Dr. Robert Stubblefield

EAR Unless you would prefer not to, really to begin with those first two years, now how did you really get involved with the NIMH, what are some of the things that you recall about those years.

RS Eli, it began before that time. I was in training in General Psychiatry in St. Louis and had finished that and had planned to teach at Washington University out with Dr. Gilday, and my wife was ill with Tuberculosis and I had brought her to Colorado and Dr. Gilday had introduced me to Dr. Eball, and Dr. Eball had a third year stipend.....to taking care of my wife rather than going back to St. Louis where I had this position at Washington University and Dr. Felix would visit, Dr. Louwry would visit, because there were a lot of ties between those two people and the University of Colorado and the Colorado Psychiatric Hospital and Romano and others came through. So I knew about NIMH. In 1949 General Lowry tried to get me to take the job in the regional office and we talked in some detail and I had some real reservations about traveling that muc h. We had a young child and my wife was really not doing ideally with her care. Then when the Korean episode occurred I was at cpnsult up to the Army. I had been in the Navy and had been released by the Navy and so I had a choice between going into the Surgeon General's Office in the Army, the Navy would not take me back, or going into the Public Health Service. Dr. Vestermark got interested in the' possibility I might join that staff so I ended up in July 52 at NIMH in the Training Branch. I made a request that I be allowed to teach and so I taught at Catholic University in the School of Social Work on Monday nights, and I made a request that I be allowed to do Child Psychiatry, so I consulted at the Catholic University Child Guidance Clinic on Saturday mornings, and Milton Witman and Max Levin a psychologist, and I set up a small clinic inside the old barracks building and the three of us, plus some others, saw people, and I treated two children throughout the time that I was on the staff there. I would not choose to identify the children, but that gave me a different view of some of the inner processes of NIH and NIMH. I had first a trip with Dr. Vestermark to Cincinnati. He felt that Dr. Levin had the best psychiatric general all-rounded of the country, and then I made a couple of other visits with him and then he kind of turned me loose. Dr. William Jenkins was sort of taking the East Coast area. He was in analysis in Baltimore.

RS cont. I was sort of taking Cincinnati and West and the South part of it. In those two years I saw all those schools of Public Health that had grants or applications for grants. I saw all of the state hospitals that had grants and there were half a dozen of them. I saw the programs in Pediatrics, also called Pediatric Psychiatry Programs and then all of the Analytic Institutes. And I wrote reports about each one of them, so that although I was a Junior staff person I was present at the Council meetings and prepared and tried to defend my observations about the schools of public health. They were regional and not in individual states and I really thought that NIMH should support them, rather than giving them half of a salary and letting them hustle for the other half. I took a rather strong stand that they should support the Analytic Institutes, particularly the Columbia and Chicago ones, because they seemed more interested in producing academic people than some of the more orthodox institutes. And there was some interesting byplay between the members of the Council on that issue and Dr. Malverne, for one, was very uneager to have the institutes supported and there were others who were really quite positive about having them supported. I think the public health issue was never really fully understood. I felt the schools of public health were vital. I had not been trained in public health but I had been very much influenced by Jules Coleman who had a lot of interest in public health and public health activities. The other thing about the NIMH in that two year period. You know, this was in the election year and it was the height of McCarthyism and there was a great deal of anxiety and insecurity and paranoid fears, some justified and some not, but they were there. And then when Eisenhower came in, the message was loud and clear. They were going to cut the training program by one-third, they were going to discontinue the services, and they were going to cut the research program back. Dr. Vestermark, Dr. Jenkins, Dr. Felix and I were in some discussion about what to do and Vestermark, among others, conceptualized the notion of trying to make a couple of small grants to the law schools on the assumption that you might improve the quality of the education of the lawyers and future law makers about such matters and I don't know where the idea came from, but I know how it was implemented by a trip to Philadelphia and to New Haven and the same thing we worked out a procedure to relate to SREB and to try to work out some regional structure. I was involved in a lot

RS-cont. of discussion about the termination of that one year program for pediatricians who became kind of anomalies, one year of psychiatry after training, that made them neither fish nor fowl as nearly as I could tell, and I have talked in some depth with several people about that, and that undoubtedly will be written up at some point. The Council was always an exciting thing and a lot of things stand out in my mind about it. Douglas Bond played a key role in that period of time, Maury Levine was a factor in the background, Frank Gurdy had a lot of interest in the biological science behavior. There was a lot of interest in trying to preserve the biological and the psychological. I was present at a meeting which led to that famous...you could cut off the top for new grants as you began to retreat, you know, this 40-20-20 and it had no historical data from which it was derived but it existed, and it seemed to have been born a live healthy adult. There was a lot of excitement about even in adverse times trying to make some money for innovation and new grants, and a lot of jockeying back and forth about the support system for the existing programs.

EAR Let me ask you a question. It's interesting, and you express it so nicely, in even what you just said at the very beginning, it seems as if NIMH in those years and perhaps for some time thereafter had the amazing facility of responding to impending adversity with innovative ideas which really extended the program, rather than condensed it or consolidated it. I mean, if there's going to be a threat about something you developed new pilot projects, if there's a problem about people not understanding mental health, you give grants to people in psychiatry and law to extend the boundaries even more. As you think back, of course it was the people there who had this capacity, Bob and everybody else, to respond to these kinds..... but was there anything else about the atmosphere that you can think of, was it primarily, if not exclusively, just the caliber of the people that allowed this kind of innovation?

RS Well, I assume the large part of it had to do with the identity with the public health notion. I had a number of friends at NIH and they were all wedded to this research and not to the manpower and training and service components as NIMH was mandated by law to do and I gave a lot of thought to joining a research team. I spent a number of hours with John Eberhardt and with Bob Cohen who really wanted me to stay there and be in charge of the Childrren's

RS cont. Unit. That was a great temptation. I had a reservation about it because at that time they weren't letting any students in on that campus and it seemed to me that unless you watched students and let them challenge some of the beliefs of some of the established researchers that you were going to cut off a kind of improvement and that was one of my major concerns about what they were doing. I was one of the few people still teaching and I found that stimulating and rewarding in its own way. I guess I would give Felix major credit for it. Felix was in analysis at that time and I treasure those moments and those brown bag lunches which occurred three and four times a week and Gov. Handwitch was there and Lou Gottschalk was there and periodically in these rather elementary simple luncheons we would be discussing a number of issues about what if, and how do you, and how do you get psychiatry and behavioral sciences more involved, and the activities of the total medical curriculum and the total health care system. I guess the power and impact of that first Ithaca conference was just being felt. It certainly influenced Vestermark and it certainly influenced Felix to a considerable extent. And then Felix had a regular formal staff meeting that contributed, because he shared, and one of the delightful things was, of course, how he would use us as a practice team when he'd be preparing to go to testify, and you know, you'd be asked to ask him questions that are unanswerable, have you stopped beating your wife kind of questions, what if Senator So and So from Indiana asked you about why are you doing this, and there was a dialgoue which was a training experience for me, a learning experience, and I felt that everybody was kind of equal in that circumstance, even though I hadn't been trained formally in the school of public health I felt I knew a great deal about it, compared to some of them because they had been in the public health service, but off delivering psychiatric services and really hadn't thought about the promotion, prevention, and those issues which Paul Lenkow and some of the rest of them had been writing and talking about. I guess I felt privileged also because I had known John Dickson in Denver and he came in to be in charge of the Clinical Center. I went to the dedication, I had access to some of the dialogue and discussion about what was the NIMH_NIH relation to be on the clinical side, it was a very exciting time. And when the Council came in, he really got to see these interdisciplinary issues beginning to emerge, and Lowell Kelly

RS cont. and that group in psychology and Hildegard Paplow was aggressively and effectively representing nursing as something other than just a service agency or a profession within a group...

