of Science and the National Research Council. Bob recommended that I be appointed and I spent a good deal of time with that committee and council and later became its chairman, but that's another story. This took a fair amount of time, not while I was at NIMH, but it's kind of illustrative of the kinds of other things that I was getting into. I found myself working increasingly on administrative matters in the Public Health Service, for example, on promotion boards, selection committees and things of this kind. Then when I left NIMH there came a time when they needed to have someone to work with the Mid-Century White House Conference on Children and Youth to help develop the medical aspects of the program and I was detailed from the NIMH to the Conference and spent several months working and developing the material which was presented to the White House Conference in 1950. Of course it was an extremely interesting period too. I had contact with many pediatricians and some others who were involved and it was in that period, I think, that I made my first real contacts with Julie Richmond and later with Julie when he was on the Council for Mental Health of the American Medical Association and I was chairman of the Committee on Alcoholism and Drugs working under the Council. This is simply to illustrate that I was more and more involved in these outside things and then I had left for training in Public Health and when I came back I was assigned to the Occupational Health Division and there worked on trying to help bring mental health concepts into the kind of industrial health programs and so forth and then later in the Office of the Surgeon General I was responsible for helping to develop plans for the Public Health Service in the event that a major war or disaster, I got involved in projects in the development of civil defense plans. One day I sat back and said to myself, look, you're getting farther and farther away from your basic training in psychiatry, farther and farther, if I ever had any thoughts about becoming the head of NIMH, this is extremely unlikely for two reasons. One, I don't think Bob Felix was about

DC cont. to be replaced. He looked to me to be good for another twenty years. So that the chances during my professional lifetime to have that position promised nil because of the enormous talent of Bob. Second, that being the only position in the Public Health Service to which I really might aspire, taking into account what I had done before, and it just seemed not to be there. And in the meanwhile I was simply getting farther and farther away. It was for those reasons that I left the Service when I was offered the opportunity to direct the mental health program for the State of Minnesota. Certainly I thought about it and it just seemed to me that this wasn't in the cards.

EAR Okay. I wanted to get that on the record because, in fact, Bob says that from the very beginning, well, I think he had exactly the same feeling that you did describe, that he would go on for-ever, at the same time as people do who have positions of responsibility, I think they say to themselves, whether they really mean to implement it or not, that they are always looking for someone to take their place if and when that occasion should arise.....

DC I don't think he ever did.

EAR He says he did, but I think you're right. I don't think he did.

DC Well, I think in the later years, after I was gone from the Service he probably did because he knew that his own tenure had an ultimate termination point, and I'm sure he began to think about it at that point. I don't think that I came into his thinking at that point because I was too long gone from the daily operations of the Institute, he would have been more likely to think of someone who was that quite conversant with the program at that point in time and who share the point of view and philosophy that was similar to his own. I think those were the two criteria in his mind, thinking about a successor. I'm only speculating. I have no idea how much he even thought about it, the degree to which he was ever consulted about his successor, because certainly he was not in a position to name his own successor, at least officially. I do know that there were a number of considerations when the time eventually came (EAR - including your name) and that there were a number of people who were considered, yes, I was interviewed and so forth, and there were some who had suggested that I might have been the proper appointment, but it didn't work out that way and it was something that I really never counted on because had I been

DC cont. appointed at that time I would have been faced with the following situation. One - I couldn't possibly remain very long because by then I had also reached the point where I had to think about leaving the Service within two years. 2) There was no way I wanted to be the man who followed Bob Felix. There was only one way you could go, and that's no comment on those who did follow him, his was a very hard act to follow.

EAR Your're absolutely right and yet in a curious way one of the other themes of this book I'm working on is that Bob was extraordinarily right for the time that he was there, extraordinarily right, in a curious kind of way, even though Stan Yolles is a totally different person who doesn't have the warmth, who doesn't have the charm, doesn't have the joie de vivre that Bob has, in a curious way, I think, Stan was right for the time he was there because he is an administrative genius, he really is.

