

Dr. George Tarjan

EAR Alright, you might want to begin, but please feel free, wither with your involvement with the Council, or even earlier than that, when you had an involvement with NIMH, or wherever you want to start. Why don't you just go ahead and free associate.

GT Well, I probably should start with my earliest direct and significant contacts with NIMH, even though I don't know the exact dates, but I am sure that the Archives will show when it could have been. It was around the 50s when, if I recall correctly, it was essentially Senator Hill and Congressman Fogarty at one point asked Bob Felix, I think at one of the budget hearings, what was NIMH doing about mental retardation and I was at that time, Superintendent Medical Director of Pacific State Hospital and NIMH, or specifically, Bob Felix decided to do something, to carry out some programs around mental retardation and Lennie Duell was assigned this task, and if I recall correctly, spent a lot of time at the NIH library trying to dig out what was going on in the field of retardation and selected a number of people I am sure whom he contacted to talk about what could or should be done to not only involve NIMH but to improve the situation in mental retardation. I was among those. By that time I think I was also past President of the American Association of Mental Deficiency. Lennie Duell came out and visited me at Pacific where I began to talk about the fact that there were, in those days, something like 150,000 individuals in institutions, state institutions for the mentally retarded, but nobody knew anything about the actual history of mental retardation, even in institutions, let alone in the community, in other words, why people came, what happened to them, what happened to those who exited, and so on. There was a model for doing such studies, which was a joint venture at Lawrence State Hospital in Pennsylvania of Mort Kramer's and Isreal's, if I recalle correctly, so the next time we got together, Mort was involved, as well as Lennie, and we began to study a cohort of admissions at Pacific State Hospital. To collect the first chhort, we studied the admissions between 1948 and 1952 and we followed them for four years. That is probably, in itself, of less importance. What I think is of greater importance is that under Bob Felix's leadership several major grants were awarded that I consider historically, from a viewpoint of mental retardation, of great importance nationally. I already mentioned one, I think the first version of it was called Population Movements Study

GT cont. at Pacific State Hospital which was the first naturalistic data collection system in the field. But I think of equal significance was the grant given about the same time to Peabody College in the Doctoral Program for psychologists in mental retardation (EAR-Nick Hobbs), Nick Hobbs, and to the grant given to the American Association of Mental Deficiency of which Mysonger became the principal investigator, which not only improved the impact of the Association of the single multi-professional organization in the field of retardation but began to consider such issues as standards for institutions, standards for community care. We began to speak about upgrading the total professional care of the mentally retarded individuals and, last but not least, the grant given to Dick Maslin originally, which was a cooperative venture between NIMH and MARC, the National Association for Retarded Children, and Dick Maslin later became the Director of NINDS. He went about the country. His task was to identify what was going on in research in mental retardation and probably the most significant finding was the fact that the most important contributions in the field of retardation, for the field of retardations, were made independently of the field of retardation. Much, in particular, of the basic research that impinged upon later developments in retardation were done by scientists who really didn't see themselves as working toward any solution of the problems of mental retardation. His final publication of Mental Subnormality which originated from his work in fact, however, also contained a parallel work done in the behavioral sciences by Sarasin and Gladwyn. Sarasin was at Yale at the time, but Gladwyn was at NIMH staff so the two-part book essentially gave a status report of mental retardation research. I continued as an awardee of NIMH for many years thereafter. Just parenthetically, one of the most important aspects of this came when we ventured out of the institution and did a major study in one of the communities in California, the Riverside study, where we for the first time intensively studied the process of identification of the mentally retarded individual in a community. My next somewhat more formal contact with NIMH was when I was appointed to the old Title V study section. Now I probably should divert you for a moment because what I always appreciated in NIMH and specifically in this instance in Bob Felix, was his ability to opportunistically seek occasions and avenues to just improve, to broaden the whole operations of the NIMH, in my judgment Title V was a different example, where the

GT cont. notion basically was that in addition to having hard, project-type research operations it was also desirable to do something about improving care systems and one could do that without thinking of strictly research methodology, but one could do that by demonstrations, the efficacy of which can be assessed in some fashion. I don't think that I stayed long on the Title V committee, I guess about one year and then I was appointed to the National Advisory Mental Health Council which I served for some four years from 1960 to 1964. They were again, in my judgment, that was one of the most exciting years of the Council's operation because early during my tenure on the Council, the early 60s, which can be best probably characterized by the fact that President Kennedy's message is a consequence of the President's panel on mental retardation on the one hand, and the Joint Commission on Mental Illness on the other hand, that resulted in President Kennedy sending a message to Congress to establish in the field of mental retardation community facilities and mental retardation research centers and university affiliated professional educational programs, but in the field of mental health, more specifically was the beginning of the community mental health center movement. I don't want to comment on the current status of the current community mental health centers, but certainly in the early 60s it was the beginning of shifting the care system from the state hospital locus into the community. I still remember the many debates we had on the Council about the regulations. If I recall correctly, ultimately we ended up with the catchment area concept right from the beginning, the obligatory services, the five mandatory services and so on. It represented really the beginning, not so much at least in my end, a ~~respective of the~~ establishment of the community mental health centers per se, but the shifting of the major locus from state and county hospital care to the community. Now let me turn to another thing before it slips my free association system here. What I also greatly appreciated in NIMH was the very skillful blending of basic research, improvement of service programs and education at all sorts of levels, actually. One mostly speaks about the professional education in which NIMH was involved. I remember, because I was heavily involved in them, the HIS program, for instance, which was not primarily a professional educational program but was an educational program for all types of direct care personnel and state hospitals, and similarly the HIP program that was clearly directed