RAR Do you remember Charlie Shlafer?

RS Oh, yes. I knew Charlie well. I visited with him and I'd seen him a good deal since I came East. We were together one night in London just by happenstance. Charlie and I also were together during that Joint Commission time and I think he's played a powerful role in trying to articulate a lay view about things. After I went out to Colorado I became a consultant to the regional office since they didn't have a psychiatrist there and so I kept up with the progress of NIMH indirectly through the kinds of things that would be fed back to the service component, and I knew some of the things the Council debated and discussed as the money began to flow after the Republican Party found out they had to be for Motherhood, against sin and for mental health and you know, they learned it, and the money took off like a skyrocket. Then I went to Dallas, and after I was down there they put me on the Training Committee and after three years I was head of the psychiatry part. The fourth year I was head of all of the Training Committee and in those days the members of the Training Committee who were chairman were invited to the Council meetings , so I had some opportunity to see the Council in that interval and I was not on it or not working for it directly. In that connection I was involved in a lot of dialogue about the community mental health center movement. I came to a meeting, and somewhere I have those materials. Diebenhoff was there and half a dozen, and we kind of free-wheeled for two days about what might go on in those things. I came to two formal dinners for President Kennedy and then I was there when the Mental Health Act was signed. I guess I felt that the key decision made about that was a negative one. Somewhere in my files I have a letter from Maury Levine and Maury felt he had a comprehensive center. He had community support from United Way. He tried to talk with many of us on the Training Committee about the need to have a Class A and Class B kind of mental health center. Class A or B, it didn't matter which you called it, would be university based and would be the manpower training service for the centers as they developed. I don't know who it was that came to visit but they really shot him down. They made him take a position that he could only deal

RS cont. with a catchment area of 200,000 and that everybody had to deliver service and that training wasn't an issue, and he called and we talked on the phone for a half hour and he cried about it because he really felt that they were penny-wise and pound foolish trying to make everything equal and not looking at the manpower sources. I think he was correct about it, by the way, and when I came on the Council I tried in every way I could to highlight the need to identify training and research roles instead of just blocking the conntry with 1500 centers all doing more or less the same kinds of things.

EAR Let me ask you a question about that, because I think it's interesting if you think about the development of NIMH, in one sense, one of the real strengths, which again I think hearks back to Bob Felix and other people who were running the show from Washington, was a great sensitivity to the independence of the individual training centers, to the individual research activities, and I remember for example when Bob hired me he said, I want you to remember that the fact that we have the money does not give us the responsibility of running their program. In fact, just the opposite. Okey, that's fine. At the same time it seems to me there was another thread developing which is partly refelected in the comment which you just made, and I guess the highlight of the belief at NIMH in Washington, not made overt, but certainly there as a covert belief, that the people in Washington really knew best over all as to what the national program ought to be, so much so that even the regional office people, as you well know, had to play a kind of an uneasy middleman between the people in the states and the people in Washington. And the community mental health center's legislation, sparked I think as much by Stan as by Bob Felix, epitomized that paternalistic belief that Washington set the guidelines and everybody had to abide by them. Would you agree with that kind of characterization?

RS Yes, that's really very complicated and I guess some...I went on several sides of that issue as it emerged. It seemed to me that Allen Gregg captured it fairly well in the early days when I was on the staff. He talked about private programs starting out innovative things, about public federal programs picking them up and having not to be accountable so much to local citizens, and then finally that the local people picked this up and he grafted in such a way, you started out with the private money and then you

RS cont. picked it up at the federal level and base it downward gradually and then the local and state money comes up and then you take the federal money and move it in an innovative way toward new centers or new areas or both. I think Stan was more assertive about the federal role and Stan and I clashed about one thing , and that was that he really was angry at the schools of public health and He I think hurt himself and hurt the program by that because those people had power and they had concerns and he wouldn't admit to either of them. I tried to discuss it with him. You see, when I left the Training Committee Jim Lowry appointed me a consultant to his division. You may recall that Jim sort of thought that he was going to be the head of NIMH and when Felix wouldn't move onward or upward then Jim just moved out and came back acyear or two later in charge over Felix, in a way, so I, in following my career, I've always been a consultant to NIMH under the Public Health Service, even now, when I went off the Council, they now brought me in as a consultant to the Medicare part of the Council, and I'm going down there next month for two or three days. I'll like it. I think I know some things and I think I can , but watching it, there was this Lowry versus Felix battle and then there was Stan's really kind of paternalistic view about some things. He can laugh and joke about it, but he was serious about it. I think there were many resentments on the part of a group, let's say, Levine, Romano, Gaskall, Bond, about moving off the campus, about pursuing a service element and getting out of step with the other parts of NIH, and I remember hearing Felix and Yolles talk about that, that they've all got to get away from focus on research only and get into the manpower and do the services, so we might as well lead them, and you know, the phrase was, you'll take the high road and we'll take the low road and we'll be there before you and the goal was some sort of universal health service, not necessarily a national health service as such, at least the planning part of it. Personality clashes, despite their great friendship, between Felix and Lowry, shaped it a lot before Stan got into the picture. Of course, I had a lot of access to it because Ray took my place. He left the VA and came over there and they lived near us, so I saw him and knew him and my perception of it was that the Council tried its best to preserve the research and the manpower and training part of it and not let this push towards services dominate it, but

RS cont. it began to dominate it. As a matter of fact it was in my early years in the Council when they decided that the Council needed a chairman, and by law, you know, Stan was the chairman and so they came up with this secretary idea, and so they took me, which was one of my nicest honors, and we had some meetings apart from the staff as we tried to figure out how we could preserve the research component, the manpower and training component and accomodate to these 1500 centers phenomenon and then after Nixon got in power that became more and more important because it was quite apparent that the dollars were going to level out and go down as they did, during his entire administration as we both know. I think the administrative style was different, it was larger for one thing, it took more formal organization. I had a conversation which I'd like to share with you, with Mr. Weinberger, in late April of 1974. They wouldn't appoint Bert, they wouldn't appoint Isbister and the American Psychiatric and some people at Harvard called me and said, would I look and be looked at. Alice thought I had flipped out of my mind but I was going to be in Washington and I said I would stay over a day or two and I would look at . And I told them I thought Bert ought to have that job and told them, if not Bert, Isbister ought to be brought back from England and they said, but you're here and what would you do with it? So I outlined and then they kind of escalated me upward and had me cleared by somebody in the White House and I spent all the time with Weinberger and he asked me what I thought about Councils. And I said, if I take the position, if you want me, I want to have an Advisory Council and I want three people from each of the three, and I took a laying matter in NIMH and he said, well, I want to abolish the Council. I said, you can't do that, unless you amend the law, because the law creates the authority from which all these initial review groups are brought in. He said, I see those as lefthanded ways for people to come to Washington to give money to their friends and then to stay over and lobby for more money and re-assistance. And I said, you couldn't be any further from the truth, that I had been a consultant to the VA, and still am, I had been a consultant to the Army and to the Air Force and I can tell you that Public Health Service really uses consultants in an effective way. They use a multi-discipline, they try to tackle problems, they try to help the staff think through different strategies whatever the allocation of money

