JOLLY WEST I became a department chairman in 1954. I was 29 years old and I didn't know anything. The chairman of the committee that recruited me to go to the University of Oklahoma at that time was an internist named Stuart Wolf and when I accepted the position that summer of 54 and the university and the Air Force made an arrangement whereby they would both have me for two years, because I was a regular Air Force officer at that time. I finally sat down, at the beginning of the academic year, beginning of 1954, to inspect the resources of the Department of Psychiatry at Oklahoma and found that it consisted of four vacant floors in a small new building and a budget of $35,000 a year. Of this $10,000 came from the University of Oklahoma and $25,000 was a grant was a grant from an outfit that I really didn't know anything about called the National Institute of Mental Health. Dr. Wolf and some of his people had already gotten a grant for teaching psychiatry and that comprised the bulk of the departmental budget, tiny as it was. After looking this over, I went to Stuart Wolf and said, "how can I possibly develop a program of excellence with a budget of $25,000, or $35,000, and how much is the university prepared to invest in this department"? And I'll never forget what Stuart said, he looked at me fiercely and said, "you should never worry about money. The only thing that's important are your ideas. If you have good ideas money will always be forthcoming, because the National Institute of Mental Health is going to ensure that this country has a truly great development in psychiatry and will bring it up to where it ought to be. And with that knowledge the fact that your budget seems so small now shouldn't bother you a bit". Well, to a certain extent I think Stuart proved to be right, and that is that money never was the biggest problem for me or for anyone else. Finding the people and developing good programs and facilities and all the rest of these things were frustrated more often because of other factors than because of lack of funds. So from the beginning of my career in academic psychiatry the concept National Institute of Mental Health was there in no small part in order to make it possible for me to accomplish my mission, it was part of my thinking and I always felt as though I was entitled to go there and to talk to people and tell them what I was trying to do and ask their advice about how to accomplish it and that expectation was never disappointed. I never felt I was getting a runaround, as one often does in large

JW cont. government bureaucracies. I found that the NIMH grapevine was instantaneous. They nearly always knew what my problems were before I did. They knew all about me, what I was trying to do, and what difficulties I was encountering in Oklahoma, the town and gown problem and the analytic versus the organic groups, and all the rest of this people knew all about it.

EAR Was that surprising to you at that time?

JW It was. I felt very heartened by this. I felt that I was not alone out there in the bush of Oklahoma, like Albert Schweitzer in the jungles, but someone up there was looking after me. You might say that my orientation to NIMH was something like Dr. Schweitzer's was to the Deity. Well, during the 50s and 60s I think that, given perspective to a remarkable degree, Stuart Wolf's vision was accurate. The NIMH did make it possible for most medical schools to develop programs that were, if not excellent, at least respectable and I have no doubt that without it this would not have happened. It could not have happened. A second thought that I have about those years and the role of NIMH is that in a number of ways it permitted research in psychiatry, or in fields related to psychiatry, to make a leap forward that would have been totally impossible otherwise. And I think, with all due respect to some of my dearest friends who were in the NIMH intramural research programs during this period, that almost all of it was accomplished extramurally. In fact, those who were highly committed to research development in psychiatry and the behavioral sciences during that period often remarked that NIMH with its superb facilities and enormous budget was not nearly as productive of exciting new research as was the Walter Reed Army Institute of Research crosstown at the same time, with a fraction of the funds available, but with a much more compact, and maybe, closeknit group of people working. They had a lot of talent, they had leadership of a different kind in Rioch. We used to speculate about why this was, that NIMH, which I think has since completely reversed this, for so long didn't seem to be the exciting research site that Walter Reed was.

EAR Did you come to any conclusions about that?

JW Well, I asked all concerned at the time, because I knew the people. It was hard to ask Bob Felix such a question, but I did, and Bob Cohen I asked. I had some friends, one of my residence partners, went to NIMH and has been there almost continually since, in the

JW cont. intramural research program and that was Ed Everts, a man for whom I have the most complete respect as a scientist and as an intellectual. I used to talk to him about it and I asked Rioch and some of the people over at RARE, Knowder, Williams and many others whom I came to know. Brady was there at that time. Rioch attributed it all to the fact that they didn't have suitable facilities so that everybody had to share with everybody else and help everybody else and that this led to a kind of vigor or morale. They also got some very good people doing their military service there, and that was a different era of how people got their military commitments satisfied. There was a steady shift away from the uniformed services to the Public Health Service, but at that time it was still possible for them to get some of the best guys who were coming into the Army for two years, at Walter Reed. But I think maybe at that time both Felix and Cohen had tremendous hopes for the research potential of psychoanalysis and psychoanalytic thinking in relationship to clinical investigation and that David Rioch, who was respectful towards psychoanalysis, decided to put his chips on a different colored square and invest, to a tremendous degree, in research that was either basically biological or that was of a more objective quantitative type in human behavior. And this just paid off more. There was like Everts, doing basic neurophysiology and there were others at NIMH who were too, John Lilly was at that time, but these were sort of isolated people and most of the investment and most of the clinical research at that time was very analytically oriented. I'm not saying that it was a waste of time or of opportunity, because the Journal of Negative Results has its value too. I think, for example, that a big investment went into Murray Bowen's attempt to study schizophrenic families by putting the families in the hospital and watching them and making detailed records of them and mountains of recordings, tape-recordings, films, and so on of analytic sessions and interviews and so on were all made during that period.

EAR And Dave Shakow's psychotherapy evaluation.

JW That's right. I'm not sure I would include Shakow in this because I think, perhaps, more came from that in the long run, but while I think generally speaking, those who look back on the investment in time, personnel, space and money in the Bowen enterprise would