GT cont. toward improving state hospital functions. I don't think I ever fussed about some of my opinions, expressed my opinions about professional education vis a vis NIMH but in 1978 I would be derelict if I would not point out that in retrospect I wish we had done certain things differently. I recall we always spoke about the disciplines in mental health services, psychiatry, psychology, social work and later on added nursing to it, but for some reason and I think because of the university organizational pattern and department organizational pattern the education of most of these disciplines remained in isolation from one another. I think if I were to start over again and were to serve, retrospectively, for instance, on the Council, I would have much more strongly advocated the idea of assuring some kind of inter-disciplinary education. I think some of the current competition, disagreements and parochialism among these professions that we see now in 1978 have been due to the fact that even though we said you ultimately will be out in the field working side by side, but you never gave them the opportunity to have that kind of learning experience. Now I say that, in part because in the field of retardation originally the university-affiliated facilities started out with the notion in mind that people who are to work together and are to get along with each other can be assured of that opportunity the best way if in fact they also worked together while they studied. So, In that respect, I would say that probably NIMH would have done each of the professions given them more benefit had their educational system been so arranged had they not followed the strictly university type departmental type of arrangement but were somewhat amalgamated in the process of, or at least approximated to one another, in the process of education. Let me also free associate on another major point, the timing is not quite clear, but I would say it was post 1964, post my retirement from the Council and after Bob Felix's retirement, it must have been when Stan was Director and it has to do with NIMH's almost abrupt disengagement from the field of retardation. Now I think my own professional history for the past ten or fourteen years or so clearly shows how often I have expressed my disappointment in this process. I am fully aware of the many forces that contributed to it, including probably most importantly the strong feeling on the part of the parent's associations and the RC as a national organization that somehow mental retardation ought to be separated from psychiatry because the involve-

GT cont.ment of psychiatry somehow implied that there was much greater than commonality between mental retardation and mental illness, For that matter, anybody in the field of retardation whether psychiatrists or not psychiatrists ever advocated. Involved in that I am sure was also the fact that the consequence of the President's Panel recommendation at least in part, the National Institute of Child Health and Human Development was established. I still remember discussion on the Panel. In fact, the Panel at one point hoped to establish a National Institute of Mental Retardation but then the notion was broadened to Child Health and Human Development, but the primary responsibility for research in mental retardation was then assigned to NICHD and as a consequence unfortunately NIMH essentially pulled out the portfolio for that portfolio.

EAR Did you have the feeling that NIMH did that voluntarily?

GT No, I would not say that I had the feeling that they did it involuntarily, but I do have the feeling that they didn't resist if sufficiently and that the attempt to circumvent the straws in the wind could have been stronger, let me put it that way. The resistance could have been stronger.

EAR Where did the wind first begin? Was it with the Kennedy involvement?

GT In part it was with the Kennedy involvement, but it was as much from the involvement of the parents' association. But let me just point out some of the negative consequences that resulted independent of what caused it. One of which was essentially the somewhat second class role that the behavioral sciences played in mental retardation. I am looking at it from the point of view of mental retardation at the present moment. With NIMH leaving NIH, with NICHD being very strongly biomedically oriented, with the major groups of significant behavioral scientists being linked to NIMH which went out of the business of mental retardation, NIH in general, and to some extent NICHD, was less involved in the behavioral sciences, and that certainly didn't do any good to mental retardation, as far as I have been able to ascertain. It had a second sad consequence in my judgment. The strict separation of the two fields, gradually the emotionally disturbed mentally retarded individual was left in mid air. NIMH for a long time always supported educational programs in mental retardation directed towards psychiatrists and the program that we carried out here at UCLA directed towards psychiatrists and other clinicians were in the mental health field, educating them about