RS cont. is, and I said, if the people stay over and lobby, it isn't just to feather their own nest, it's their relationship to a genuine belief about a process. I think he listened, I really think he did. But you know, the Council, for quite a long time, was caught up in like a group of lions and hungry lions, watching things level out in that period from 68 till I went off the Council. I missed one meeting, I think, and then Dr. Brozen felt that three years was enough, so I took his place, and then after three years of that, I took Dr. Runyon's place, representing the AMA so I really was on the Council for eleven years, and those years, until I went off, you know, was just scrambling, with the dollar going down by inflation and the dollars leveling out, so that it was not so much imagination as it was survival.....

EAR And incidentally, you just described one of the reasons why I want to cut my book off in 1971 because everything that has happened since 1971 is so anomolous and so painful....

RS It's a separate chapter....

EAR Yes, it is exactly a separate chapter. But let's go back for a minute to the Council, when you were on those four years. You started to say a couple of things that I'd like to pursue a little bit further. You're in an almost unique position. There are very few people with the same kind of background and experience of having been on the inside in various ways, and on the outside, so to speak, in other ways with senior responsibilities. But you saw the council in 52-54 from the inside and then you served on the Council somewhat later, is your feeling, granted I completely agree with you that the Council serves an incredibly important and useful function, but is it your feeling that the staff had a kind of mixed feeling about the Council, that there were some things that we didn't tell the Council and didn't share with, and others in which we attempted to use them and to some extent, vice versa. Do you feel, and let me ask it fairly specifically, do you feel that there might have been some way of being even more effective in the use of the Council than actually did take place?

RS Well, let me comment about councils and boards in general. I tend to think of them as decorative or as advisory or as policy, and I felt that one by law was policy, it was called advisory, and Felix was certainly in a position to say I choose to take this before the Council and I choose not to take that before the Council, so he

RS cont. made it advisory to him and I've served on the Board of Trustees of a Child Guidance Clinic, and I've worked at the head of a Child Guidance Clinic, so I dealt with boards in that area in different ways and I have a board now, and I am on a HSA Board and on the Sate Health Coordinating Board and I think those phrases are useful to separate it out: decorative, in which you have names, you never ask them anything and they never vote against anything, and you go about your business, and policy, where you really can't make amove and then advisory, where you want strong leadership to pose serious problems and get their advice and counsel, and I think Felix was better at it than Yolles. I think Yolles was very very much involved in trying to manipulate and maneuver what he wanted to accomplish and I think Bert really left out many things which I would have wanted to take before them. But against that is what I see conceptually as an emerging mistrust in government and I think the Nixon years in a way symbolized it and probably were inevitable, in that the Congress tended to appropriate more and more money but put more and more strings on it. You had the task like, just like Felix, he took me with him a number of times as we were sort of talking as to whether I would stay there or not, and I kind of liked it and I learned a good deal about testifying before Senate and House SubCommittees, and maybe helped him a little think through some of the ones from the parts of the country that I knew, but you know, Stan had to go down there much more often and Bert was down there every other day it seemed like, and then if you then looked at terms of, you know, the basic budgets and all the constraints, it really is a matter of mutual distrust, where the bureaucracy is given so many more dollars, but so many more cubbyholes that the dollars are in, that if you just tease out the policy parts of it, you know, you're in trouble. And I feel, and I've kidded Bert about it and I've argued with him about it, where he had his staff coming in and doing a show and tell and here were very bright people, I'm not including myself in that category, but experienced in that I've been around, and you know, Steve Hirsh is an example. I told Steve after his presentation as I listened to the comments from several people, you know, it's a mistake, you're taling about the Child program at NIMH and you got a bunch of bright people there and you talk for 45 minutes and leave three minutes for them to react to it.

RS cont. You know, that's nonsense. Either you want their opinion or you don't. I hurt his feelings, but I think I was right about it. I have a favorite story. A very bright, very nice black man from New Mexico in Lenten Mowry was on my Advisory Mental Health Committee when I worked for Wichie and he also was in the legislature. So when I would go to talk to him about the contribution from New Mexico to Wichie's Mental Health Division, he would say, don't lobby me. He knew that I wanted the money, he knew that he wanted to give it, but he really wanted me to defend why the program was being requested, and I felt that that was a good phrase about what a lot of people do with Advisory Boards, you know, they try to lobby them to take the position supporting what the staff has preconceived and thought out. Now, I think Felix did it, but I think Felix tolerated more open disagreement and I think he got more out of people on that account. You had the anaylsts fighting the non-analysts, you had the psychologists doing battle about research or about manpower with the psychiatrists, but it was the common good that emerged, and this business of just presenting things and not letting that dialogue occur, that's why the Council began to meet separately, because they felt they were getting show and tell too much.

EAR Well, Joly West when I saw him a couple of months ago was expressing some of the same concerns except that he said he had come onto the Council really feeling very strongly that there were some things that he would like to see happen and that he was never able to really get them to happen. The staff would not buy it, and it's the same sort of thing.

RS Well, Joly got shot down about a number of things by Mike, Mike Gorman who would make some crack about the senator north of the Red River and the senator south, and he had a completely skilled way of making you think he was on your side and then suddenly he'd switch and you'd get defeated by a 7-5 or an 8-4 vote, or something like that. I tried to like Mike, and I like him in a way, but he was often destructive without, you know, consciously trying to be destructive about some things.

EAR Well, he always had his own secret agenda that he was working on. What were some of the other things at Council? I think it is important, perhaps, to spend a few more minutes on what you've mentioned a couple of times, that is, what do you think was

EAR cont. accomplished, what are some of the things that you were able to do by meeting separately as a Council, apart from staff, what were some of the things that.....