DC I can illustrate that I understand what you're talking about in telling you a vignette of my experience in Minnesota which was quite important. There came a time in Minnesota when we wanted to develop a new community mental health program for the state of Minnesota which was the second state in the U.S. that had such a program, there was one in New York, and I think we developed a pretty sound piece of legislation and we used some rather interesting devices, some of which I learned about at NIMH, to develop the basic program and to get it through the Legislature. It did pass the Legislature with one dissenting vote, which is a fairly remarkable feat in any legislature. Well, at any rate, there came a time for implementation and we needed to help the county commissioners understand how they could proceed to develop programs and this meant that you needed someone who was able to relate easily and readily to people, who were not specialists in this field but who were involved in polystructure but had to be involved in any developments. So I recruited and brought on my staff a man with the name of Allen Cartriss, a psychologist. And I sometimes like to refer fondly to Allen as my crackerbarrel man. Allen could go out and talk to people and listen and I am sure if he put his shoes up on the chair they had a hole in them like Adlai Stevenson, but he was that kind of guy, easy, friendly, able to relate to rural as well as city people, but Particularly, I think, to rural, he had a unique talent for this. And I was delighted to have him on the staff at a time when we were trying to get this kind of development.

DC cont. There came a point at which several programs had been started and now the problem was not so much bringing on line the people like county commissioners and other community people but there was not a time for technical consultation on program, management and development and it was quite a different kettle of fish. About that time Allen decided to leave for whatever reasons, and this left me with the task of finding a replacement and I immediately looked for a different kind of person, not because I was dissatisfied but because I thought the program had reached a different stage of its' development and we employed Herb Torkin. Here is a really urbane, suave administrator, technically competent, technically skilled, and in his own field, and he struck me as the kind of person we needed at that time. So I think I understand what you're talking about.

EAR Okay. I want to ask you about the Title V program that you were involved with and maybe you might be able to give me some comments about that and your different perspective, since you were not then part of the staff per se but involved in committee work.

DC Well, Title V was a very exciting period. Title V as you well know came into being because there seemed to be a hiatus in program. The research program and the research study section had become pretty pure. It had to have certain that all of the necessary controls were in project and they wanted to get a valid result, and understandably, But this simply meant that many kinds of projects which were largely demonstrational towards exploratory for which involved a substantial service element in order to carry out the study, the research study section simply refused to fund because they weren't "servicing and funding research" and this is what I meant in part by it was getting pretty pure, and actually I don't think that those of us who worked at the program from the outside never did realize it was being quite that pure. But at any rate, it got pure and therefore the need for Title V. By that time I had left the federal government employ and therefore could be considered in connection with the advisory group, which I couldn't have been otherwise, for Title V. I think I was selected as chairman of the Title V committee, because a) I had some prior background with respect to the overall program and b) because I was now operating a state program, programs of the type that Title V was really intended to help, so I found it quite exciting and it was a marvelous committee. One of the members that I remember

DC cont. very fondly is Walter , who assigned to each member of the committee the responsibility for reviewing a particular project. Each member usually had two or three or several at the outset, there were two or three reviewers so that projects got looked at hard by somebody. I, as chairman, felt that I had to review each one of them and I did, I spent prodigious hours, I got my wife to drive for me and when I drove to Minneapolis, for example, to Fergus Falls, 200 miles to visit a hospital, I would sit in the back seat and review Title V projects. When the meetings were held, to return now to Walter, he always came forward with a very brief, succinct preliminary statement, absolutely marvelous, the epitome of economy and thoughtfulness. The thing I really loved him for is that for some reason he couldn't get to the meeting, he would send me his comments and they were beautiful. He helped set the tone for dealing with the projects and the community that was quite important and the committee was filled with highly competent and flexible people, Pilansky, Gardner Lewis, these are some that I remember quite fondly. I ran into Garland again recently, but that was an exciting period. What I did at the meetings was try to listen and see whether the committee had brought out all of the points that occurred to me while I sat in the back seat, and if they had, I'd need say nothing, other than to try to listen to the discussion and bring it to a conclusion when the group was ready to break up a sitting, or if points occurred to me that had not been brought up, after everybody else was through I would ask an additional question or two and then try to bring that to a vote. It was an exciting period because there were all sorts of new, lovely ideas that were brought forth, and it was one of the nicest things that happened to anyone responsible for a program. I learned more about what might be possible and ways to go about things while serving on that committee, things that were useful to me as an administrator of a state program and I wished that people in comparable positions all over the country could have participated in something like that. It was a terribly great/learning experience.

