

Robert E. Cooke Oral History Interview—JFK #2, 7/25/1968
Administrative Information

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Biographical Note

Cooke, Chairman of the Medical Advisory Board of the Joseph P. Kennedy, Jr. Foundation and a member of Science Advisory Council of the Children's Hospital Research Foundation, discusses the President's Panel on Mental Retardation, the organization of the National Institute of Child Health and Human Development, and the creation of the Special Assistant to the President for mental retardation, among other issues.

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Second of Two Oral History Interviews

with

Robert E. Cooke

July 25, 1968
Baltimore, Maryland

By John F. Stewart

For the John F. Kennedy Library

STEWART: The whole matter of the drafting of the final report, a number of people have commented on some of the real problems. For example, the fact that the draft before it was actually approved by the panel, was reviewed by a number of people including some people at N.I.M.H. [National Institute of Mental Health] and H.E.W. [Department of Health, Education and Welfare] and the Bureau of the Budget and so forth. Do you recall any real reservations by members of the panel or any disappointment because the draft was being reviewed by so many people outside?

COOKE: Well, I don't personally remember very much about that because I don't think I was involved too much with that. I think Tarjan [George Tarjan] and Mayo [Leonard W. Mayo] probably were the people that were getting most of the criticisms. As I think I mentioned before, the main concern that I heard repercussions of, was the conflict between the professionals themselves in the biological and the behavioral areas. But the question of a lot of modification by outsiders, this really escaped me. I had heard some conversations and concerns about the Bureau of the Budget. They wondered how it had become involved. I wasn't too aware of the difficulties if there were any. I think the bigger problem was the reaction of H.E.W. to the report. At times, I got the feeling that the report had been foisted on H.E.W. And there was a bit of resentment that they themselves hadn't had the opportunity to develop

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their own report on what ought to be done, rather than have this outside group do it. It seemed to characterize a little bit, the whole question of the established bureaucracy being short circuited by a bunch of amateurs.

STEWART: You mentioned the matter of risk registers and handicapped registers. And I think you said this idea was never really accepted.

COOKE: Well, there was the question of the handicapped register which was an interesting concept that has been fairly prevalent in England. And it wasn't accepted as a part of the report or a part of policy at all, even though some people felt as though it had some merits, largely because of the concern that this stigmatized individuals and that if they were stigmatized, with the feeling of the public in general towards retardation, there would be a tendency to leave them alone rather than do something for them. Now, I think it's interesting the difference in attitude. The English seem to feel that by doing this you've brought special attention to them. And the American approach (and I think it may go back to some of our philosophy) was, the children are equal to anyone else, why put a damaging label on them? It's very interesting, the same attitude went on when I was organizing Head Start. We were trying to get at the question of better evaluation of the kids from the standpoint of intellectual and emotional and other capabilities. And there were some of the members of the original planning committee that I put together that were very unhappy about stigmatizing these kids with any kind of label at all. What we were trying to do from the medical point of view was that if somebody had a particular problem and it was identified, then something specific could be done for him. But they felt somebody would misuse this label. So it's a bit of a conflict between the belief that everybody is born equal and realizing that people aren't born equal and some need unequal opportunities. You've got to give them additional help. Well, the other thing that never appeared which was something that was discussed a fair amount was whether or not people ought to get some kind of a subsidy if they were handicapped. This was the whole question of whether industry ought to be subsidized for employing the handicapped. And here again, whether people ought to get different incomes if they are handicapped, that they might be paid at a different rate and so forth. That never really came out in the open either. I think here was considerable anxiety, as I mentioned

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before, about labor's reaction to something that would call for a lower wage. But it wasn't just a concern about labor. Viscardi [Henry Viscardi, Jr.] was one of the prime movers in the rehabilitation area; he just felt this again downgraded the value of handicapped—people who would be considered cheap labor rather than full worth.

STEWART: That had to be subsidized in order to do anything.

COOKE: Yes. Well, that aspect of it.... The whole labor aspect was, to me, a

disappointment that there was no strong effort made to bring labor in. As I think I mentioned in the other interview, we thought it was a very definite rejection of labor. And then we were told to keep quiet about it.

STEWART: I noticed just the other day that President Johnson [Lyndon B. Johnson] appointed, I think, the head of the A.F.L.-C.I.O. [American Federation of Labor and Congress of Industrial Organizations] in Louisiana to the President's Committee on Mental Retardation—Bussie [Victor Bussie].

COOKE: Yes. Yes. Well, he also had Joe Beirne [Joseph Anthony Beirne] on the President's Committee who is the head of the Wire Service Union.

STEWART: Yes. Yes. Electrical Workers' Union.

COOKE: Yes. The Electrical Workers. So that then there was more labor representation on this particular panel than the original one.

STEWART: Yes. What about this whole matter of genetic counseling. This too didn't go very far did it?