JW cont. say that it was largely wasted, perhaps, in terms of published results and its impact on the field in general. Maybe it defined a relatively dead end and kept other people from doing that again, maybe it was something that had to be done somewhere, sometime, so it wasn't really a waste. But, this is really all an aside to the main point I want to make, which is that while this was happening, extramurally around the country there was tremendous ferment of research of all kinds, supported to a steadily increasing degree by NIMH and the value of it, even up to now, is hard wholely to assess, except that I'm sure we would be nowhere near where we are now, if it hadn't been going on. One of the most important programs during this period was of course the Career Research Development Program. I don't know for usre, but it may be that I have sponsored more career researchers than anybody else in history. I could think of maybe a dozen of them that I proposed or sponsored or supported to get the awards and all have made a worthwhile contribution. But that is a program about which one hears mostly good things and very little criticism. However, maybe I should share with you at this time an anecdote, an experience I had here at UCLA about a dozen years ago, before I was..here as a visitor then, I think they had me aa visiting professor for a week for something and part of my pleasure that week was to have lunch with Professor Magoon. Magoon was a man for whom I had enormous respect. I had visited his laboratories years before when I was still at the Long Beach hospital. I had reacquainted myself with him when he spent his sabbatical year at NIMH doing neurophysiology with John Lilly in the brain mapping and especially the septal region studies, the follow-up of Old's work, a lot of which was done with Magoon on the positive reinforcement systems of the brain itself. Now this day I was having lunch with Magoon and he said to me, you've mentioned several times in glowing terms the Career Research Development Program of NIMH. What do you really think of it? And I said, oh, I thought it was the most wonderful thing that there was, and that of all the monies that were being invested, that this was probably the best and the most significant, etc. He said, well, I'm interested to hear you say that. I've been quite disappointed in it myself. And I said, why, for God's sake, especially when I look here and I see such people here and some of them working with you, and so forth. Oh, he

~~JW-cont.-~~ said, that's very nice and I welcome it. But I'm thinking about your field. He said, I'm a neurophysiologist and we have lots of very bright and promising young PH.D's coming up who aren't going to make their careers doing research in neurophysiology. He said, there's a mystique among you psychiatrists which apparently holds that in order to be respectable research has to be done in a laboratory and that most of the people who are getting these awards are turning into laboratory researchers. And he mentioned a couple of examples from his own , from the brain research institute right here at UCLA and it was true. These were men, accomplished psychiatrists, analysts, whatever, who were doing straight neurophysiology supported by NIMH Career Research awards, development awards. Magoon said, it isn't the program that bothers me, it's the value system that lies behind the awards, both on the part of NIMH and on the part of the field. Because this isn't really what we need, we don't need any more neuro physiologists taken from the ranks of clinical psychiatry, neurophysiology is coming along very nicely and with all due respect to some of these very fine people who are doing excellent work, It's pretty touch to come back after all these years and catch up with the brillian youngsters who've been in neurophysiology from the beginning of their careers. He said, what's really needed, it seems to me, both a great deal more, both quantitatively and in terms of high quality, clinical research in psychiatry proper, and what you people have been doing has taken all your talent, and instead of using it that way, you've been pushing it into the laboratory research careers, which are not likely to prove in the long run to have been the best investment. That was quite a shock to me, but as the years have gone by, I've come to think that maybe he was right. It takes two to tango and in those days the word graduate student was always spoken with a certain amount of reverence and the term resident with a certain amount of contempt because science was the graduate school and the residencey was for practitioners, which was not where the future lay. So the idea that if you couldn't make residents over into the model of graduate students at least you could take your most promising residents and convert them, after their residency was over into something like graduate students. That was Science, with a capital S, and the more clinical things were doomed to end up like what you might

JW cont. call the straight psychoanalytic studies, case studies, which were already beginning to be rejected as a way of learning.

EAR That's an interesting observation.

JW Well, be that as it may, I mention it only because it's one of the few legitimate criticisms I ever heard about the Career Research Program. Otherwise, it's all praise and if there was anything wrong with it, it's just that there wasn't enough of it. There could have been more, and I wish there had been more. I think there were some people lost to research and maybe if there had been more, it would have been possible to support a greater variety of activities too, and there might have been more clinical investigators when we needed them, and things might have moved along a little faster then. As far as getting support for research ideas went, I think NIMH was pretty good. Sure there were prejudices about what was respectable and what wasn't and it was difficult for beginners to get support without an experienced investigator to show them the ropes and to take the responsibility, but even so, I think there was an openness to consider new ventures, new directions, that significantly differentiated MINH from the other institutes, where I believe they were considerably more conservative about the type of research they would support. I believe that this proved to be beneficial....

EAR When you say "type", you mean form and substance, or primarily form?

JW In the extramural program I think both. There was a feeling that did not apply to the intramural program perhaps and that certainly didn't apply to the Career Development Program, the Research Career Development Program that out in the field there were people who were trying to find answers to questions and that some of these questions, while they might sound trivial, might lead to something worthwhile, that it was good to support people who had work they wanted to try and if it had promise, well, funds were available and let's give it a whirl. I feel that maybe it was a luxury, but it was a worthwhile attitude. If the funds hadn't been available, it surely never would have happened. If the funds were limited, it probably would have had to be more conservative. Funds were available and I think it opened the field a lot and many worthwhile things happened.

EAR Could I ask you to comment on something which just came to me, which

EAR cont. is a, perhaps a forced analogy. You came to Oklahoma at a time when as you describe, it was brand new, the youngest chairman of a department of psychiatry ever, obviously what happened there has to be in large measure attributed to some of the talent that you have, but is it not also true that Oklahoma in a sense was ready for someone. There was a tremendous amount of potential, which could have gone down the drain, but that you came at exactly the right time to make of Oklahoma what you did. Could you say, in a larger context, NIMH came along at a time when the whole field of mental health was waiting for a program of that kind to come along that the potential, because so little was known and so little was being done, that the potential was there and maybe NIMH is in a sense taking more credit for its competence than it should, because if any good organization had come along it might have been able to do almost as much as NIMH. Is that a forced analogy?

JW Well, maybe a little bit, because what happened in Oklahoma was a happy marriage of circumstances and people and opportunities. There were some young medical schools where people went around that time and sank without a trace. Psychiatry and behavioral sciences at Oklahoma came out after a period of about fifteen years having accomplished a surprising amount, but that wasn't true at some other places, even where the basic resources were initially greater, because there were other factors involved. But NIMH, while it was a creature of the time, there had to have been something like NIMH to develop after World War II. It was inevitable that it should.

EAR Why couldn't the VA have done what the NIMH did?