EAR I want to ask you a question about that and the general idea. I think a tremendously important story resides within the functioning of the committees, over and above the obvious review of applications for quality which I think the peer review committees did extraordinarily well, but you've just described one other

EAR cont. attribute, which, in the larger context, perhaps may be even more important than the reviews of the applications per se, that is that this mechanism, serendipitously, I don't think you thought this was going to happen when you set up the committees, this mechanism of the review committees provided a form for inter-communication, for the development of new ideas, for the education of the participants of the committee members themselves in a way that did not exist in any way before, doesn't exist even now in academic community. People who have been on research committees who I have ^{spoken}_{meeting} to have described the fact that the peer review committee/was a better academic session than anything that occurs within an academic institution itself.

DC I think Dr. Felix and myself were not unmindful of this possibility in the early days because we had the task of trying to decide who was going to be on these committees and who we would recommend. The basic questions in trying to make these decisions and recommendations were the following: 1) a) Is he technically competent? He must be technically competent in his field. b) Is he able to communicate his ideas well? c) Does he work well with other people? Will he be able to get along? Will he be able to accept direct disagreements? Will he be able to disagree directly with his peers? Will he be able to express what he really believes honestly and scientifically and will he be able to do it in a way that will further in the process? The final question, is this a person who, when he finishes the work of this committee will be able to take something home that will be useful to him and to the persons with whom he will have contact? These were quite self-conscious questions that we proposed to each other and discussed with each other as we tried to talk about who should be on the program and other committees.

EAR You realized your expectations and I think they worked beautifully. Any last comments I may not have allowed you to say.

DC No. You've allowed me to talk endlessly and I'm a little embarrassed about it.

EAR Oh, I could stay another two hours if you had the time, but I know you don't.

DC Well, let's see. Yeah. A couple of other asides which I think are somewhat interesting back in those early days. There was a lack of knowledge throughout the country about what the Mental Health Act was all about and what it meant to me, that is, what it meant to

DC cont. this program operated on at this stage and so forth. By the time I arrived in Washington Bob was traveling prodigiously or shortly thereafter all over the country and making speeches to various groups trying to inform them. This was something that I started doing and I travelled enormously the first two or three years, speaking with groups all over the country, listening to their questions and trying to help them understand how we might utilize the Act or the resources available by then to further the development of their own programs in the directions in which they would like to see the programs go. So this was a sort of an interesting experience and a very great learning experience because I had a chance to talk with people about the kinds of programs that they were developing, what difficulties they were encountering, how could the Act be used to solve these problems. So both of us travelled extensively in connection with that, but there came a point then where I think I was doing at least as much of that as Bob was and eventually this tapered off. The second thing associated with the fact that I was on the Institute's staff, the Institute was sometimes asked to furnish people to assist with consultative work elsewhere because of Bob's dedication to getting on with the task of the Institute, I not infrequently was the person designated as the person to go and do that, while he stayed home and took care of the first line business. When I was designated to "go and do that" it was usually because he felt that it was important to be involved in it, but that he could devote his time more appropriately in other areas. The result was that I went to Alaska with Winfred Oberholzer to do a survey on the mental health situation in Alaska and make recommendations with respect to the formulation of program of VAS in Alaska to that territory, an experience which stood me in very good stead when I came to the same place several years later. They were marvelous learning experiences and an opportunity to obtain a breadth of view...

EAR You had other people with you besides your helper, you took John Bell with you on that trip?

DC No, I don't think so. He may have gone up later with them with Bob Hewitt. Bob Hewitt went back, some years later. It was Win Oberholzer, Arthrecht (?) the state health commissioner and I visited various places.....

EARLY very early 1950's.