COOKE: No. That's right. That's a good question. I'm sure you can get that.... I don't know who would have supplied that one. Yes, that was a little bit of an issue which never really came out as much as it should. It was done, interestingly enough, a little bit out of respect for Mrs. Shriver [Eunice Kennedy Shriver], I suspect, rather than any great concern about what the public reaction would be. [Interruption] I think

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that's kind of an interesting point. All the way from the very first meeting, this whole question of the problems of abortion and sterilization and contraception as a preventive device in some situations, that was always handled very, very gingerly. The conversations were always sort of.... They weren't officially off the record, but they were never on the record because people would kind of talk about it at lunch or something else. And there was quite obviously an effort not to get into that side of things very much. And we used to wonder a little bit whether you could put out an honest to goodness report about prevention in the absence of any real discussion of these particular subjects. And, I think, largely out of respect for her it never really did get into the report nor even did the discussion get very deep on this particular subject in the subgroups. There was some discussion of family planning and that term was used. I can't remember whether or not the report itself contained the word family planning or not. It certainly didn't contain the word contraception or birth control. I remember that it was very carefully skirted.

STEWART: There was something one.... They recommended the state departments of Health and university medical centers collaborate in the development of

regional genetic counseling services so that young married couples and expectant parents may have access to this...

COOKE: Yes. Well, that was part of the thing that I did. This was on the prevention side, which was my own bailiwick. What we plugged for were regional centers that could have the laboratory capability to be able to provide advice to physicians. But we didn't get into what you did if you found a defect, for example, that might occur again, because the whole question of birth control and the like was avoided. I think it made a few people uncomfortable a little bit that this was being skirted. And on the other hand one figured "Why wave a flag?" But I didn't ever get the feeling that there was any governmental suppression of this part of the report or this part of the discussion. But it was definitely skirted. There was no question about that. We didn't plow into the whole question of prevention of mongolism by preventing births in the older mothers and so forth. We know as much about it then as we do now. But now people talk about doing this, whereas then it was a much touchier subject.

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STEWART: Did you feel in general that the whole scope of what the panel was trying to do changed significantly from your conception of it in the beginning to what actually resulted? Was there a great feeling in the beginning that this was to be a huge, almost definitive, study of the field of...

COOKE: Yes. That was at the beginning, I think, when the people were gathered together first—some felt that this was to be an in-depth scientific study of particular problems, that there might even be some directed research into some of the questions that people raised. A bit of a gasp went through the committee when the timetable was announced. People said, "Well, all this is rather superficial treatment," and so forth. Well, you know as the work developed, I don't believe that many of the people thought it was superficial treatment. I think they got the feeling that you can't do original research in this way and that you would have to approach it from a different point of view and give opinions and raise questions rather than having absolute scientific documentation for every item. Many of the statements that were made, as you can gather, would be tough to cite a specific reference to back them up. They were "our best judgment ideas." I think this message after about two sessions got over all right. I can remember the impatience of some of the lay people when the scientific groups' subcommittees first started to meet. Minutiae kept coming up. It was very interesting to see how the first sessions, not of the whole committee, but of the subcommittees, got more and more concerned with minutiae. And somewhere along the line Mayo and his staff.... It was always hard to know how much he was doing on his own hook or how much was coming from other people. But somehow along the line there was imposed a kind of structure in which the subgroups had to begin to work because there was a considerable anxiety on our part that we were just going out after so many minutiae and there was no structure. It was just a kind of hopeless morass. It was interesting to see how low the morale had gotten on a

few of the subgroups, you know. They were bitching about the way things are going rather than trying to think. And then, somehow, some structure was given to the whole thing. People then went and did a little homework, instead of just sitting and talking in almost an aimless manner. And out of it came these assignments that were then the material that made up the final report. That really came on about halfway along. And after that, things were really just polishing up the language a little bit and

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giving some weight to various parts of the report. It was very interesting—that change. It occurred almost overnight. From utter chaos suddenly there was some kind of structure.

STEWART: Were you at all involved in the problems they had with Dr. Mayo's staff? There was a conflict between Rick Heber [Rick F. Heber], I think, and Bert Brown [Bertram S. Brown]. And, if so, was this more than just a clash of people? Were there any substantive issues involved?

COOKE: I don't know actually much of the details of that. I think you will get that from somebody else more accurately.

STEWART: Yes. Okay.

COOKE: Now, I think that it is worth pointing out for whatever it is worth for history that the staff, at least this is my opinion, the staff did damn near nothing on this until the very end.

STEWART: Oh really?

COOKE: At least this is the feeling that I had. That's in regard to the materials that at least we worked with. I was concerned with the questions of prevention, from the biological as well as the behavioral, and some of the suggestions in regard to maternal and child health programs and the stuff that Nick Hobbs' [Nicholas Hobbs] outfit did in relation to prevention of cultural difficulties, et cetera. That was all the panel's doing. This is what impressed me about this particular panel, that instead of the staff writing a lot of the material.... I remember we met somewhere in the South, I think, on one session. And I can remember two or three of us bitching, "Well what's the staff doing? They don't seem to be doing a damn thing. We're doing all the writing, all the correcting, all the shortening and everything." Now, whether that was true of the other groups or not, I don't know. But it sure impressed me. Now, they obviously took all the rather long, windy stuff that we wrote and did some extracting of it to make the final report. And I think in the last weeks they probably did the bulk of the work. Now, that really doesn't apply to Mayo because I think Mayo was trying to cover the whole business.