RS Well, I guess I think that people came in feeling a little better informed about some of the issues about the budget limitations that began to emerge beginning in 68 and I think that the comments that were made by Stan and then later by Bert always had to be couched in particular terms, because the general assumption was that the budget was narrow and was going to be limited and any attempt to talk about new programs would be viewed by the administration in power unfavorably and to a certain extent I think that was happening under Johnson, because Johnson had made these comments about the need to get improved service delivery out of the research people and I know that John and others sort of felt that more dollars would flow across to research. We tried, in a number of ways, and I'll give you a couple of examples. There was an attempt to say with the limited number of dollars and with the obvious focus on the service part of it that research and manpower dollars were going to be limited, and Nick Hobbs and I and some others tried to get into the issue of earmarking more dollars for children and adolescents. Studies in manpower, well, of course, that wasn't very popular and the aging group came back in with their group and pressure about it and then people began to redefine what was going into child and adolescent area and claimed that certain adult programs were actually indirectly dealing with children's issues. I know Nick and I talked a number of times about it. I had been president of Orthopsychiatry and he's president of American Psychological and Felix was there when we made the move to get NAMH out of New York down to Washington and when we hired Byron Oconnel and I guess I felt that if the dollars were limited we needed to, as a Council, say, what are your policies? And I'm not sure I ever agreed with Stan's or Bert's efforts to sort of take the dollars wherever they would flow. I called it troubled people programs and, this is hindsight, it might have been better to refuse some of those things and let the people cry out louder about how they were being hurt about the manpower and training cutbacks, but that's hindsight. The other thing the Council tried to do was to be very supportive in resolutions. I think that they tried to get messages through to the NIH structure and beyond that to the people in the

RS cont. downtown offices of what was happening. I was involved in that because I had been a department chairman for about ten years and I felt that department chairmen in psychiatry were being idiotic. They were meeting at the time of the American Psychiatric, they weren't going to AAMC meetings, they were organized as a group, they were still doing the things that Vesty had helped set up back in professors west of the Mississippi and southern, and those had their usefulnesses at that point about sharing problems, sharing solutions, getting manpower and training instructors as we called it sometimes. And I had worked very hard and been given some credit for having established that national group and getting the thing moved over to the AMC. What I was reacting to was that somehow the NIMH was missing the bet. People were training in internal medicine for three years and then going to NIH for two years and getting highly specialized research training and publications and coming back to the academic world, and that was the purpose of the clinical center. You know when it was first formulated they talked about it as a flow system back and forth between the medical schools and the research laboratories in the various areas and somehow the mental health part didn't happen quite so much.

EAR At about that same time and maybe this is pertinent to put it, at about that same time the Joint Commission on Children was going on. It was the first couple of years that you were on the Council and you even mentioned that. You and Nick Hobbs and I guess Dave Bazelon was on it, and Charlie Shlafer was on it, and of course Joe Bobbitt was the administrative officer for that. How did you feel about that? I even have, I won't even bother to take it out here, but I have one of the Council's sets of talks about the resolutions made by the Joint Commission on the Mental Health of Children and there was a strong indorsement of the various resolutions and yet somehow that total structure didn't get as fully implemented as it might have. How do you see that whole effort now in retrospect?

RS Well, I had two disappointments about that experience and often wondered if I should have taken advantage of the opportunity to be on the Executive Committee for various reasons, in terms of what I was trying to do in Texas, I chose not to go on the Executive Committee. What I felt was that they made a fundamental error in not supporting at least one research section that dealt

RS cont. with longitudinal long term research. I had worked with Benjamin. I had gone back to Colorado. I had some dream of trying to get something like that going in Texas. I knew that all of them were hurting, that NICHD dream was really not supporting these kinds of things and we were going toward cross-sectional research and then the second disappointment I had was how this advocacy business sort of came charging through from the Executive Committee and took over and dominated the whole function of it, And I felt that , that he got over enthusiastic about something which could be used as a resistance to research, to manpower development and toward folding in the children's services. I worked with various people and met with Senator Yarborough a number of times and I was a sort of leg man for that category F to get the child requirement in, and I would do it again. It didn't turn out to prove very much. And now the retreat is full in that area but Nick and I and a few others tried to see what we could bring from that to NIMH andto the other parts of NIH and the other parts of the children's part of the government, but it was slow go. In the first place, you had a number of people who sort of viewed the children's part of behavioral issues in the same way that internal medicine viewed pediatrics when it emerged and still does to a certain extent. Then it lead to documents, and I'll tell you my feeling about it was that it too much duplicated the White House Conferences in 50 and 60 and 70. It had too many pie in the sky motherhood statements and I recall in our Council discussion the difficulty in teasing out anything where you could say, we instruct you, we encourage you, we recommend that you go and try to get the earmarked dollars. That was certainly my dream and I assumed it was the dream of Nick and some others. It was by that time almost full retreat rather than...you know, I was excited about, we talked about this century as the century of the child and then we talked about it as the atomic age and then we at least had a decade of the child, but it seemed that it eventually got wiped out, but the concept that children were a natural resource, that even though we want our population and birthrate to go down, we want to nurture what we have, it just got washed aside.

EAR Well, it's a story that really needs to be told in this sense, that even if you go back and think about the original Joint Commission, the original Joint Commission did not in and of itself

EAR cont. have an impact, it was only because it precipitated the Community Mental Health Centers legislation. Action for mental health would have been dead if Kennedy hadn't decided, (a) something got written, why don't we do something about it. And then it got turned around into something totally different from what the Joint Commission recommended. Even that didn't take place, if I'm correct, with the Joint Commission on Children, that is, it didn't precipitate then something which may have been in response to, if not in continuation of, the recommendations of the Joint Commission on Children. So that in both cases the original intention didn't get implemented into. In the first case, by a lucky circumstance, something did develop, and now, of course, even that's in trouble. But in the case of the Children, I'm asking almost an impossible question, but what do you think, you've just touched on one point, namely, there wasn't anything you could put your finger on and say let's put some dollars into this....

RS It was very hard to find....

EAR You know, it was very hard to find, right, exactly, and yet by the time that Joint Commission came along and the people on there were certainly highly experienced and qualified, Joe Bobbitt had some problems, I think, as an Administrator, but that aside, why did it not come to fruition? There's no way of really trying to figure it out.

RS Well, I guess I think a part of why it didn't was that it got caught up in a number of issues that affected this entire minority movement and my way of making the analogy about the growth, caring and feeding of glaciers, you know, they move forward, backwards and sideways but they don't move very far. And I think another thing that affected it, and Stubblefield's definition of government--if it works, reorganize it, and if it doesn't work, reorganize it. And you know, that's a bloody game, If you're looking at it from the inside or from the outside, as I've had these peculiar advantage points, look at NIMH to HSMHA to ADAMHA to a different leader, you know, they're reinventing the wheel,a whole hose of things. And what it does is produce a kind of bureaucratic structure in which people sort of have to fend for themselves. I think there were serious discussions while Stan was there about the leadership role in the community mental health centers and I felt obviously fairly strongly that it's a medical service and it needed

RS cont. medical leadership and we had a spirited debate and really a tie vote and Stan, you may recall, adjourned the Council and did some lobbying which was his prerogative and then he turned some people around. You know, he won a victory and maybe lost a war, because I think that many people in medical schools who were interested in such centers said, well, if this is going to be a psychological and social agency it can be over there somewhere, and I think that what's happened now, is that the number of psychiatrists is very low, the number of psychologists is very low and they really have become more social agencies than they have what I would call health care centers. It was a healthy debate, and there was a genuine difference of opinion with, as I remember Paul Lenkow taking a fairly assertive position that it really ought to be open to any discipline. If I can tell you where I am as of today about it, if I could look back then, I've been influenced a lot by Jules and by John Benjamin and they were very different kinds of analysts. Jules was very much interested in promotion, prevention, early case findings and those sorts of things and John was interested in analysis in depth and tried to get me to be trained as an analyst and come back to analyze patients that had been subjects in that longitudinal study. And John talked about two kinds of psychiatrists and, by inference, psychologists and social workers, biophobes and psychophobes, and biofilms and psychofilms. Well I get down to Dallas and I quickly realize that I'm running a unit in a hospital that's 85 percent black and I refuse to run it unless it's integrated, and the first thing I do is hire two sociologists. So I in my mind begin to categorize people as biologically prejudiced or psychologically prejudiced or socially prejudiced about behavior. Well, I think George Ingall captured it very well with his article about a biopsychosocial view of medical and health care. As one of my friends at the Academy said, he's always thirty years ahead of his time. You've used those words, and I've used those words, but if we had really talked back then we would have gotten away from the gutterness issue and gotten into what is the nature of the servies that are going to be delivered and how they are going to be organized, and we got into the either/or business to a certain extent.