DC 40's/ 49. And then in 1954, I think it was, Bob Hewitt went back and to repeat, I went with Bob and Bell on that visitation and Bob went back again, but the first one was in 49. And an aside, with respect to that, at that time disturbed patients who might require hospitalization were being held in the jails and the federal jail which Hank and I described as a total obscenity, I am a little more circumspect about the choice of words now than I was then, the jail was so crowded that there weren't enough cells for these people and some of them were put into the coal bin to sleep. I was greatly encouraged to learn that it was soft coal. This kind of early experience helped prepare one for looking at things in different parts of the world and around our country. Closely on the heels of that I went to Israel, again at the instigation of Bob and through the request of of Israeli friends for Israeli institutions. Lou Kaufman and Paul Friedman were going and I think they wanted Bob to go with them, but Bob designated me and I was at home, I think, for a few days, after returning from Alaska before going to Israel and the countries are different today. That's probably the best understatement, but Alaska, space, space, space, natural resources, virgin beauty, In Israel it was people, people. Crowded, so different, problems, so different, in a way the problems then had to do with the mental disturbances of patients who had been through the concentration camps in Europe, Cyprus and had now arrived to the Promised Land only to find that they were still in a concentration camp. And the question of how to break up these enormous communities of immigrants and get them into a situation where they would even perhaps want to work, and when you think of collecting 15,000 people in one place, there's no way that those who want to work can in a days time walk to and return from a job, so they simply had to.....well, I'm digressing. I'm doing it to illustrate that being at the Institute and being asked to go out and take on certain peripheral jobs gave me an opportunity I feel that few people have ever had, to view the various kinds of public health programs and problems throughout the world. Later, when I returned to the Public Health Service in 1960 and I spoke about that earlier, after reviewing Vesty's programs I was then sent to Europe for thirteen months to look at whatever I wanted to look at as a in going to St. Elizabeth's to see what we could do to help put a program together at that vast institution.

DC cont. This says something about the service in general and the Institute in particular. They tried very hard to get staff members and in particular the junior staff members an opportunity to have experiences early on. Another earlier remembrance has to do with the task of trying to develop psychiatrists within the Public Health Service and also the task of trying to develop competent medical administrators in the Public Health Service. I have two threads here, I'll pick up the Psychiatry one first. I took the occasion to first of all try to find out what young men in the service had already had some medical service and already had some experience in psychiatry and wanted to express any kind of interest in psychiatric training. And then I had gone around the country and visited every one of them and sat down with each one and said, if you had your choice, what would you do, where would you go to get your training and why did you need to do it that way and what are your aspirations. And then we tried to build a training program for that person around that information. One of the persons involved was Alan Miller and Alan had had some background in general medicine. He also wanted to have a background in internal medicine before going on for additional training in Psychiatry, and he did just that. And to our credit for having developed him, and to somebody's credit for having brought him into the service in the first place, and to his credit for being the kind of guy he is, he's made massive contributions to American psychiatry. It was that level of person who, when they were relatively young in their careers, and with whom I had an opportunity to meet and visit with them, to about what kind of a training, and this was really the precursor to the development of the Fellowship program for people who wanted special training to become teachers or special training to become research people. Willy Gottschalk, you know. We had a frightening mortality in this group, as far as the Public Health Service was concerned. We lost Harry Uller(?) and we really fully regretted it to a degree because we didn't have the benefit of their services within the Institute as much as we had originally hoped. Since we were in the business of trying to further the development of the overall resources for the country, we couldn't feel too badly, and that's why it eventually grew into a Fellowship program which was aimed for the providing of people in general for the country and for the Institute itself. And that's how it got started in a program of trying to get people for the Institute and

DC cont. then have them return to the administrative thing. One of the things that both Bob and I had noticed during our experiences with the various institutions before NIMH that it was not infrequent the practice to take an extremely competent surgeon or an extremely competent internist because he was "the senior officer present" and making him the commanding officer of a hospital, where he did an abysmal job as an administrator, so we were supporting some good clinicians and thinking for administrators and questioned what to do about it. So again we looked around to find out, and this is one of those side jobs, I was assistant director of the Institute but I was now down at the Surgeon-General's office with his problem, trying to see what ... personnel for the service, which was psychiatry, which led to a broader scale program for the country as a whole, and related to the development of the administrators of the Public Health Service as a whole, the fact that we were in the services perhaps doing a disservice to some of the best clinicians by making them administrators of hospitals. So we looked around and tried to identify those hospital administrators, who, although they had had no formal training, seemed to be damned good at it. Each of them had different styles, but there were a few who were acknowledged by all concerned to be very competent. The next question was to try to find the young men who might be interested in medical administration as a career, just as some might be interested in Psychiatry, whereas someone else might be interested in General Medicine. And so we surveyed the officers then in the service and younger age levels to try to find out who these were. We identified them and visited these people I didn't do all the visiting in this case, but they were contacted and training programs for them were outlined and these fellows were sent off for training in hospital administration. They were young men. And when they came back each of them was assigned as executive officer to one of these older men who was an acknowledged competent administrator and with the view that these younger people would then take over as the administrators of that or another hospital. This called for a major change in the basic structure and patterning of service in the entire service according to the then rules of the senior officer present, who was to be the commanding officer, and this meant that the senior officer was not going to be the commanding officer, he was going to be a man trained for his job and he was going to be junior to that head of surgery who was now not going to