JW I think the big lesson of World War II that impressed itself upon people so much was not so much that men under stress get sick and had to be cared for. We already knew that. Abraham Lincoln knew that when he created the VA. But a third of the potential draftees had to be rejected for mental or psychiatric reasons. The idea that there was this much impairment in the population was a big shocker. Furthermore, I think there was a rapid turning away from the military after World War II, almost a rejection of everything to do with that at the end of the war, and the preoccupation was with civilian life and the needs of the civilian population and the VA was supposed to not have anything to do with that at all. Meanwhile the National Institutes of Health were already started and there was just no way that the mental health element of the public

JW cont. need could be dismissed. Medicine and science had come too far along. The cost was too great. Governors of the States were becoming aware of the fact that even to provide elementary humane care for their mentally ill was the biggest single item in their budget, or else, right after highways, or something like that. And they said, well, we should be doing better and why don't we have more people and why are there not better treatments, and so forth. The public was ready, and the people who came out of World War II spoke very persuasively, and with a loud clear voice, people like William Menninger and many of the bright and able academic leaders who had had important military posts, people like Douglas Bond and Hastings of Minnesota, Braceland from the Navy, Kaufman at Mt. Sinai, Romano, Blaine,..World War II made the NIMH inevitable. And there was only one possible NIMH, there couldn't have been two of them simultaneously, so the one we got was the only one we could have had, given the circumstances, political and otherwise, at the time. So it seems to me the question that has to be asked about it is not whether some other organization could have done it better, but whether it fulfilled its potentialities, and insofar as it did not because who or whatever truly does, in what way did it not, so that we might still learn from that. In this connection, while I'm thinking about it, maybe I should tell you a story. It happened when I was on the National Advisory Mental Health Council that Richard Nixon was elected president of the U.S. and in a very short time it became clear that priorities were different from those of Kennedy and Johnson, especially where mental health was concerned. There was a feeling widespread that the President didn't care too much for mental health as a field, there were some imputations made in the press that he himself had had to have psychiatric treatment, and I think he almost felt it necessary to deny that by rejecting the National Institute of Mental Health. Maybe there were other factors, but whatever they were, there was considerable perturbation and it was swiftly reflected, not only in the budget but in the way the Executive Branch chose to use, or more importantly withhold use of funds that were supposed to have been going for this. Joshua Lederburg, the geneticist, was a member of the Council at the same time I was. He came on, I think, the following year and he and I used to talk about this a good deal and one day we decided to try to find out more about where the country was going

JW cont. and we decided that the right person to talk to was Senator Jacob Javitz, because of his interest in health matters and because of his role as a leading Republican, yet a liberal and so forth. He also had the reputation of being the smartest man in the Senate and his wife spent a brief period on the Council. It turned out not to be her thing, but that made it easier for us to go and ask to talk to Mr. Javits and be received. In fact, he had us to dinner and we spent the whole evening with him. I already knew him slightly anyway. He was exceedingly frank. I can't recapitulate that whole conversation but I can tell you the essence of it. He said, Gentlemen, if the space race were over tomorrow, of course at that time we were right in the midst of it, an enormous expense, and if the Vietnam War were over the day after tomorrow, and again we were in the midst of that at a peak expense, the billions and billions of dollars that this country would save would not go into mental health or mental health research. It probably would not go into medical research in general, and I take it your concern is primarily with the future of government support for medical research in general, mental health research in specific." This, of course, was absolutely correct. "What you may not realize, he went on to say, "is that in a sense the National Institutes of Health, and especially the National Institute of Mental Health, which has come up so fast, were all built in a way on racism, which is now, of course, passe." We looked at each other, puzzled as he knew we would be, and finally we asked him what he meant by that. He said it was racism that made possible the phenomenon of Lister Hill. Lister Hill became the enormous power that he was in the Senate because he voted white in a Southern state and eventually, with our seniority system that made him undefeatable. He never had to worry about his constituency. Therefore he was free to pursue whatever interested him in the Senate, he had degrees of freedom that Northern senators were quite unlikely to have because of the demands of their constituencies and he was chairman, not only of the health committee, but the finance committee as well, because of his seniority. That meant that whatever Lister Hill wanted, the country got. Now he said, Lister Hill was a health nut. He really cared about health. He cared far more about it than the populace at large or than his comrades in the Senate. It was his hobby. It was his obsession,

JW cont. if you will, he wanted hospitals, he wanted national institutes, he wanted research, and what he wanted, he got, and that's what we have had. And if you were go out to the people and ask them how they want their money spent they would not be demanding greater expenditures in the field of health generally, and certainly not in research and particularly not in mental health research. Well, he said, Lister Hill is gone and we shall not see his like again. I can't take his place, I have a different constituency than he had and a different type of accountability for what I support, and for where the national monies go. And he said, if and when, soon with God's help this terrible war is over and we have accomplished our missions in space and all these funds are available, they are going to be needed for a wide variety of social reforms and on the new list of priorities, health research is not going to rank all that high. So, if you're asking me what the future holds I would put it to you that it's got very little to do with the fact that Mr. Nixon or any other specific person is in the White House, or a President can give a higher priority to this or that, but he can't change the priorities that the people feel very much and in the end, the investment, the appropriations have to be made by the Congress who are responsible to the people. And the world faces a lot of new problems, and he mentioned, being the visionary that he was, starvation on an unheard of scale, the energy crisis which most people at that time were'nt really talking or thinking about, but he was, the emerging nations, and so on, all of this with tremendous consequences, financial consequences for the U.S. Well, I cite this because I think both the advent and the growth spurt and the leveling off and the fading, to a certain extent, of the strength of the NIMH was in a sense shaped by forces that went far beyond the personalities of the individuals involved, the specific values of this leader or that leader. It was related to global issues, certainly national issues, that those of us who were in it up to our eyeballs were less likely to see. That exposition by Mr. Javits was an eye-opener to Lederburg and me and I never forgot it.

EAR Well, I think it's a very important point. We do have a feeling that we have greater degrees of freedom when we are in it, than we probably do, but it still leaves some degrees of freedom, which I think were taken advantage of. I think that's a very important

EAR cont. anecdote. I'm wondering if, in that context, you would want to talk a little bit more about your time on Council, because I think that really is a very important contribtuion that you were involved in.

JW Well, I served on the Council four years, was it 65-69....

EAR You came on November 8, 9, and 10 of 1965. I have it right here. Dr. Yolles introduced the new Council members, Dr. John Conger, Senator Earl Morris and Dr. Louis Jolyon West, Professor in the Department of Psychiatry.