*involved*

GT cont. mental retardation. A parallel program, as you know, was at Letchworth, which at least produced some mental health experts who knew something about mental retardation. The separation today one could essentially say that even if somebody came up with an organizationally ideal solution there is a tremendous gap in sources. You can't count on one hand, you know, the simple fact is that the single mental retardation research center and the single mental retardation university-affiliate program deeply rooted in psychiatry is ours, and all the others are someplace else, which from the professional educational point of view just exaggerated the absence of mental retardation experts who are knowledgeable in the field of mental health, on the one hand, and the mental health experts, knowing anything about mental retardation and developmental disability, as we call it now, on the other. And that I also ascribe essentially to the schism between mental retardation and NIMH produced by whoever, or whatever. I say the forces that contributed to it were the desire of the Kennedy family, the important roles that the Kennedy Foundation played, but equally important were what we would today call consumer wishes, namely the stance of the National Association of Chartered Citizens. Now, on the positive side, let me mention some other things, for instance, that I was always very strongly impressed by the operations of NIMH and that was, as I say, particularly Bob Felix's and Stan's and I'm sure, Bert's, visionary notion that you're to place gamble money somewhere out in the periphery even though the operation doesn't seem to be focussed in on your bullseye and let me quote a few, one of which was NIMH's increasing involvement at least in those days in biomedical sciences, which at that time, nobody saw as being targetted directly immediately onto a solution of any of what now turns out to be probably biomedically based major mental illnesses. It was simply that the basic biomedical sciences would contribute something. I thought NIMH was one of the strong leaders, for instance, in a development of what now is a major field, that is, utilization of computers in all sorts of research and all sorts of clinical practice. NIMH supported some of the earliest, almost home-grown cats and links. NIMH supported the first major attempts including, at our place, out at Pacific, of trying to computerize or compute as medical records, to establish a tracking system of patients that required computer technology, and in New York State, a very very big one.

GT cont. Well, that's the first part of the free association. Now you can start asking me questions.

EAR Alright. Let's go back to your contact with Lennie Duell, for example, because I think that's an interesting development. The whole professional services branch, the fact that Lennie for one, partly as a function of his unique personality, and also very much as a function of the NIMH ethos, was literally going around looking for targets of opportunity that would help to expand the boundaries of NIMH. What is your recollections about your first interaction with Lennie? What was your feeling about this young chutzpadikah character coming out and trying to pick your brains the way he did?

GT Well, Lennie and I became very good friends very rapidly so I reacted, I'm sure, quite positively to it. Personally, I liked Lennie's free-swinging mode of thinking. Lennie always was able to generate five or six ideas half of which you had to take very seriously, but even the other half kind of stimulated you to some type of thinking. A very typical example was, not only what we were talking about, developing a research program at Pacific State Hospital, which ultimately resulted in a beautiful small research building at Pacific, and a major, major program, one of the largest ones in any state hospital, but I still remember, talking to Lennie, for instance, about the question of, here's original free association, one of the goals should be to make some impact on professional organizations, because they are a collection of people who in fact have the biggest impact on patients, in this case, the retarded individuals, and from that we tried to identify the organization that we thought could make that kind of impact, and we identified A and D, and Lennie's free-swinging thinking pattern about it, he saw nothing illogical, irrational or unattainable simply because it didn't fit the usual, and in those days the usual pattern of grant application reviews, protocols, etc. He was a superb staffer who could get, you know, the AMD in those days was a very very conservative organization. Some of the officers, at least in those days, were disinclined to get entangled with federal monies, so much encroachment on organizational freedom and a few of them even suspicious of what the ultimate consequences might well be of accepting monies from the federal government, therefore being subservient and depending upon the federal government, and it was Lennie's great skill of being able to generate confidence, that in essence, to a substantial extent, changed my fellow officers in the association. I think Lennie was also involved in the first attempts

GT cont. to get a broader representation for mental retardation in HEW in toto, where back during President Eisenhower's administration, when one of the deputy assistant secretaries was Joel Douglas. I'm sure you know who he was, I think the first official in the secretary's office who was given responsibility of trying to link mental retardation to later activities in the various major agencies of HEW and the Office of Education, NIH and so on. He was a sociologist and via AND and via NIMH at that time, clearly identified responsible individuals as Lennie Duell and myself, and so on, had several negotiations with Joe Douglas, and again Lennie's skillful diplomacy and personal warmth contributed much to the resolution of what previously seemed unresolvable conflicts.

EAR Lennie is a good example of what we're talking about in that there were a variety of people at NIMH in those early days who had unusual staff skills of various kinds. I think Lennie stands out because he could on occasion expect something outrageous and say it so easily that you began to believe, well, sure, why couldn't we do that too? But, did you have much interaction, for example, with Joe Bobbitt in those days?

GT I had very much interaction with Joe Bobbitt.

EAR Would you like to talk about him?