EAR Let me just finish this point, because I think you're on to a very fundamental issue here and I want to get some further thoughts

EAR cont. from you on it, and that is, I think the philosophical, and indeed the whole structural point of view that you describe about integrating all the points of view is very important and fundamental. Where unfortunately in the reality of politics you get into difficulty, as you well know, is that the psychologists want their day in the sun and the psychiatrists want theirs and the social workers and everybody else, so as you well know, what happened behind the scenes between Stan and some people about the leadership in the community mental health centers legislation was a very grave concern on the part of a lot of psychologists that if this was going to be completely a medical model that it wasn't going to be in any way innovative and to Stan's credit, I don't think that anyone has really given him enough credit for being other than traditionally minded as a psychiatrist, I think he bought that argument....

RS I knew he did....

EAR That's the argument that he bought, and so that in retrospect I think the point that you make is very relevant that the people who had the opportunity in medical centers to really make this work, saw this now as something less than a really full time service activity and saw it more as a social service activity. And then of course so many other complications came in. Let me ask you now, having given that little kind of preamble, is there any way of resolving that now, so much water is over the dam at the present time, I don't think there's anything that could be done.

RS I don't think anything could be done about it either, but let me tell you what I saw was a problem from the medical school side. There were a couple of studies by internists and by pediatricians about what they considered important in their fields in the next ten years, and the behavioral part of human suffering and human health were never mentioned in the top twenty concerns. They were really off on, you know, find the biological defect or deficiency and I fault the NIH for that, because they were training these researchers who were going to find the cause of everything, so you didn't need to be concerned about the interpsychic or the interpersonal parts of your patient, you didn't need to be concerned about the life cycle from birth to death, and you didn't need to be concerned about the rehabilitative parts of medicine, although we were clearly going away, having controlled pneumonia,

RS cont. tuberculosis and syphilis, to a certain extent, we were clearly going toward chronic rehabilitative parts of medicine and pediatrics. I really think that the American medical scene was distorted by that and now I would share with you my view that we have made another error. We are now going to go the family practice route and I think we would be better advised to create group practice of specialists and support it by loans, grants, gifts, something and a friend of mine, who's a former dean of a medical school, had a Russian as a commencement speaker and the Russian said, why are you making the same mistake that we did? You know, we went the route of the barefoot doctor, the generalist, but you have the manpower and the training and the capacity to train specialists and organize them in such a way that they can have a primary care function, and a rehabilitative function, and a teamwork function with other professionals. And I think the only guy who has written about it is the dean of the school at Emory. He has really raised some challenging questions that haven't been answered in my opinion about it. In that circumstance, I would say that there was one other factor that really sank us in the community mental health movement and until that factor is solved in some way, I think we are in trouble. Allen Kraft identified it in the study of our schizophrenics. If one percent of our population is schizophrenic and if we really don't know how to help them very much, and I think that's true, despite our claims and our beliefs and our hopes, then you develop a catchment and a staff and you deal with the problems only every year you have to add more of the staff energy to deal with that one percent that keeps spilling over, affects their spouse, affects their children, and you know, if you just put that into your mental computer and program it, within five to ten years half the energy will be with that one group, and there isn't any way you can avoid it without expanding the size of the staff. I don't care whether you go professional or paraprofessional, and that means you cant say, we'll take a million dollars and run a center, and do the same five years from now, and phase that federal money down and pick the million dollars up at the state level, it means you have to go from one million, to 1.5 ....I don't care what figure you use and I think that's our dilemma. That's what the carriers are hung up about. They want, not a national health insurance, but they want a contract. But they want to leave out

RS cont. two percent of the population, you know, the schizophrenics and the senile and the chronically depressed. They want their cake and they want to eat it too. It's a tough problem.

EAR It's a very difficult problem, it really is.

RS Now, should I come back to the family practice,.....

EAR Please do, you were not on Council at the time that first went through in the late 1950s but you certainly were involved in many ways.

RS I was on the Training Committee and I was brought in to two special meetings where we tried, given the fact that this money was granted, to figure out some guidelines that would make it useful, and they used to kid me about it and the Committee and then on the Council, about a place called Cherokee, because the State Hospital Superintendent in Cherokee, Iowa, got four of those stipends, and then he got four more and he got four more and I thought that was a perversion and a distortion of the purpose of that loan or the amendments and regulations which granted the money and Mike would butcher me, because he said they needed doctors too. One of my best friends came through my training program from the GP background, but those people fell into two generAL categories. They had been in practice five to ten years, they'd seen somebody every five minutes and they would tell them what to do on life and death matters and neurotic issues and that's a big change to come into a field in any of the behavioral sciences, you mean, you listen, you observe, if you really respect the patient you say this is your conflict and these are your choices, you don't tell them what to do, and a lot of them couldn't make that change. There's one story I'd like to share with you. A resident applicant came in and he was making, this is fifteen years ago, he was making $3,000 a year and he'd read about this and he came in and started to sit down. I had a little form that the secretaries had him fill out and I'm holding the form, he's got a wife and three children. He lives about seventy miles away from Dallas and I said have you talked this plan over with your wife. He said, not yet. And I said, before you sit down I would like you to go back and talk with your wife because that's quite a big decision to make, not the money difference, but the life style, because she is in a small town, with children, in a comfortable home and you're proposing to bring her to Dallas, bring the children to Dallas

RS cont. and they'll all go to school for three years and go become a psychiatrist, and I think that if you're going to deal with psychiatric patients, you'd better at least deal with your wife, and she didn't want to do it, I learned later. But that was a big step for many people to make and I think a lot of people went into practice wanting to be in psychiatry and had to go for other reasons, and made their adjustment and I had a nice experience with some Cuban refugees. They clearly recognized that they couldn't go back one was an opthalmologist and another was a dermatologist, but they were intelligent and I used that GP program to argue the state into matching it, and I put them on the state budget and trained them and they are effective psychiatrists now. Only one out of seven truly couldn't make the adjustment, but he really didn't want to leave Cuba, so I think it was useful, but it was very uneven. I was anxious about it for another reason which is not worth typing but I'll say it to you. At a flight via Braniff from Dallas to Washington, and they had the legend that planes crash in threes, and two of those Electras had gone down, and we're playing Bridge with a flight engineer, who worked out of Dayton, and he would tell me what was wrong with those planes, and every time I flew I was wild with anxiety all the way through. I think we hammered out some reasonable policies where they had to be in approved programs they had to be reviewed specially, and I don't know if they ever formed a club, but I think some of them went on into the academic world and they made better teachers than some guys who just came out of residency.