JW I tried to find out from Stan how I had gotten on the Council. I really didn't know, and I didn't know how people did get appointed. He didn't know himself, or he wasn't telling, but I had not been, what I would call, a politically powerful figure in the American Psychiatric Association. I was active, I was doing some worthwhile things but I wasn't the President of it, or anything like that. I was relatively junior in the councils of the mighty even then. I didn't have any important track record on study sections. I hadn't gotten all that many grants, no different from any other department chairman. I only had a couple of my own, having become a department chairman prematurely, I never was able to develop a kind of major research effort of my own that I would like to have done. There never is time for a department chairman to do all the research he'd like to do. A lot of it was through other people, or I would get a grant and the second year I would have the co-investigator take it over so that I could go on and help other people. Subsequently, I'm not sure but I think I found out how I got appointed. I mention it because I've heard that the Council changes in its complexion through time. It is much different now than it was then, for example, and I think it's one of the things that should be looked at as how a terribly important body like that is formed. It was my impression, previously, that it was to a considerable extent political, professional and national politics and that's why I couldn't understand how I got on. After I got on it, I was even more persuaded that it was largely political, if not exclusively so, and that isn't necessarily bad, but it is a statement of how things happen. In the end, what I found out, if you're interested, although it never had 100% confirmation I feel pretty sure about this, is that Senator Monroney of Oklahoma

JW cont. was a good friend of Florence Mahoney, who was not only herself a power in the field of health and mental health, but was a good friend of Mary Lasker, who was even more of a power and that Senator Monroney, without my ever having asked him or approached him, or even being aware that he was as appreciative as he was apparently of what I was doing back in Oklahoma, had said to Mrs. Mahoney, this is a very able upcoming younger guy and he ought to to be on their Council. That's how. She spoke to someone else, and I don't know exactly who speaks to whom or how the appointments are made, but that's probably how it happened. Well, I took my appointment very seriously and resolved to myself that the four years I was to spend on thatCouncil would count for something, that I didn't want just to carry out whatever the duties were in reviewing the proposals from the field and being sure that the study sections had done their work right. It was clear to me that no Council could possibly do that anyway, and while I was rather surprised at how much it was possible to maybe lend a hand to a program that really needed to be funded and wasn't quite making it or to raise a red flag when it looked like something was going through that you knew was wasteful or a potential boondoggle just by being knowledgeable in your own field. This was worthwhile and it took a lot of time to plow through all those proposals, but I made it a point of doing it, and I'm a quick study and I could do it, but outside of that, it seemed to me that the Council was supposed to be an agent of the public-at-large, including the professions and that it had a mission to influence, if not to determine policy in some way not well defined, above and beyond just being a watch dog of the public dollar. One of the first things that occurred to me as a member of Council was that there was no time for policy. Our meetings were busy from beginning to end and the briefings that we got at the beginning were very useful and helpful but they were essentially a passive process for the Council members. Then when the briefings were over to tell us all the great things that had been happening since the last meeting and/or what the problems were that the Institute faced that they hoped the public would support them in. Those were the two main orientations of the briefing. Then we would get down to the reviews, and by the time the reviews were over, the members were already trickling away. Now the briefings I found very helpful and they were always

JW cont. extremely well prepared and programmed, but after two or three Council meetings it became clear what the message was. It was twofold from the leadership of the Institute. Number 1 - appreciate us for everything that we are doing and Number 2, help us through your influence with the Congress or the Executive or with whatever other connections you may have, help us to get more money or more freedom to use what we have in the way that we think is best. And if you appreciate us sufficiently and help us sufficiently you will have done a great public service. I think that's perfectly reasonable for them to have done that and I'm sure, I've been on other kinds of councils and boards and things, and that's very often the definition of it and I always took that part seriously, too. I did appreciate what the staff was doing and they did, I felt, a superb work. I was an NIMH fan, and I did try to help in lots of ways, both through professional connections, like being a member of American Psychiatric associations and through political connections in the Congress. I never hesitated to call somebody if I knew him, and sometimes even if I didn't, if I felt that it was in the national interest. If I didn't know him, I'd find someome who did and tried to be sure that NIMH got what it needed. But I did feel that there were issues of policy that weren't getting discussed and meanwhile the national picture and mental health was very rapidly changing. The NIMH budget was up to something like $300,000,000 a year. I felt that not enough of it was going for research and although we were repeatedly told that a third of it was going for research, when you looked into it, you found out that a lot of it that was called research wasn't what I would call research, and it wasn't really a third going for research. I felt that there was a growing demand for NIMH resources to go for service programs, and not enough for educational programs. I felt that the medical professions was not becoming psychiatrically sophisticated fast enough, that if we didn't change the amount and type of psychiatry and behavioral science in undergraduate medical education that in a short time there would be a sharp decline in the number of doctors going into psychiatry and I had some other thoughts, but there was no place or time really to discuss these. It could come up with regard to discussion of a single grant. So, at some point, fairly early in my tenure on

JW cont. the Council I moved the Council to add an extra meeting every year which would be exclusively for policy. I had already talked to Stan about it and to other members of the Council about it, and most of them felt something like what I felt, and I don't know whether this was welcomed by the staff or not. They were always very polite. I feared they would look upon it just as extra work for them, but instead of the three meetings a year we had been having, then a fourth meeting was added. And that's one of the few specific things I ever felt that I had accomplished while I was on the Council was getting the fourth meeting for review and discussions of matters of policy in September. Now I can list for you the specific issues in which I felt at odds with the NIMH leadership during the four years that I was on Council, and as I said before, whimsically but not really joking, I think I batted about zero in accomplishing or influencing the course of events with regard to things that I saw as an individual Council member. Some things were just related to my specific areas of interest, and I think I should interject here the fact that I'm not even going to go into the many things in which I was completely in harmony with the goals and commitments of the leadership because in those instances I worked as hard as I could to get them through and I tried to be an active participant and help make things happen, and I think that was appreciated too by the leadership of the Institute. On the other hand, I also made waves where I disagreed with them so I daresay I was viewed with some ambivalence as a lively member of the Council who was helpful in some ways and a pain in the neck in other ways. One of my first gadfly experiences had to do with the marijuana problem. It was something that I had become very interested in personally and in 1966, because I was on sabbatical at the Center for Advanced Study at Stanford, I became acquainted with the Haight Ashbury situation and this led me to take a new look at what was happening, in what has since been called the counter culture. My interest in cannabis, which had been previous to that just related to a general interest in halluminations and hallucinatory substances now was transformed through a completely different vision of drugs being used for recreational purposes and I learned that marijuana was being more and more widely used and it seemed to me it was only going to continue. I went to Stan,