GT Joe was again a very non-bureaucratic bureaucrat. Back at NIMH again he was the typical individual who left the function of watching rules to all other people. He was an idea man basically. I never thought of Joe Bobbitt as a great organizational man. I thought of him much more as someone who was an escapee from an academic desk, primarily, who liked free thinking and was never interested in why something could not be done but was more interested in what could be done. Actually I think it was NICHD's gain and NIMH's loss when Joe decided to go to NICHD. I think it was one of Bob Aldrich's most successful recruitment efforts. I also, as you know, worked with Joe on the Joint Commission on the Mental Health of Children when it was set up, but he's also one, who in the early days sticks in my mind. There are many others, John Eberhardt...You know it's not easy to compare for people in the context of those historical days, rather than in the current context, but John, I always felt, and my comparisons are more recent, but I always felt that John was one of the intra-mural researchers who could bring extra intra-mural things much closer to each other. You, yourself, were there in the early days and much credit has to go for instance to you in your role as Chief



GT cont. of Manpower Training. That's why I was fussing to you particularly about the issue that we never thought of, the importance of interdisciplinary education. So was Phil Sapir, and particularly in my context Lou Wyncowski who I always thought was the kind of leader who was looking for simpler solutions rather than more complicated solutions. Phil, but particularly Lou, was for instance very much involved in the amalgamation of three major projects at Pacific. I was there into program projecting, which turned out to be more economical and was more effective and again the notion was how can we simplify rather than complicate the processes. Suddenly it dawns on me how much good accrued to the field of mental health through the so-called special grants program. I'm not sure they even existed in the other institutes. I know, for instance, that they didn't exist in NICHD in which I have been more involved in recent years where staff could identify an unusual opportunity and where special emphasis had to be placed on some kinds of problem and where the ordinary divisional, or branch type, or study section type assignment just didn't work, and the alternatives where they may probably be contracts I was never overly enthusiastic about, but I always thought that the Special Grants mechanism, similarly as you recall the Small Grants Mechanism, which I thought was also uniquely NIMH,...

EAR It was, and it's an interesting point that that was so successful at NIMH and in the days when we were still part of NIH obviously each of the Institutes through a mechanism of assistant directors' meetings, there was a group within NIH which you may not have been aware of, which had weekly meetings known as the Executive Committee of Extramural Affairs, ECEA, and all of the assistant directors for extramural affairs from each of the Institutes would meet together, and that was a source of <sup>inter</sup>communication. Of course, the Small Grants Program, when it began at NIMH, became very well known and one or two of the other institutes began that approach and it aborted in almost every instance because they weren't comfortable with that anomaly, and yet it was beautifully suited to an important need within the Mental Health field. And almost everybody who knows the NIMH program at one point or another remarks about the Small Grants Program. And I should tell you for your own interest that one of the things I've learned in this background research is that it had reputed for a long time to be the brainchild of Harry Harlowe, who mentioned it at a meeting. In fact, now it turns out that it was originally Phil

EAR cont. Sapir's idea and that he had Harry Harlowe who really deserves a great deal of credit for espousing it at the meeting, and for being enthusiastic about it, so Harry Harlowe is the one who presented it at the meeting, it was immediately picked up and implemented and became and still remains a very important part of the total program. But, you've already touched on some things I'd like to ask you to comment on further, and that is, there seemed to be an atmosphere that fostered this kind of going beyond boundaries. Now, I suppose it's easiest to describe by saying, well, it was the right mix of people, it was the right time in the growth and development of the Mental Health field, it was the warmth and outgoing enthusiasm of a person like Bob Felix, it was the participation of other individuals, was there anything, as you know the dynamics of organizations, is there anything that one could talk about, that could be described as.. why was this fostered at NIMH?

GT Well, let me probably start out by one very important ambiance that was there. There was an enormous amount of camaraderie, first among the Advisory Board members who were one mixed bag, to put it very mildly, but over the period that we served on the Advisory Council most of us became very good friends. I can still vividly remember almost any Advisory Council member that served with me earlier and who served at the end of my term. Probably I could single out Julius Komrow because when we got on the Advisory Council we were probably as disparate people as you can ask for. He was very proud of himself as a hard cardiac physiologist who wasn't quite sure whether he could find anything hard in the total field of mental health and who I am sure didn't think that a State Hospital Superintendent, God Forbid, from an institution for the mentally retarded should have anything to say about the allocation of research monies. In spite of that, in short order, we became rather close to one another and I can with great joy remember having breakfast generally next door to the old Bethesdan Motel, or wherever we used to stay overnight. And I use him as an example because a similar relationship developed among many of the members of the Council. But I think of equal importance was the same kind of camaraderie, for instance, that developed between Council members and the NIMH staff, not only did most of those I had any dealings with become personal friends but most importantly I always felt that I could go to any staff members of NIMH and I could ask any question and get a straightforward answer, and what I am

GT cont. probably more proud of that I always felt that anytime any NIMH staff member had some notions that they wanted to "float" in Council all they had to do is plant the idea in my head and if I was in agreement I not only floated them but shouted them. Another force that I think was very very unusual was the close relationship between Bob Felix himself and his staff, and Bob Felix and all the Council members, the same informal discussions took place time and again. I think from that, at least, I gained the impression that Bob Felix was the kind of administrator who had an infinite capacity to delegate, he was a kind of guy who would say to a staff member, Lennie Duell is a good example, here is a problem, I don't know anything about it, go at it, and he didn't need weekly reportings and didn't need to check every step and didn't need to guide, from the moment that the assignment was made the staff member was on his own. Another example probably would have been, I think I recall his name was Waxman, who was in the computer field and was trying to go about the country and was trying to improve computer utilization, the use of computers. From the moment he got the assignment he was on his own and I had many discussions with him about mini and maxi-computers and so on, but he was on his own, nobody thereafter told him you're going down the wrong pike. It was this kind of ambiance, and I must say that sure the times were the right times, it was an expanding economy and the areas in which NIMH operated and I am talking about research and training and service, they are all expanding economies, I still would have to ascribe much of the credit to Bob Felix's personality. His general approach of the old country doctor type was able to place everybody at comfort, whether it was staff or Council members.