EAR Well, you see it's interesting how programs like that helped to characterize the times. First of all, aside from the fact that Mike felt that this was a personal triumph of his, to have gotten this through Congress and to have fought every side, NIMH.... nobody wanted it but him, and he managed to get it through. But it was so clear once there was a reluctant approval on the part of people like Vesty and then Ray, to do this that this was one more part of a significant growth in the numbers of psychiatrists. Now, here we are, twenty years later and psychiatry is in trouble all over again and there are fewer and fewer medical students going into psychiatry, so that if you were to try to sell the GP program now, for example, I don't think you would get anyplace. It would be very difficult. You coulnd't do it. Which leads me to another

EAR cont. point, that's one illustration. There were, and you described and mentioned a couple of things about the NIMH that served as the vehicle for its very unusual growth and development, the people there, Bob Felix and all the other senior people and the kind of quality of interaction that took place, but is it your feeling, and please don't hesitate to disagree, that there was something about the times, that the NIMH was born at the right time, so to speak, and that we benefitted by being in a kind of rising circumstance for health care. Everything seemed to fall into place. Eisenhower couldn't stop it, you said a few minutes ago. I mean, Fogarty and Hill were up there, running the Congress, so to speak, NIMH was doing extraordinarily well, professional people from all sides were all participating in this and I think that, if one were to say now, well, since 1971 it's just been a disaster, as you said a few minutes ago, that's not the fault of any one person. You couldn't lay the blame on Bert Brown at all.

RS No, I argued against my colleagues, and former colleagues, who were chairmen. They faulted Bert and they wouldn't look at the total situation. I was, and am, a character. You know, I had been a consultant to the regional office, we had a good relationship, Bill Jenkins had been in the regional office and Fred Maddox was in training, and then he had been in the regional office in Kansas City, and this is something I share with you, it comes to my mind, when I was in medical school, I knew Luther Terry and when I came to NIMH I had a wife who had two bouts with tuberculosis and she was really having a rough time and I wanted her to have very good care. Luther was working over there in Baltimore, and we lived in Kensington. So I called a friend of mine, a professor in pediatrics, and got a pediatrician in downtown Baltimore and I got her over to see Luther. So he saw her for the two year period, and I would see him occasionally after he got higher up in that hierarchy down there and I used to discuss with him the problem of what I now call the interdigitation of interfacing, is probably the newest word, unless there was another one last week, of how to force the other institutes to pay more attention to their manpower and to their service responsibilities. Except for the cancer smear for cancer of the uterus, for the most part, they just said that's not our bag, and I frankly was very much in favor of the position that Johnson took in that speech at his ranch where he said, you

RS cont. know, what are we getting for our buck? That's essentially what he said. And I often wondered, if Felix had given up the NIMH post and gone on into the NIH structure, which he certainly thought about and could have done, if he could have had an impact on it, because he saw it more clearly. They nurtured an academic ivory tower there that was beyond belief. In those years, while all this explosion was occurring, they were more ivory towerish than the Harvard-Yale people, as far as I could see.

EAR As a matter of fact, the point that you make, I have to put in somewhere, and what I am referring to is in a related context, but you know that the point at which Shannon really made the most strategic error in his interchange with Congressman Fountain was around what at that time seemed like a very simple little issue, namely, Fountain said that a grant was a contract between the individual and the United States government, where Shannon's point was, it was a gift to a grantee, who was then given licence to do what he felt was appropriate. And what you are buying, says Dr. Shannon, was the person and his potentiality, and Congressman Fountain said, oh, no. What you are buying is a stipulated contract between an individual and the government, and that fundamental difference, which Fountain won and Shannon lost was the beginning of the whole accountability, the whole shift from the ivory tower professional relationship, academic environment to a dollars and cents, what are they going to give us for our money's worth kind of arrangement, and from then on it was a totally different situation.

RS But that Institute, you see, I was on a medical school faculty before I came there, and that Institute, particularly that huge Building 10, was sold to the public, and its representatives in the House and the Senate as a place to do research, to train people who would flow back into the systems and who would then deliver better and higher quality of service. I was horrified in my first Committee to realize that once again that the psychiatrists are out there bravely charging into a new frontier and looking around to see if Cancer and Heart and some of the rest them were going to do the same, and discovering they were all by themselves. I went to one meeting, and I think I was on the Council at some liaison meeting, and that's a long time ago, and they were studying an unusual drug to deal with worms and they had

RS cont. a family, and the family were treated successfully and then the family got the worms again, and they were treated again and again they were successful, and they were looking at it primarily around the physiological pathological issues and this drug would seem to be only temporarily effective, until somebody got the bright idea of sending a Public Health Nurse out to where they lived and they lived in a contaminated area and they were just getting reinfected. Well, you know, it really stood out in my mind as an example of the stupidity, if you just say in one way or another, you leave the outside world alone. And let me tell you, the medical schools really got stripped for a while. G. Milton Schein and that group came in in the Neurology area. They were hustling to find an instructor to teach Neurology in many medical schools and you could duplicate that in Fundamental Biology in a number of places. I think Stan was effective in trying to look at these issues. I had six years on the committee on American Psychiatric relations with the American Psychological and it was in a way frustrating, because there was always the same group from the psychologist's side and the psychiatrists kept changing, so you were in a kind of a Pangmunjong situation, but from that vantage point within the American Psychiatric I could see that one needed to maintain the dialogue around a number of issues and one of the things that happened from 1965 to 1970, there were so many partial programs, it was very hard to sort of sit back and say these are the conceptual issues that we ought to be debating and discussing. At least, that was my view on it, and after I came on, representing the American Psychiatric Association, I really enjoyed that. I would go in and have breakfast with Walter Barton, and I would stay over and meet with him for a couple of hours and I don't know how you viewed Walter, but I viewed him as a guy who was really wanting to work with any discipline to improve the quality of care and he really had to keep before his constituency his interest in their welfare, but he was really interested in patients and patient care. And after he and I would meet, and he would go and talk with his counterparts in one of the other several organizations. I suppose I parted company about that when Spiegel and the damn fool put Goldman in there and Goldman came in and didn't represent anybody but himself and I thought that was destructive to the potential relationships.

EAR Well, I think in both professions there have been internal factions that have caused problems in the relationship between the two professions. In the psychological group now, for example, the private practitioners have really taken over.

RS Oh, they're really driving it....