JW cont. and I talked to him about this and I brought it up at a meeting of the Council, and everyone nodded politely, but what I was suggesting was, noone was requesting any grants to study marijuana at that time, and there was no in-house research on marijuana, but what I was saying is that NIMH take the lead and initiate, or stimulate or create research on marijuana, that just because there is no constituency for it right now, doesn't mean that it isn't a rising problem, one should be working ahead of the problem. Nothing happened. A couple of months later Stan and I were both on a program in San Francisco, I think for the Career Officers, and I gave a talk about some of my experiences with the drug abuse sub -culture and the next morning, I remember, I made a date with Stan and we had breakfast and we went for a long walk. We must have walked about five miles up hill and down dale in San Francisco, during which I used all my powers of persuasion to try to get him to set up a task force to create or assign to somebody, even in-house the responsibility for organizing a definitive program research on the effects of the cannabinoids and he listened to me attentively and nodded and I felt that I had really made my point and it was worth the walk, and all the rest, and a few weeks later, he probably remembers this with some embarrassment and I remember it with amusement, he was interviewed by a reporter who was starting to pick up the smell of grass in the wind and asked whether he didn't think that the marijuana problem was a matter of increasing national concern and whether NIMH shouldn't be doing something about it and he said that it was a passing fad like swallowing goldfish. I'm sure those words have returned to haunt him many times. I think of this as an example of how my powers of persuasion went for naught. I mention this not in order to declare myself a prophet but in order to pinpoint what I think was a problem of the Institute, and that was to a considerable degree probably because of political realities of its funding and its constituency. It had to mobilize its resources to a considerable degree around thosethings that were the source of perturbation or that had a vocal constituency at the time. When enough anxious parents found out that their children were smoking marijuana then the political climate changed very fast within about another year. NIMH had to get into the marijuana business as a response to a growing national scandal, but they could have been ahead of the game. And I think there were other

JW cont. issues and other curiosities that might have been pursued right along if it weren't for the necessity to deal with whatever had the most sex appeal at the moment, and I use that term, not in terms of attraction really, but in terms of the demand characteristics of the political situation. It's not ideal for a great institute which has the responsibility for the development of new knowledge to be so subject to the public concerns moment by moment, the alarm of the year syndrome. I also talked about cocaine long before. California, especially after I came here usually begins to see what the problems of the next few years are going to be, because we tend to have them sooner, but again it took a while before NIMH was able to get into the cocaine research question.

EAR But do you think, though, in the general sense of what you're commenting on, that the staff in general, and perhaps Stan in particular, had other reasons than the political sensitivities that you're mentioning, for not being more rapidly responsive to the kinds of things that you mentioned passed in those days?

JW Well, maybe there were other reasons, but I wouldn't know what they were. I assume that they are what you would expect them to be in a large organization. You don't just start to do research. You have to have some organization to carry it out, you have to have leadership, you have to have a budget for it, you have to have a mandate, in essence, to do it and to a certain extent, at that time, the NIMH which still growing and developing, sort of had to sell the necessity for each new enterprise to not just the Congress, but to everybody that stood between them and the Congress all the way up the line and back down the line again, and this always took time.

EAR Well I think you're being too gentle and too considerate in your reply. I'm really suggesting that there may have been some personal aspects, and let me put it in words for you to comment on, do you think that the staff, and again Stan in particular felt that the Council members couldn't really know things before the staff did that if they made some suggestions and the staff hadn't thought of it in the first place, they couldn't be that good. Do you think that may have played some covert part in the picture?

JW Well, there might have been some feeling of the insider-outsider phenomenon, but I never felt that what I had to say was not respected. I think sometimes it was listened to with quiet smiles

JW cont. at what might have been considered my "innocence" or "naivete" in thinking that priorities could be changed just because some professor in a small university felt it was important to change them, when I couldn't possible have the big picture that they had there in Washington. This is common in capitols of all lands through all history but if someone like Louis Goodman or Joshua Lederburg had something to say about their fields, they were listened to with the same respect that I was listened to when I would talk about psychiatry. The difference was that I was talking about psychiatry to people who were also psychiatrists and figured they knew as much about it as I did and nobody knows as much about genetics as Joshua Lederburg. On the other hand, the things that he brought up didn't have that much to do with policy because it was a National Institute of Mental Health. Well, just briefly, to list some of the other areas where I felt myself sometimes a little bit like a voice in the wilderness. One had to do with feedback of information to investigators about the proposals. I was immensely impressed in reading the so-called pink sheets with what valuable critiques they were, whether or not the applicant got his grant, the critiques were worth their weight in gold or more, because they didn't weith that much. Two or three pages, you couldn't buy that kind of feedback. There's no way an investigator would get such expertise focussed upon his interests, his problems, and they never really knew what that critique was. And after a couple of years of reading pink sheets and realizing how tremendously valuable they were and how few of the applicants learned anything about what the critiques had been, or if they tried to find out they would get a very carefully edited precis of what was in them, I began to suggest that on the pink sheets, that the names of the members of the study section should be deleted but that the pink sheets without any further editing should have photocopies made, placed in an envelope marked personal and confidential and eyes only to the person who had submitted the proposal and sent back to him as a service, that anyone who went to the time and trouble to present a proposal, for the sake of the field, for the sake of the development of those individuals, then to just get that pink sheet back. Well, this went over like a lead balloon with everybody, although there were a few other members of Council who felt it was a good idea. The staff were very strongly against it and

JW cont. I felt that they did me the courtesy of reviewing it. I was kind of surprised that some of the people on the research side, the extramural research branch and so on, wouldn't have thought it was a good idea, because if I could see it, why couldn't they see it, but of course my orientation tended to be on the side of the applicants and even if you didn't want to know how bad they thought your proposal was, it would be good for you to know, you were bound to be better, even though you didn't submit another grant, it would help you to understand what you were doing wrong, or even what you were doing right, because I felt you go to the people who got the awards too. Many people got awards whose projects were nevertheless critiques, with lots of things in them that might save them months if they got some of the ideas that the study section had. Well, then there were a couple of meetings in which this came up and I would bring it up and it had been discussed and had been reported back to the Council that the words was no, nobody wants it, the members of the study section don't want it, the staff don't want it, there's no demand for it from the field, it's an idiosyncrancy of Dr. West's and let's forget about it and go on to other topics. I didn't want to let it drop, because I just felt so strongly that it would be good and I also felt that many of the things that people feared were groundless, that, for example, the participants in the study section would no longer be frank for fear that word would get back and it might be found out who had said a bad thing. I didn't believe that for a minute. I thought it might cause them to leave out some ad hominem remarks which were probably just as well left out anyway of any record, and maybe even better not spoken because it probably didn't have that much to do with the legitimacy of the proposal and might even help to get people to concentrate on the essence of the proposal and not so much about their prejudices about this character or that character. And finally, I did a little lobbying on the Council and I thought I had a majority, but Stan did a little lobbying too, and in the end, the other psychiatric members voted against it, so even though I had Judge Bazelon voting for it and Mike Gorman voting for it and Josh Lederburg voting for it, it failed by one vote. Well, as you know, now it's the law. People have to get their pink sheets if they request them, it still isn't automatic and the more serious investigators do request them. I