EAR You, unfortunately, did not have a chance in your responsibilities as a Council member to see Stan in operation, but you can well assume that there was a significant difference in style between Stan Yolles and Bob Felix, and one of the themes that I feel, and I am obviously speaking from a personal bias here, so please don't hesitate to give me your own thoughts about this, but one of the themes that I feel is appropriate is indeed that Bob Felix was exactly the right person at the right time to be in charge of the growth and development of that program, that you described him exactly right, that he was able to delegate, that he was extraordinarily warm. He enthusiastically liked people and being with people, he enjoyed Council meetings as a source of human interchange, which is the way he lived all the time.

GT From his point of view, also it was a good show.

EAR Yes, exactly, exactly. No question about it. And I think it was reciprocated. I think they were delightful times. Stan, when he came in '64, came in at a different time. He is, and was, of course, a different person and frankly did not enjoy Council meetings and very shortly, delegated to me, for example, the responsibility of running the grant part of the program, which Bob Felix would never have done. He would never have given anybody else the chance to sit at the head of that table for any one moment, unless, you know, an emergency took place. But Stan would be there for the first day or so, and he would remain, but I was given the responsibility of running the grant portion of it. And while there was a good bit of interchange, I think the calibre of the discussion was as much a reflection of the competence and the quality of the people, it was a somewhat different ambiance, and to make sure I'm not misunderstood, I think that Stan's intellectual abilities, which frankly exceed Bob's, not that Bob is not extraordinarily bright, but Stan is gifted in a way it doesn't show frankly. But his incredible ability at organization, his ability to be involved in all these complicated arrangements of the organization, his pattern of development was perhaps exactly right for the time that he was there. So you have a series of happy accidents in which circumstances seem to mesh so well.

GT .....very much as a person, he is not only dissimilar to Bob Felix but in many respects is dissimilar from myself. I am also outgoing and so on, while Stan is a much more distant man. He doesn't like to speak off the cuff, he doesn't like to speak off the record. He's much more careful and weighs his ideas and thoughts. On the other hand, number one, I always thought of Stan as a superb administrator, a superb administrator cut in the mold of an administrator. I always thought that he did a superb job because he guided NIMH through some of the most troubling years when all sorts of external events took place that impinged upon anything that NIMH was doing, just to mention a few, the sudden rising concern about narcotics, narcotic use, the sudden increasing budgetary tightness, the total change I would say in executive branch support, and I would also say even congressional support. In other words, that the disappearance of Hill and Fogarty that anybody who knows the history of the field even though they are excellent supporters in Congress who have always added to the proposed budget of the administration, there no longer were two indi-

GT cont. viduals clearly identified with the support of mental health with whom communication was easy and simple. The rise, externally, of the concern with the existence or non-existence of mental illness that Stan had to put up with, and Bob Felix didn't have to put up with. I think history will prove Stan as a superb and very brave man, if one just thinks about the final events that anteceded his leaving the directorship, and the courage with which he took the stance that he took, certainly deserves very much credit. Let me just comment on one other difference between the two that I always thought, whereas Bob, given options how to achieve a goal would have always taken the what in an extreme fasion may be called the seductive route. On the other hand, Stan would always try to either use logic or authority. But I think the kind of authoritative approach that Stan at times exhibited was necessary, in most times, because again because of his personal integrity and courage, he was no different upward than he was downward. And I say these things very gladly, in spite of the fact that Stan, I don't know, there was only one major disagreement we had around mental retardation. The minor disagreement that we had, and I was tangentially involved in it, ran out of his personal conviction that community psychiatry is going to be a very successful tool of solving major mental health problem, he tried to essentially almost force departments of psychiatry into taking a, investing a heavier amount of resources into education in community psychiatry and other than traditional education in the one to one practice type. I gladly give Stan credit for the courageous stance that he took when his convictions dictated it, and I'd say, no question that he ever did anything to his vis-a-vis subordinates that he did not do vis-a-vis his superiors.