DE cont. be shunted into what he didn't want to do at the expense of his former work. But we had to find a way, and this called for the system of spot promotions and graded positions as well as graded man and so forth. Something which we had begun to have experience with then at NIMH because we were having through this in spades during that early business of trying to get the job descriptions, because we were trying to describe them so they could have a civil service grade assigned to them, but knowing full well that some of them would be filled with commissioned officers, this meant that we would have to get upgrading, and I myself was the beneficiary of this kind of thing and they did start it before I got to Washington. I was promoted almost immediately after arriving in Washington and going in to that position. But this meant changing the structure of the hospital position to make it possible to have people going into training/^{in administration} as a specialty . Dr. Lowry was one of those who came in, rather young, and so forth. I don't know what's happened to that program. It was interesting because it was closely related to what had been going on at the Coast Guard Academy and what had been going on at NIMH. It was a privilege to have had an opportunity to participate in it.

EAR Well, I'm mindful of your time Dale, and really wish we had more time, but I know you don't. I greatly appreciate your doing this and it's very helpful. I must tell you that every time I talk to someone I get more enthusiastic and more concerned about being able to do a good job with this thing because there are so many facets, there are so many aspects. I told John Romano about six weeks ago when I was up in Rochester, I said I was beginning to feel overwhelmed, if I wasn't before.

DC You can't ask for a better man than John.

EAR He sure is. He said in his best therapeutic tone, if you weren't overwhelmed by now you wouldn't be doing a very good job. So I was relieved.

DE John is one of the most outspoken persons I think I have ever known. When he speaks, you can see the punctuation marks. He is just fantastic.

EAR Well he wrote me a 4-page letter and it was the most thoughtful thing, including copies of photographs of the early days, stuff from his own files, letters that he had written to various people, including a letter to Thomas Parrin, stuff from the New York Times

EAR cont. and from his own clipping files, it was most thoughtful. And then when I sat down with him that morning in his office, to substantiate what you have just said, I said, why don't you go ahead and tell the story as you see fit, begin wherever you'd like, but perhaps you'd like to begin at the beginning, and he said, well, Eli, as I said to you in a memorandum I wrote you initially, and then it was sentence after sentence, beautifully parsed, paragraph after paragraph, I think I could take the whole thing now and just make it a chapter.

DC That/s fantastic. Another person who didn't play quite the roll in the developmental process that John did, but who was a frequent visitor to the Institute was Hank Rosen and Hank came through town one time and he had a Sunday to kill. We went over to the office and we just sat there and chewed the fat for several hours and during the course of the conversation he came up with a comment which I shall never forget, and if you know anything about Hank's history and problems of trying to operate programs that had in them many highly skilled people with diverse talents and aspirations you would appreciate it. He said, Cameron, you're a guy who is interested in examining the University of Chicago. Cameron, you're a guy who is interested in research. I'll give you a problem for free. Please make a study and find out what proportion of prima donnas every institution can tolerate and still function. He said, of course, there have to be some, but what proportion. And this, incidentally, is the basic issue in any program involving a substantial number of highly skilled people.

EAR Well, I think that's a terribly important point, and I think one of the great strengths of NIMH was that there were perhaps a considerable number of prima donnas, but prima donnas of a quality that is not always available, that is, they could be prima donnas when they were responsible for their own program, where they were defending their own programs and they could be collaborators when it was necessary to be collaborators, and I think that both Bob and Stan had the capacity to foster this dual kind of behavior on the part of people. And you substantiate what everyone has been saying about Bob that he gave all the people who worked with him the freedom to make their own decisions and backed them up afterwards, even though he may have disagreed with what they initially did, but because they were on his staff he gave them that support. And I think that's the

EAR cont. sort of thing that helps people become, if you will, prima donnas in the sense of being independent thinkers, but when it came to collaboration, whether it was sitting around the table having lunch or whatever you all did in the early days, you collaborated.