JW cont. recently went through such an experience. I had a big proposal that was approved, but not funded, requested it, read it, felt that every criticism in it was more or less justified or resulted from a failure of clarity or communication in the original proposal, revised it, went back and discussed the revision and now I am very hopeful that this proposal which is for an enormous sum of money, an Alcohol Research Center, has a much better chance to work with. It was a big help to me. I was glad to have it. So, now we've got it anyway, not quite the way it was originally envisioned, but it was an experience to come, just buck, the convictions of the staff nose to nose and realize that they felt you were all wet and have to decide whether just to subside quietly, or at least put it to the test. Once it was voted down, I didn't bring it up again because in any small group there is always the danger of being known as a crank, and if I was to be a crank, I felt it was more important that I should be a crank on the next topic, which I'll bring up, which was at almost every single session of the Council from the time I came on till the time I went off, the subject of some discussion and a clearcut disagreement between Stan and me and I don't know who else on the staff. My feeling was that the National Institute of Mental Health had been established and its original orientation created at a time when experience dictated the expectations that the medical profession was not going to be much help in bringing about major improvements or advances in the field of mental health, with some distinguished exceptions in the history of medicine this has always been true. After World War II the American Medical Association slid for a period of time into a very conservative, even reactionary posture. It was especially hostile towards anything that the government was trying to do. Psychiatry was one field that, to a considerable extent, was still socialized, because very few people could afford private psychiatric care, and that didn't have much to do with the mainstream of medicine anyway. It was mostly psychoanalysis, and at the time that these attitudes were being sort of set in the cement and the brick and mortar of the building that was being built, it was to a considerable degree justified. So I felt there was a tremendous ambiance of go it alone on the part of NIMH with respect to the medical profession as such. Well, it seemed to me that the times were changing very rapidly and that NIMH was not taking advantage

JW cont. of these changing times, that the medical profession was rapidly altering its attitude towards psychiatry, in no small part precisely because of the teaching that was going on already in medical schools with NIMH support, but that it was nowhere near enough, and that maybe ten or fifteen years before this is all that you could have done. There weren't that many teachers you could hire to teach psychiatry and there weren't the opportunities in the curriculum to teach it, and there wasn't the acceptance by the other departments of the stuff you were trying to teach anyway so that the students wouldn't accept it and so forth. But that this was now changing and the climate was very different and that the practice of medicine was changing with the changes in the population and the changes in the field of infectious diseases and so on, increasinly more and more the practice of medicine had to do with whole persons, with more chronic illness, with the physiological reactions, with the psychiatric complications of physical disease, the psychosomatic point of view had so quickly become incorporated into medicine as a whole what you didn't even need special clinics for it anymore, and that now was the time to really try to make every physician a mental health professional, that this would help them to practice a more holistic type of medicine, if you will, although that's a word that has since been perverted, I think, in the last few months or the last year or two, holistic medicine has been used by all kinds of cranks and quacks and oddballs, to mean whatever they want it to mean. In those days it was used by people like Harold Wolf and Franz Alexander and John Romano and George Engleman, the great leaders and the medicine of the whole person. Yet, although the size of the medical schools was growing by leaps and bounds, the number of enrolled students was increasing rapidly in the existing schools, some of them doubling and tripling in size the number of students to be taught, and the budgets of the National Institutes has doubled and tripled and quadrupled, the amount of the investment in teaching psychiatry in the medical schools didn't change. There was $25,000 when I started and 15 years later it was up to $35,000, and it was nearly 15 years before it changed to $35,000. I remember pointing out to the Council and to the staff that as a department chairman I got $48,000 in one grant for training stipends for fourpeople, four general practitioners to come back and learn

JW cont. psychiatry, $12,000 a year each, $48,000, but that for 400 medical students that I had to teach psychiatry I only got $35,000 for the whole thing and that if we had the funds to hire more staff to work with these people more closely and in smaller groups and on the wards, and in liaison teaching, where they were seeing other kinds of patients, that I felt the impact in a few years on the medical profession would be enormous because every physician coming out of the American medical schools whould have had a much more meaningful exposure to psychiatry, and we have much more to teach. So much had been happening in the previous fifteen years from the time I started as a chairman, to the time I left the Council, those are fifteen years span of time. It just didn't seem to have the impact. I felt that I had been a little more successful even before I had been on the Council in emphasizing to my colleagues, both NIMH and elsewhere, that it was important to start teaching behavioural sciences in medical schools. I think our program in Oklahoma that I started in 55 is the oldest established permanent floating behavioral science program in an American medical school. There were one or two other attempts previous to that, like the one in Syracuse, but they died out, partly I think because of the way they were set up. There were funds for that, although also not enough in my view, but behind the unwillingness to put more of the NIMH resources into medical education, psychiatric aspects of medical education, I felt lay a viewpoint in essence, an analysis, of the social situation of which medicine was a part and that analysis was still the one from the arly 50s which said, you've got to do it without the medical profession. The medical profession is not going to have a meaningful impact on the mental health problems of this country, except insofar as they become psychiatrists, and its alright to spend money to lure them away from primary care practices into a specialty in psychiatry, but if they don't go into psychiatry, you can forget about them. I felt that was wrong, I made a nuisance of myself preaching that message that it didn't need to be that way and I still feel the same way that it didn't need to be that way and it doesn't need to be that way, and I still feel that we missed the boat.

EAR Do you sense any other reasons for why the staff was not responsive other than the substantive issues you so nicely articulated?