EAR Now, I think that's very true and I think that's its interesting that two such very different people personality-wise could hold that same position and in different styles and different ways continue to do extraordinarily effective jobs. I think I should tell you, although I am sure that you already know, that one of the problems that faced Stan within the organization was the fact that indeed he was not Bob Felix, on the part of people who had grown up with Bob Felix and who enjoyed that warmth, and so there was an internal disaffection among some people who wished that Bob had never left and had hpped that whoever came in subsequently would be another Bob Felix, and incidentally that disaffection was parti-

EAR cont.      cularly acute around the friends of Joe Bobbitt who felt that in some ways Stan had pushed Joe Bobbitt aside, had forced him in a sense out and I should tell you that I had hoped to interview Joe Bobbitt and unfortunately was not able to do so. And I think that's a severe loss in the whole story because his role was extraordinarily critical. He was everything that you've said of him, but in addition he was a great source of strength to Bob Felix in ways that Bob Felix wasn't completely aware of, that there are some people who have that capacity to serve in a staff role in a quietly subordinate role which is not subordinate in terms of intellectual ideas or originality, but subordinate in terms of being able to work with someone and not be as visible as that other person, and Bob, of course, had to be the person in charge.

GT      I remember for instance when Stan was Deputy Director when I was still on the Council and Stan had the capacity of sitting through two days of Council meetings and never saying a word, unless asked specifically. Now I mention this because I was not surprised when Stan became Director the disaffected were concerned members of NIMH staff who maintained close contact with myself were always criticizing Stan primarily that he went, number one, too much by the table of organization whether at the table of organization or arrangement there was a large number of NIMH people who could walk into Bob Felix's office any time and the odd problem most often come out with a positive answer, but when they came out with a negative answer they came out somehow loving Bob in the process, whereas the complaint about Stan was generally that you had to go through channels, which gradually made him high inaccessible. At least this is what was seen. I mention the first part, because it was surprising to me, that Stan was not a man of chit-chat at all.

EAR      No, that's very true, and I'd like to ask you a question on that and that is, do you have a feeling that there is in the growth and the development of organizations a kind of process which almost makes it inevitable, as an organization gets larger, that you no longer can get involved in this kind of intimate way, and let me just say one more thing, that is, as you may know, early on, in the early 50s, and even just about up to the time that I got there in 1958, very often we would have lunch around the table with brown bags, it used to be called brown bag luncheon, and Bob Felix and Vestermark and Phil Sapir and a dozen people could sit around the table and chat about program and program activities in a way that you obviously

EAR cont. couldn't do anymore when there were more than a dozen people at that level of responsibility.

GT No, I must confess I don't think this is really a function of the size of organization because if it were, people could legitimately ask me to define that size, and I don't think I could define the size, I don't think it's a function really of size, it's a function more of operation style of the administrator. Now I happen, on the other hand, to think that organizational builders and organizational maintainers are different when they are successful, they are generally different sorts of people, that the builder has to be what I call a man on the outside type, who really cannot, whether the organization is one-tenth or ten times as large as the ideal size organization, who has to maintain so much outside contact that they really can't take care of daily operations on the inside, hence they generally have to be the kind of people who can delegate internal affairs very comfortably and to remain successful they have to have the kind of personality that still somewhat keeps them in touch with real life within the organization. And I think that in that respect Bob was perfect, he didn't have to read memos to be correct and my hunch is that internal documents Bob Felix probably read once a year prior to Congressional testimony, otherwise he picked up all his information verbally by endless communication and talking. Organization maintainers on the other hand have to be people who focus on the inside of the organization unfortunately they generally can't maintain as much external relationship, which, in part, I think was Stan's trouble. To be able to maintain the internal organization, his contacts must have been much lesser and weaker, for instance, up on the Hill, than was Bob's.

EAR Not so much up on the hill, where I think he did very well, but with the professional organizations, because, you see, Bob was a full fledged member of that club from the very beginning, and Stan was the new boy on the block when he became the head and the old boys (timers) did not take to him, he had never been president of the APA and I think he's not about to be president of the APA, whereas of course, Bob played that role with equal success, so there is an area where there is a clear difference. Stan never pursued that in the way that Bob did.

GT Because of the nature of, and the timing of my heavy involvement with NIMH I am much closer to Bob. On the other hand, I just want to be

GT cont. sure, for instance, that you understand that I am, for one, not convinced that Bob could have done during the retrenching years as well as Stan did. My hunch is that Bob would have walked out the second week.

EAR Yes, I agree with you. I think that's what I meant before that he was the right man for the job at the time he was there and I think that Bob didn't have Stan's organizational genius. Stan really can look at an organization and he has just this superb quality, I don't know whether you're born with it, like a great chess player, or how it happens, But Stan has it, not that Bob was any slouch at this in terms of where he was, but at that level of operation I think Stan far exceeded. Let me take you back, if I may, to the Council itself because I think there were things that happened during the time that you were there that were very important, and perhaps we might spend a few moments on that and get your comments. What I'm referring to is this, that the Council inevitably had a very important and yet limited role in the totality, The National Advisory Mental Health Council, and I know, and I would suspect that you would agree that many people on Council were somewhat frustrated at giving consultations and giving advice and then often not having it completely responded to, and just to be more specific, Jolly yesterday in my comments with him said that when he came on board, which was after your time, that what was so frustrating was that there was such a burden of work in just looking at pink sheets and being involved in review procedure that indeed there wasn't enough time for policy. Now, during your time, a sub-group of your Council got together to decide how the Council might in fact be somewhat more independent and have a greater voice. Would you want to comment?