EAR They have really taken over. The last two presidents of the American' Psychological, which appointment was always for a senior academic individual. Nick Hobbs was as close to a clinician as you had, or Carl Rogers years ago, it was always a senior professor. Al Bandura whoever. Now the last two presidents and the incoming president are both California private practitioners, well, one's from Florida but he's the California type, Ted Blau and Nick Cummings, and the academic contingent in the American Psychological is hard pressed now because the clinical psychologists overwhelm in numbers and frankly the money is there now, with all the money in private practice. And I think by the same token, you now have in the American Psychiatric the group that grew up, your counterparts and even some slightly younger than you are, who had a very well-rounded kind of background, including dynamic psychiatry and biological psychiatry. Now the biological psychiatrists are coming in full tilt, you know DSM3 is going to be a whole new development and all the rest of it, so those are parts of the problem. Well, you started to talk about Stan and it would be helpful before we close to get your thoughts about that kind of eventful situation when Stan actually resigned. You were on the Council, I guess it was at one of your last Council meetings that the resolution was passed, very carefully worded affirming Stan's dedication to the job, but I guess I should share with you, If you hadn't heard it elsewhere, that we had one of our so-called Small Staff meetings which we had weekly with Stan and senior staff, and that he called a special meeting, I think it was a Monday afternoon, and some of us, the minute the meeting was called knew that it was going to be an extraordinary meeting and he then read his letter of resignation, after which all hell broke loose. Bert went rushing downtown, trying, in all sincerity, to keep things together, but at the same time clearly wanting to be the next Director of NIMH. How did you see that, from those circumstances at that time?

RS Well, that's difficult to recall but I'll try. I first met Stan when he and I met in Honolulu to, around 1957, somewhere back there. I was out of the Public Health Service and an application

RS cont. came from the Queen's Hospital and he was in the process of getting ready to come in to NIMH and I thought Stan was a likeable guy who understood hospital psychiatry and didn't know a lot about either outpatient or child or community education but he was willing to learn and we seemed to hit it off and I would visit in his home and I would see him when he would come through and you know, I had him on my Board team the eight years that I was on the Board of Psychiatry , I felt that Stan had almost cut his throat with the people in the Career Public Health side, and then I felt that he was in a situation where he really wanted to assert that needed to be done and that anybody in that position had to do that, and I just saw him running counter to people above him and he either had to pull in his horns and ride with it or he had to stand out for it. I recall being involved in a group as we discussed how to get some resolution which would show our concern about what was happening to it, I don't remember exactly what year that was at this point, it was 1969 or 1970 (EAR - 1971 when he resigned) I was on the Liaison....

EAR It was actually 1970....

RS I was in the process of coming through the Council and going off of it, and I remember that it seemed to me that Stan did what Stan had to do and I remembered wondering why had he cut himself so far away from the people in the downtown public health part of it. My perception of how you did that went back to 52-54. They had poker claques, and you know, Dale and Bob and Larry Cobb, Sr., and I made the conscious choice now to stay in the Public Health Service and to not join that group, but, you know, David Price was in that group and half a dozen others. It seemed to me that I knew some of them. I was in the American Public Health Association and it seemed to me that they didn't really like Stan and the only way that one could survive would be to be protected by some of those people. Names don't come to me now, but you know who I mean.

EAR Of course. They were the very reasons Stewart and all the rest of them...Well, let me just tell you, to kind of put it in the perspective that I see it, it is interesting, and I think this point will be clear to you and I think you will resonate to it. Bob Felix and Jim Shannon were very very strong rivals, but they liked each other. They saw each other as professionals, they saw each other as peers and they could interact very very effectively, if not amicably. In fact, I think they both, without saying out loud

EAR cont. felt that they were the two most competent people among all the NIH Directors....

RS I think they were....

EAR And I think they were too. And so their interactions were all this kind of friendly rivalry. Shannon hated Stan's guts, and it's as simple as that. First of all he saw him as a younger upstart, he didn't have respect for him that he had for Bob Felix and he really, with all of the difficulty that Shannon had getting Bob Felix to play the role of one of the directors in NIH, he still acknowledged, Shannon did, that Bob indeed had a larger responsibility and he was willing to give it to him. In fact, as you know, Bob was also Assistant Director of NIH for Me ntal Health. With Stan, he just did not like the man and interestingly enough, Stan respected Shannon, more so, I think, than in the reverse. Stan has that difficulty with people, he's a very strongminded guy, his dedication is equal to and his integrity is equal to Bob's, but he doesn't have that little ability to smooth people down, to stroke them and to really give people a feeling of...you know, he's not corny, the way Bob is.

RS I think I once said to him you ought to compliment and praise your staff more, now that you're saying it, and it was not in him somehow. You know he liked them, you know if you do a good job you get the message, like he would say to me about a Council meeting, but I watched people come in and make their pitch and Stan would act like he's asleep or angry or something. I resonate to what you say.

EAR Yes, and not only that, you see, insofar as the Council was concerned, Bob thnroughly enjoyed sitting up there interacting with the Council. Stan had already decided what he wanted to happen before the fact and it was a waste of time for him, from his point of view. He was the one who appointed me to take care of the Extramural programs not because he couldnt do it, he could do it as well or better than I could, he just didn't want to be bothered. He would much prefer to do something else.

RS Well, I guess that aloofness and that loneliness really hurt him because if he really wanted to resign and get support, he wasn't going to get it, because there were a lot of people who were very happy to see him go.

EAR And you know, you won't recall, but the Council resolution is very very carefully worded. I don't think the Council meant it to

EAR cont. be this way and it doesn't say what I'm about to say, but you can read it if you look at it very carefully from our perspective. "The NIMH Council wishes to express its deep respect for the idealism and the devotion to the aims of Mental Health in the United States that were embodied in the career of the recent Director of NIMH, Dr. Yolles. The controversy created by his militancy in this cause has already received so much comment that the Council can add little illumination to the fundamental issues, and we prefer to address ourselves to the constructive measures needed for the future of NIMH in service to public welfare. However, so much of our recent progress in mental health stands as direct testimony to the energy and singleminded purpose of Dr. Yolles that we must take note of his departure with this resolution to express our respect, gratitude and affection and to wish him Godspeed in his continued efforts for the mental health of the citizens of our country." That's a very nice statement, but it isn't the sort of thing that someone would have written for Bob Felix, if Bob had been in the same situation.

RS I have a thought which I share with you. One of my trips down to the Senate Hearing, I was with Felix and his secretary, that man who worked with him, a little short fellow (EAR Dr. Regus?)no, no, he had a young assistant, a very nice looking young man who really birddogged him and taught him of firing questions, what if Senator so and so asked you, (EAR this was in the early years?) when I was on the staff, yes, and I'm going down there with Shannon and with him and it's obvious that they're talking to me about being a part of that intramural program. In the dialogue it didn't occur, but in my fantasy, Shannon and Felix could discuss the advantages and disadvantages of NIMH with its broad mandate in the three areas, discussing relating to St. E's, and Shannon would say at some point we will do that and let's discuss the timing of that, and now that Yolles and he are going down and Yolles would say, why don't you do what I'm doing, and he would say, Not on your life, because of his attitude to Stan, number 1. Number 2, Shannon was very bright and Shannon must have perceived that at that point in that administration any attempt to expand in the service direction would be the kiss of death for certain kinds of research operations, because the Congress under the Nixon staff was talking about operations research as you talk about landing at D Day. They weren't looking

RS cont. at serendipity, they weren't looking at basic knowledge, they weren't looking at unlimited time to explore things. You may or may not know this, I was on the advisory 5-man committee with John Eberhardt for those four years from 71-5, and I was the Chairman of that, and we were going through this agonizing reappraisal. I was working at Wichie, and we were sort of saying let's bring three guys in and review this laboratory and this one, we'll either support, extend for two years, or terminate, and that was very painful but I think Shannon would have figured that out long before Stan did and he might then have intellectually and conceptually agreed that now is the time to articulate these interactions on the manpower and on the service side, but I'll see you in hell first because I don't want to hurt what we now have.