JW Well I think it was felt that, sure I was an academic type, what I was asking for was more money for the medical schools, I was a department head in a medical school, that made sense, but as Mike Gorman told me every single time I brought this up, Your're not going to change the doctors. It wasn't just the staff, there were other people on the Council who had their doubts about the medical profession too. He and I had a running disagreement about my pet idea and his pet idea. My pet idea was that we needed more funds for medical education to teach psychiatry to doctors who were going into every other specialty but psychiatry, and Mike's pet idea was that we needed to put a lot of money into the hospital improvement program, all of which came out of the research budget, and this infuriated me because I felt that money that went into the hospital improvement program was largely money down the drain, not because I thought the hospitals were going to fade away, as some other people did, but because we didn't have the personnel yet to make those hospitals what they were and it was a question of priorities that 50 million a year that was going into the HIP program, I felt that if it were going into medical education instead, that it would make a difference in terms of care of the mentally ill in the community hospitals, and that a lot of these cases would never have to go to the mental hospital. I didn't feel that we didn't need hospitalization for the mentally ill butthat a lot of the old state hospitals could just as well be burned down and that other alternatives should be pursued which brings me to another issue. I was devoted to President Kennedy and was deeply shocked when he was killed. I was excited as anybody was about the great leap forward that the Mental Health Act of 1963 was supposed to represent, although I thought that the film the government made to publicize it was a bomb, and I remember saying that it was an awful film and everybody looked at me as if I was the skunk in the family because Lister Hill had liked it. I didn't realize that in Washington you're not necessarily supposed to speak your mind. I thought people really wanted to know what you thought in those days. I thought that they needed a good film, that was all. Anyhow, the idea that an enormous investment would be made that would lead to the development of 2,000 new comprehensive community mental health centers which would in essence, with catchment areas of approximately 200,000 each

JW Cont. completely meet the needs of the people, that's 200 million. I was all for it, as much as anybody, but my concept of how these comprehensive community mental health centers would relate to other developments in health was different, it became obvious to me that it was different from that of many other people in government and at NIMH. My feeling was that these centers would be nearly always physically part of or closely integrated with the community health programs of other kinds that were developing as well. In Oklahoma for example under the Hill-Burton support system, every community was developing a hospital, but Hill-Burton really didn't provide for psychiatric facilities. Well, to plug in to these new community hospitals psychiatric facilities and all of the services that a comprehensive community mental health center was supposed to have would ensure that this would be part of the whole new health distribution, the health delivery system of the country. In other words, my vision of it was that the comprehensive community mental health centers would in essence be components of general hospitals. What happened, year by year by year, it became increasingly clear to me that the attitude toward the medical profession didn't just have to do with medical education, but it was almost as though connections with the practice of medicine were almost contaminants to delivery of mental health services and the comprehensive community mental health centers were being built with no connection to community hospitals or to the practitioners of medicine who themselves didn't want to have anything to do with it either. They felt that some communities would be involved, but other places not. It became a bone of contention that persisted between me and some friends, you know, right up to the present time. I don't want to get into the whole story of the community mental health movement, so called, and the extent to which I feel it was misdirected. I always felt that there wasn't community psychiatry and non-community psychiatry, that there was only good psychiatry and bad psychiatry and that good psychiatry in the 50s and 60s and 70s meant an increasing progressive steady outreach into the community because this is where the patients come from and where they go back to, and there are agencies there who have to be involved in the total care of the patient. I felt that it wasn't, that this changing orientation to mental health care was not limited to mental health, that community

JW cont. medicine was part of the changing picture too and that what that meant was the same thing. I had been taught this, and I was teaching this right along and in psychiatry, and I saw my colleagues in medicine and pediatrics trying to teach it too. You can't just treat the childs disease, you need to know about the conditions in his home and the attitudes of his parents and follow-up and make sure that he's getting the right care and there are agencies to look in on the family. We started a family medicine program long before it became fashionable and it seemed to me that things were changing in this way, that it was quite appropriate that the nation should support it and that the NIMH should be creating the facilities and staffing patterns that would make these things come into being. But then I became increasinly concerned with the fact that it was going away from the rest of health care, that the medical profession was less and less involved in it, that the requirement, let's say, for medical direction, first you didn't have to have a psychiatrist for a director of a mental health center, then they had to have at least a physician, they they didn't have to have a physician or a psychiatrist as director, but they had to have at least some full-time psychiatrist on the staff, them they didn't have to have that anymore. I also became aware of the fact that a lot of the philosophy of it was becoming so heavily infiltrated with social theory as to make it progressively non-specific, non-clinical, you might say, and to a considerable degree lost or wasted, that insofar as the community mental health center was seen as an agency for social change, while I didn't have any quarrels with the idea that there are important social factors involved in mental illness, that this was not the right way to go about it. In other words, if it's important to introduce certain case-finding methods of the public schools in order to at least have secondary prevention for a variety of illnesses of childhood, that this should be done, but it shouldn't be done in place of taking care of the sick children who are found in emergency rooms or pediatric clinics and who require definitive psychiatric treatment of some kind. We weren't meeting that need yet, and here the funds that I thought were going to go for that, to make the pediatricians better psychiatrists and to bring them closer to psychiatry and all the rest of that, the whole thing wasn't working out. Well, anyhow, from the beginning on the Council, I tried to express these views

JW cont. and I think it was taken right away as a representation of a kind of a polarized viewpoint between community psychiatry on the one side and the academic psychiatry hospital on the other side, that I was a spokesman for this other point of view, but a mistaken one, a mistaken point of view that isn't where things were going. Here I believe there really was a major divergence of viewpoint. I think that the leadership of NIMH was naturally oriented to a less medical model than I was, not only because they were people whose whole careers had been in public health and the public health service, more or less, but also because of what their experience had been within government trying to deal with the medical profession. The biases that were shared by many people toward the private and the academic sectors with regard to the models of practice and also the influence of certain gurus or key figures. At that time I used to grumble that what I heard mostly from the leadership of NIMH was the gospel according to St. Gerald, this being Gerald Kaplan who had in fact taught many of these people a certain brand of social psychiatry and whose teachings, in fact, were tremendously influential during that whole period. Gerald Kaplan put his imprimatur upon a whole generation of community psychiatrists, if you will, and that message was not one with which I fully agreed. I felt that there were just some incongruities between that viewpoint and the reality, when you got away from the Harvard laboratories for Social Psychiatry and out into the heartland where I could see the practice of medicine and the care of the mentally ill the way it really went on, that things were going the wrong way. Well, without going into it much more I think it's fair to say that I tried to persuade people during those years that NIMH should be doing everything it possibly could do in the development of the community mental health programs and the facilities and the planning grants and the grants and so on, to try to amalgamate it more with the practice of medicine in general, community general hospitals. These hospitals were going up everywhere at the same time and I felt that they should be somehow put together, that general hospital psychiatry as a model was really the psychiatry of the future, not big mental hospitals, and not community facilities detached from the rest of health care, but the community general hospital was going to be where it was at in the future, and that the community mental health center should be part of that.

JW cont. I never could succeed in communicating that vision of it and even now I feel as though there are still many people who don't see it that way, but I cite this more to be inclusive in my list of topics wherein as a member of Council I found myself at disagreement, not just with staff, but also with some other members of Council as well. A lot of the argumentation went on within the Council between the Council and staff.