GT First, you must understand that like in any group of this nature there are essentially more effective people and some who are less effective, some are more retiring and some are very outgoing, some who use every evening to politick, so to speak, including myself. The Council's frustration basically was not that they weren't heard, the Council's frustration basically was that when Bob Felix decided which way to go, we were heard alright, but if our suggestion didn't jibe with his decision or his determination, he went on his merry way and could even risk his being kind of fussed at by Council. I remember one during my span there this clearly came into focus when Council almost reprimanded Bob Felix. My project was disapproved



GT cont. by Council, it was a project that was to go to one of our large voluntary organizations and we found out by the time of the next Council meeting that the grant was not awarded, but a contract was awarded to do exactly the same thing, and then they always thought that it was an absolute no-no and fussed at Bob Felix to a considerable extent, but again Bob was quite successful in defusing this kind of stuff. What Council's main concern essentially was that Bob would bring the ideas ready-made packaged and a typical example was the National Mental Health Centers Act per se and then the regulations. Now there was no question in the minds of such people as Jack Ewalt at that time, who was on the Council, Mike Gorman was at that time on the Council, George Hamm was on the Council, when we got together in motel rooms afterward, we would often say that it really doesn't make any difference because somehow even if we voted one way, Bob would find the legitimate but frustrating process to somehow, guide us, lead us, or get us to see the light in his way, as vis-a-vis the community mental health centers the question was that we were not really consulted should it be done, we were only consulted on how it should be done. It was ultimately, I think it was the time that I left the group to the establishment of a executive group which I really don't know how it worked later on because, as I say, Bob retired when I retired.

EAR It never worked to the full satisfaction, obviously, of the Council because, as I say, Jolly raised essentially the same kinds of problems.

GT But I would want to say, that from what I picked up from the Council members who served with me, most of them have found it a very satisfying experience, both professionally and personally, and the things that I mentioned were basically minor irritations, particularly in the minds of those who had good enough insight. I, for one, knew that Bob Felix knew what he wanted to do and unless I felt it would produce catastrophe, there was no point in trying to sabotage it.

EAR Sure. Well, I want to ask you another question which is partly related to Council, perhaps it also takes you back to the Title V Committee, and that is obviously by the time that somebody was considered a potential candidate for Council, he or she, and we had a very few shes, and those were all lay members, was relatively senior and a highly visible member of the profession, but at the same time, you've just said, you found it an educational and very satisfying experience. I wish you would comment on how you saw the

- /EAR cont. Council and even more importantly, something like the Title V Committee, a source of professional communication, scientific communication, if you will, which in its own way, as a beneficial side effect of program review provided a network of scientific communication.
- GT Well, let me separate. Most of my study section experience was post NIMH Council, but I do see a difference between serving on the study section and serving on Council. I consider the study sections clearly an enormously important channel of professional information exchange and hence a very important aspect of professional growth for the study section members. Vis-a-vis Council I would say that the same holds however on an entirely different level. You get broad sweeps of policies and what on Council you get more importantly is information on what is likely to be happening a year hence in a kind of major programmatic direction, which in my judgment should help every Council member whether it helps him vis-a-vis his own personal growth or particularly the programmatic growth of his own institutions, without any doubt, strictly scientific information exchange, at least in my experience, takes place much more when you are involved in site visits or when you are in detail study protocols, when you talk about scientific merit between approach A and approach B, much of which you don't do when you aren't on Council, you talk about items like mental health centers or the involvement of biomedical sciences or the importance of the whole field of the behavioral sciences rather than the specifics.
- EAR Exactly, and the other point that's relevant to this is that the whole peer review system, as you well know, has been under fire in recent years for a variety of reasons, but the primary criterion of argument in defence of the peer review system has been in terms of its fair and equitable review of grant applications, and I think that not enough has been said about these other beneficial side effects which also serve an incredibly important scientific need.
- GT I don't think that the attacks on the peer review system are recent events. The first one I was involved in was the old Wooldrich Commission and I was involved in it essentially because by some kind of, I suppose matrix type approach to the places that are to be visited by the members of the Commission and the consultants the program at Pacific was identified probably because it was the largest funded NIM H some type of research program, so I had given

GT cont. much thought to the question of peer review, and I said at that time, I don't know whether it was at the university, teaching or final session with the visitors at Pacific that as far as I could tell, one might say that it was not perfect, but I didn't think that the Woolrich Commission could come up with a better one. I knew I couldn't come up with any better one, and I have ever since been an ardent and strong defender of the peer review system. Yes, I agree that the fairness, the best approach to the probability of payoff, that is the scientific merit establishment, the information exchange are important, but I think equally important is one other aspect that is often forgotten, and that is the probability of success in application in that system is not rank dependent. Let me give you some examples. I still remember going on a site visit, this is post the period that you are looking at, with a colleague who was a relative recent arrival from European academia, and he really couldn't comprehend that you are reviewing an assistant professor's application, and why don't we just ask the professor whether or not this guy is good, bad or indifferent, or even better, why don't we give the money to the chairman or the professor and let him assign. I think one of the greatest assets of the peer review system was that in that system everybody becomes a peer. A very young scientist may have a tougher chance to serve on the study section but when it comes to assessment of his own personal potential contributions, he is a peer to any professor.