DC Apropos of really nothing, but in talking about, as far as the Institute is concerned, but as I grow older and I think about people who were qualified to do certain jobs, I tend now to think primarily of older experienced persons. And then I think back on my own experiences and wonder just where it was that I got the experience necessary to take on some of the tasks that I was given to do. I guess another way of saying this is that it is unlikely that I would now hire me to do some of the things I was charged to do. But I think this is really interesting, because there were a lot of people in the program at that point in time who were at the beginning of their careers. And this was true of beginning or mid-point. There were relatively few even among the advisory members, who might be called truly "senior citizens". Ed Streicher was one. He was a very senior citizen and highly respected teacher. But John Romano would be ^{more} a case in point. He was in the early or mid-point in his career when he had contact with it, and the same was true of those others on the staff. And then something happened in the Service, it was not only Bob, it was not only Dr. Cobb, I think they are remarkable personalities both, but there was something about the general philosophy of the Service which expected that the younger officers would take on very substantial tasks and it was in those ² Or ³ days the stated policy to take a new officer and assign him to different situations to see how he performed and to see what he would like, and so forth, before trying to send him to further training. That happened to me. One of the early major tasks thrown my way before I got to the Institute, which I'll always remember, it was thrown my way by Dr. Cobb, he was then Chief of the Mental Health Division and I was in active charge in Ft. Worth. He called me on Friday from Washington and said, Dr. Cameron, we've just decided here that we are going to move four ~~hundred~~ patients to Ft. Worth and I know that you don't have that many beds set up and I know that you will need some additional equipment and some additional personnel and thinks of that kind, would you please work it out over the weekend and let me know on Monday, what you'll need to

- DC cont. receive these additional people. They'll come in lots of 100. That was the charge and he told me little about the nature of the patients. Well you can believe that we went to work that weekend, the entire staff, and this meant how much additional food, what additional beds, where they were going to be placed, how many additional ward attendants, the different kinds of personnel, everybody went to work. On Monday afternoon I called Dr. Cobb and said, your letter is in the mail. It outlines what is needed. These are the salient facts as we see them here. And he said, thank you very much. That was all and you know what he did. He sent us the money to buy the beds and hire the people we said we needed. He didn't try to second guess us. That's rather remarkable. He just didn't try to second guess us.
- EAR Dale, let me ask you a very general question about this whole thing. Perhaps it's not answerable but maybe it'll stimulate a comment from you. Those were times when things had to be done, and if you had to say that the times made the people or the people made the times, could you make such a choice, or are they just inextricably interwoven? We couldn't produce an NIMH like that now, in a sense, it was so much a mission of the future, so to speak,
- DC Yeah. The situation is a bit more complex now and it would be a more difficult task to create it, I have no question about that. Technology has advanced to the point and services have advanced to a point, I think you would have to find a different way of going about it and this is perhaps one of the current problems of the Institute. I was enormously pleased of the basic structure that we had set up to deal with this and the basic policies have remained relatively unchanged for some minor point, or it may have been significant on occasions, for a period of about twenty years. And then it started elaborating and getting so complex that I really don't understand it anymore.
- EAR Well, is it inevitable in the growth and development of organizations that they go through a life cycle somewhat similar to people, and is that what happened?
- DC I think there's a strong tendency in that direction and I think it requires rather remarkable leadership to continue to perceive the basics and not to become too entertained with the side issues. One of the persons that I made a comment about to the early staff members, one of the persons that epitomized that talent was Jim Lowry.

DE cont. Jim was able quickly to ascertain what the central themes and the major issues were and what were irrelevant details and he could knock down and get out of his way the irrelevant details faster than most good bowlers could dispose of tenpins, and proceed on to the central theme. A remarkable talent. And I think that institutions have to have persons like that if they are not to become overwhelmed by the key persons, if they are not to become overwhelmed by detail and excessive overdevelopment accretions of staff and functions. I think there's quite an enormous tendency. As I say, I would not now hire me to do some of the things that I was asked to do, but I think the important issue in most organizations is to continue to have people in the top leadership positions who would be willing to hire me as a young man. And I don't mean that they should hire every young man, and I don't mean to say that I'm particularly unique but I do think that I had a unique talent for selecting good residents and I think that Dr. Cobb had a unique talent for developing and furthering the careers of his officers and I think Bob Felix had a unique talent in this direction.

EAR Thank you again so much, and I appreciate it so much.