EAR Exactly. The guy you were talking about is Lyman Moore? (RS=yeah) Yes, he worked with Bob early on. Well, it's interesting, and Bert, when he came in, I think in a curious way he tried, perhaps consciously or not, to combine what he thought were the best qualities of both Bob and Stan, but he's a totally different kind of guy and he came in at a totally different time. I know that Bert very sincerely and very conscientiously felt that, as I said, when STan resigned, that it was his opportunity and to some extent his responsibility to try to keep NIMH together, and you will recall when he came in that first time that he had gotten assurance from the downtown people that NIMH would not be decimated and that the program, and the word that he felt very strongly about, was that the program would continue with dignity, which was very very important to him and I think in that sense he was very.....

RS I think in that sense Bert was much more effective in another area, which I'll share with you. I was active in the Mental Health Association in Colorado and in Texas and I refused to be president of the state one in Texas and Ham Forth got angry at me because he thought I should he, he had been, and I didn't think a professional should be at the head of it. I was a vice president one year. I was on the National Board and on the Executive Committee, and then they asked me to resign to take Harvey Tompkin's place as the chairman of the Advisory Committee. I said, fine, but not 14 years, three, and I ended up being chairman of it about seven years. I finally got out of that a couple of years ago and now Levinson is involved in it, but the difference between Stan and Bert would be

RS cont. illustrated by that group, because I knew Jeannette back in 65 and every succeeding president, I knew them well and I would encourage him to send John Eberhard, or X or Y or Z to these meetings. Well, Stan really didn't want to do that. You know, he made a delegate of you or X or Y or Z, but he was always an invisible figure while they were struggling with the budget supports, he would talk with them, but he really didn't surface. You know, Bert would come down and have a casual question and answer session and I was trying my damndest to get to NAMH to stop his testifying for more services. One year they testified they didn't have one line in there about research, not one line, and the next year they got two lines in there. Now they have a full research testi - mony separate. But you know it was fun with Bert, because Bert instinctively knew those are the people you need...

EAR And he liked to interact with, whether it was Jeannette or Irv. Case or whoever.....

RS Or whoever. You know, Skelly Wright, his wife and the whole group. I think she hurt Bert a good deal because she was furious about him and his attempt to unload St. E's. I really think that relationship in Washington got changed. By the way, the paper today, did you see, Bazelon has stepped down and Skelly is going to be in for two or three years.

EAR Yes, I saw that. Well, you know, Dave Bazelon some years ago was thinking of getting a separate building, let him resign altogether and retire, and he finally decided, I guess, not to. Well, Listen our time is almost up Bob, and I don't want to keep you beyond what we agreed on, is there anything else that in the discussion perhaps comes to mind that you want to put on the record? About anything else? St. E's I guess we could talk about endlessly....

RS I think you know that much better than I do. I don't know much more than the committee reports which are there and how ..... what I resented, something the federal government was trying to say at different levels throughout the states, you know, do this, and they weren't able to do it within their own setup, and that is partly related to the problems in the District of Columbia. It's a multi-level problem and it's not soluble as far as I'm concerned.

EAR and you know, we had Sherm Keiffer, who is probably probably one of the most unappreciated guys around, because he's been Stan's second lieutenant for so long, and he worked himself to death to try to solve that problem. It was insoluble, just totally insoluble.

RS There is one other area that I would like to get into about the Council, the difference between the smaller budget and the smaller staff and the expanding one when I first went on the Council and the current one, related to the orientation of new Council members. When a new Council member came on ln 1953 they were invited to come a day before to a research meeting, then to a training committee meeting and then to one of the community service meetings. So, within a three to six month period they had a better understanding of the role functions andskills and limitations of the different staff people, and by 1966 that was almost impossible to do, so it was almost dropped completely. So you had some people come in there who were voting on things that they didn't have the slightest idea about. I saw that as my role, particularly in that secretarial role, to use those evening meetings and breakfast meetings to try to help people learn. They didn't know what IRG meant, they didn't know about the law and the peculiar difference between NIMH and the others. You know, Bernie Holland came on after me as the chair - man and Kortin came on, and I think they picked these things up. I guess I really think that should have been done more by the staff or, in addition, by the staff. It lost something in the national scene when you bring people in and ask them to give you advice and don't do some show and tell in a way that permits them to hear public presentations and to get into policy issues

EAR Yeah, I agree with you. I think though the problem, and I don't want to make any excuses for the situation because I think you're absolutely right, but the problem, and this is another kind of underlying theme to this whole story, is that organizations themselves have a kind of a life cycle and I think by the time we had gotten to that point, we had long since lost the brown bag phenomenon, the immediate interaction among key people, it had just gotten too big. And again if you have any comment, either pro or con, I have a feeling that Bob Felix was exactly the right person for the time he was Director, and that in a sense, when he left, what Stan did, putting aside Stan's differences in personality, Bob couldn't or wouldn't have wanted to do that level of organization. Stan loved to sit down and doodle boxes, organizational boxes, that was one of his real strengths. That wasn't Bob's cup of tea. Bob's cup of tea was interacting with people and that's why you saw this tremendous difference between

EAR cont. the two. Bob couldn't have done Stan's job and Stan certainly couldn't have done Bob's job. He was not the innovator ..

RS You know the Chinese saying about you never drop a rock in the same river twice, the thing had changed. (EAR - absolutely) I had another experience with Bob in those two years. He was in analysis and I am the son of a physician and he is the son of a physician, and he would come in and would be talking about what he had discussed with her, isn't that right Bob, and you know, it was awkward, and I'll never forget a comment that Jim Lowry made. Jim was in analysis and he said he had been in analysis a couple of years and he'd never consciously been angry with his mother in his life. You know, that's a remarkable statement, for anybody that is not in analysis, much less in analysis, and in this was Gough Hambridge and Lou, and they both were angry because they had been trained in analysis for a public health career and Vestermark and Felix somehow had agreed that they had to go work in non-analytic roles for two to four years to pay back that, and I was arguing about it. I wasn't in the regular corps and I wasn't really being moved, if I was being moved, to stay, and I just said, you know, you're making a mistake. You train people and then tell them they can't do what they are trained to do for three years, and you're going to lose them. And I was right, and I think Felix in a way knew that I was right but he had to stick to his previously agreed upon plan with somebody higher up, either downtown or over in Shannon's shop, or something like that. And Gough wasn't that great, and Lou was and it was .

EAR Well, there were a number of people who left and I think Johnny Clausen is one of the few people I've spoken to who really has a much more negative feeling about the early days of NIMH than anybody else.

RS But John was not there. He was not in the in group. He was off to the side. He tried to get into the group.