EAR That's a very interesting point, and you raise a side of it that I frankly never thought of. It's an interesting reflection of the democratic process.

GT And this is why I gave you another example, why I thought so very highly always of the small grants operation. Big professors never ask for small grants, but young professors did. That is why I thought that the small grants program was an enormously important one in the development of the scientific manpower endeavor in mental health.

EAR And that's what it was intended for. I wonder, before we close, if you remember other things. There were some people on the Council with you, to go back to Council, who were, as on all Councils, unusual to say the least. On your Council you had Eli Ginsburg and Mike Gorman, on the one hand, Ralph Tyler and John Whitehorn on the other hand and over the course of time that you were there

EAR cont. there were some very interesting people including yourself.

Do you have any thoughts, any anecdotes, any incidents, about any of the people that you think are worth putting on the record?

GT Well, obviously, well known on Council were the debates between Mike Gorman and myself. I would say that about 70% of the time we were on the same side of the fence, 30% of the time we were on the opposite side, and I don't know which events were more interesting but Mike Gorman often refers to the alliance between the quasi-Hungarians and the quasi-Irishmen, and typical was, one could almost predict the outcome, for instance, of a vote if John Whitehorn was on one side and Mike Gorman was on the other side, who would line up with the elder statesmen. I think when I served with John Whitehorn it was John's second stint on the Council. He personifies to me the elder statesman. If you ask me, for instance, of one person who always typified the strong, influential Council member, it was Jack Ewalt. They were all very superb guys, but one of the very thoughtful ones was Harden Bench who served with me on the Council. The daring, if you really wanted support for something that was a highly gambling kind of a post, Cecil Witson was the right council member. I still remember when the question of using very costly audio-visual material, if one needed a friend in court around such issues, it was Cecil Witson who was always ready to help and support. Dale Wolfle, Ralsh Tyler again was one of the elder statesmen. He was as old as John Whitehorn but he always held the posher position. I remember Maurice, a friend from Salt Lake City, Maurice Waushaer who was essentially the constant representative of plain humanistic approach to almost any question.

EAR And before you got off, at the very end, Jerry Joseph and Lou Goodman

GT Lou Goodman, in my judgment, was one of the most superb council members again someone I came very close to. Jerry Josephs, who I considered not only brilliant woman, not only an enormously effective woman, and a politically astute woman, I am personally very much surprised that she ultimately didn't become one of the leading governmental figures which I suppose has to do with White House politics and anything else, she having come from Minnesota, I suppose if Hubert Humphrey would have been elected, there's no question.

EAR That's right. That's exactly right. That was it. It was the draw of the cards. No question about that. In terms of your role as a Council member, and the fact that you were visible as such, to what extent did people on the outside, either attempt to use you, as a

EAR cont. kind of funnel for getting ideas before the Council, in what way were you perhaps importuned, were there any anecdotes that are worth putting on the record in that context?

GT I'm not very good at anecdotes, I cannot even remember a joke, but as for importuned, the answer is very definitely yes, because I very rapidly became the visible number one of the state hospital system. In those days of the state hospital system, you know, what is the NIMH going to do for us kind of approach, number two I clearly became identified with mental retardation and more generally with child psychiatry, so from all those channels I must say that I never had my arm twisted but I did, almost any meeting, listen to colleagues who felt that the NIMH was not doing enough. As you wellknow, probably it might fall into the area of anecdotes, but I do remember when all the money was going to be put into community mental health centers programs everyone essentially in the traditional system of care was beginning to say that we were going to be totally abandoned by NIMH, and I may have had, since I screamed enough about it, or made enough noise about it, I may have had something to do with the starting of the HIP and HIS programs, so the simple fact is that not only did the outside world see me as representing certain kinds of interests like the state departments of mental hygiene, the state hospitals, mental retardation and child psychiatry and so on, but I did see myself as having an obligation to do that and I think that every Council member, sooner or later, essentially carved out their territory which they felt they must represent because otherwise it would not be represented. In my judgment, again, it is one of the big assets of the Council operation if it were composed of the same number of people thinking totally alike, it would be a catastrophe. I think Council must demand a policy debating and deliberating body and can only be such if there are conflicts of interest or different versions of the approaches to the overall problems.

EAR So out of that kind of constructive tension things emerge.

GT Sure. Trying to think back of some disagreements, for instance, with Mike Gorman, the usual disagreements

NLM NOTE: Interview tape ends abruptly here