EAR Let me ask you a question about this because obviously you've only been able to illuminate some of the variabls that have been involved in these various different visions that you describe. Did you have the feeling that Council served effectively as a forum for such discussions, or were you constantly being frustrated that, either there wasn't enough time, there may have been hidden agendas or whatever that prevented this from serving as an effective form for discussion?

JW Well, once we began to have the policy meetings I felt that there was a real opportunity to discuss these matters. It didn't happen right away because at first what tended to happen in the policy meeting was that it just became a long briefing session, that the members of the Council didn't have a chance to create an agenda of their own. I don't think it was deliberate on the part of the leadership to prevent that from happening. I don't see them gathering together and saying, God knows what these turkeys will dream up if we let them shape the agenda, but rather a natural tendency to continue doing that which you have always done in the face of what is supposed to be a discussion of policy. But the Council was made up of grownups and after a time or two we just let it be known we elected our own officers, secretary, and there was a growing sense on Council right up to the time I left of a need for Council to assert itself, which was seen as part of its mission. In this particular arena, I felt that the time I left the Council that I'd had a chance to explicate these views well enough, but I had simply just not succeeded in persuading very many people that these views were correct, and I think there are still lots of people who would want to argue about it, and only time will tell, whether this is a correct view or not.

EAR Now, okay, any last points, I know that you got someone waiting, that we ought to get on the record.

JW About Council, I think on the whole there was just one other sphere in which I felt frustrated in my service as a member, and I don't know how much it would have been possible to change this even if every member of Council and every member of staff had felt exactly the same way I did, simply because of the political and social realities ofthe time. I felt very strongly that of all the different things we were doing with the public treasure to improve the mental health of the country, that the most important use of the money should be for research, that the other institutes laid a very heavy emphasis on research, all of them, that they were involved in education, mainly secondary to research, and to be sure that the findings of research would be translated to action in health care and virtually not at all in providing services themselves. I was not one of those who felt that NIMH should divest itself of everything that wasn't research and go back to become part of NIH again, simply as a research unit. There were those who felt that this should have been done. I didn't think that was practical politically. Yeah, Danny Friedman, Maury Lipton and a few other people felt very strongly about that and they tried to get me to go along with it and to use my influence in the Council, when I was on it, and to try to push in that direction. I was aware of what some of the political issues were and the struggles within government at that time. Some of it was kind of amusing, to see major reorganizations of government to resolve personality conflicts between people within an agency like HEW. I saw LBJ take dangerous drugs away from both Treasury and HEW because they were quarreling about who should have it all and he took it away from both of them and put it where it belonged least under the Attorney General, the Department of Justice. He did that to solve some problems he had with his people, not because it made any sense. Well things like that happened in the creation of such monsters as the Mental Health and Health Services Administration. His model. That was a monster, if there ever was one. But it didn't seem to me that my role as a member of Council should go to that. But what I did see was a need in a field where there was so much need for new knowledge and where so much of our service efforts were as yet unevaluated in terms of their merit, that one thing for sure we knew about all of them, they weren't good enough, they were necessarily non-specific, that requirements to make break-throughs

JW cont. of the kinds that had been made in, let's say, infectious disease and other branches of medicine, were glaringly obvious and we weren't using even a majority, much less most of our resources, to develop new knowledge. I saw a lot of good research go without funding because even the research monies had to be spread around, so that some very worthwhile biological research proposals couldn't get funded because the competition was too stiff, whereas the aliquot for some social research, much less rigorous research in a different competition would get funded and because it wasn't all being judged on the same standard. Well I didn't so much resent the fact that some social research was getting funded that wasn't very likely to prove vital, but that there was so much other research that was not getting funded, when we were pouring a tremendous amount of money into service enterprises. Even though the country needed the services, I felt that services for the mentally ill were being steadily improved by the states the best they could and that the more the federal government would help the more happier people would be, but that research was something that would never get done except with major federal investment. This was one thing that was clearly an NIMH responsibility and I knew that it wasn't up to Stan Yolles or the Board or anybody else to make these decisions, but I felt there could be a steady drumfire of information constantly striving to make a larger and larger investment in research, to cut the rest of these things back in order to put a greater share of mental health dollar into research that was being done. I still feel the same way. I recently told the President's Commission the same thing. I'm not an important scientist and almost all of my work, and I'm now in my 24th year as a Department Chairman, it's primarily education and the second most important thing is the patient care in the hospitals that I've been responsible for. I do a little research and I foster as much as I can, but I'm a clinician and a teacher, not a scientist, and yet I feel that research is our highest priority, because as a teacher and as a clinician I realize that we constantly bump up against the limits of our knowledge and until we push back those limits we can't change enough to make the kind of difference we have to make in time. Well, I think that this was a chronic frustration for me. I remember when NIMH received as its responsibility St. Elizabeth's Hospital. I got the impression that

JW cont. the staff was kind of tickled by this and Dr. Yolles talked to us about the little railroad that they had inherited and all the rest and then for several meetings we heard about the terrible problems of St. Elizabeth's hospital and we were supposed to consider what should we do about St. Elizabeth's and everything you might want to talk about in running a hospital which is something I felt I knew something about, to improve it, you couldn't do it for one reason or another you couldn't do it at St. Elizabeth's. And so, on a momentous occasion, I don't know whether you remember it or not, where I seriously proposed that if this really now belonged to NIMH that we should talk to our friends in the Congress and get permission to tear the God-damned thing down, just eliminate it. It was an anachronism, there was no way to make it a really first rate mental health delivery system out of St. Elizabeth's hospital, that if we believed any of the stuff we were trying to teach the rest of the world, we would tear it down, take the land, sell it to private developers or convert it to park or to low priced housing or something, and to meet the needs of the people in the greater Washington, D.C. area develop some community mental health programs in connection with the general hospitals around the area and deliver the services that way, and furthermore that they shouldn't be operated by NIMH but by the community. Well, this was considered to be, I really think that people thought it was funny. I was absolutely serious about it and I still think the same thing. St. Elizabeth's is a monster, and not only is it a monster but it is a terrible example, and not one single one of the arguments that I heard put forward about why NIMH should operate it made any sense, and still don't. I cite that to illustrate the fact that NIMH experience in devoting time and effort and money and energy to service delivery in a way is sort of symbolized by its responsibility for St. E's hospital. It just diverted all these things from where they ought to have gone.

EAR But it was a fundamental dilemma with NIMH because the service program is what characterized it as so uniquely different from all the rest of NIH and so uniquely a part of his holistic approach and yet it was impossible, it was like trying to clean out the Augean stable. It was an impossible task. Well, listen, I greatly appreciate your taking all this time....