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He worked them. But some individual staff members, I must say, I was rather surprised that they didn't get into the act and catch on more as to what we were driving at so they would come up with some drafts rather than our having to do all the drafting. But that's just sort of a personal thing.

STEWART: What if any role did Dr. Janet Travell [Janet G. Travell] have in all this?

COOKE: Well, she was sort of pleasant and nice and that was about all.

STEWART: She was at some of the early meetings I think.

COOKE: Yes. I didn't really feel that there was anything very specific that she had contributed other than making everyone feel sort of nice about having a pleasant person around. But I didn't think there was any substance added by it.

STEWART: Did you have something else there?

COOKE: Yes. This is a question of direct conversations. I think you will probably get into that.

STEWART: Yes. Yes. All right, well, let me ask then. Did you have any direct conversations with the President [John F. Kennedy] and is there anything you recall about his specific interests in these matters?

COOKE: Well, I can recall one conversation and this was in regard to infant health and some of the problems in relation to prematurity, difficulties of the newborn baby and problems during pregnancy that had some bearing on the development of retardation later. This seemed to be a particular concern of his that I gathered someone had done some homework on or that he had done some homework on—what might be responsible for some of the more common causes rather than the more spectacular ones like PKU [Phenylketonuria]. This particular problem he was concerned about because it bore some relationship in his mind from his comments to poor socio-economic levels and poverty and the rest. I'm sure here were the beginnings of the more intensive maternal and child care programs, which came later. It was about halfway through

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the panel's deliberations that I can remember some conversation in his office and the question about whether substantial reduction would result if infant health was improved and so forth. I'm sure that everyone has remarked about the meeting with the committee when the Bay of Pigs disaster occurred and the remarkable self control he exhibited I think this was...

STEWART: I think it was during the Missile Crisis in October of '62.

COOKE: It was the Missile Crisis, right. Amazing. He couldn't have been more relaxed.

STEWART: Let me ask you about the decision of the Kennedy family to publicize the fact of Rosemary's [Rosemary Kennedy] condition.

COOKE: Yes. Where did that come from? I mean how did they get on to that?

STEWART: Well, of course, Mrs. Shriver wrote an article for the *Saturday Evening Post* in 1962 which was the first general and widespread disclosure of the fact.

COOKE: Yes. Well you know, I have a feeling I had something to do with that. But it's just pure impression. They were enormously impressed with the fact that I had made a movie about my two defective kids, at least Mrs. Shriver was. This was shown at the White House. And I couldn't help but feel, and this may be just because I was involved emotionally with my own kids, that there seemed to be a kind of change in attitude. Whether it started then or before, but you could see the momentum pick up; that there was a willingness to recognize that this existed and willingness to bring it out before the public. And I can remember the sort of comments that were made at the time of the showing of "The Dark Corner" which was the name of the movie and the television hour and a half show that was developed here in Baltimore. And whether that had anything to do with it or not—or just sort of a gradual build up of recognition—that you didn't get anywhere keeping it quiet. You might as well get some mileage out of publicizing it for the cause of the retarded. But it definitely was a change. I remember the first time that the Shrivens came to Baltimore to talk about the John Hopkins research program. This kind

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of approach of, "Oh, well, we've been involved in this personally and so forth." That just didn't come into the picture at all. And then gradually one saw more and more discussion about it and rather frank discussion with me and others about what the problem was. And then I remember the *Saturday Evening Post* article.

STEWART: Going back, I think you mentioned that you got involved in the Foundation [Joseph P. Kennedy, Jr. Foundation] work what about 1956 or 1957?

COOKE: It would have been about '58, I think. And this was largely as a Masland [Richard L. Masland] suggestion to the Shrivens, I think, that maybe we could contribute something here at Hopkins to the work with the retarded. And then they came here, and I guess they got rather enthused about our attitude towards

the problem. And so from that time on I've been involved pretty heavily with the Foundation and with the family and sort of given advice on these particular problems.

STEWART: Well, there was a whole shift wasn't there in the approach of the Foundation?

COOKE: Yes. Very distinctly. But Masland, I think, had something to do with that probably as much as anyone. Although, I think, in directing the efforts after the shift, I got the impression that there was a certain business sense that had gotten into this act that earlier the effort had been to build facilities for care. Then the demands for facilities to care for these kids got greater and greater. And somebody in the family—it may well have been Mr. Kennedy Sr. [Joseph P. Kennedy, Sr.]—Eunice has said that her father felt that there just wasn't money enough to be paying for all the buildings that were required to take care of the kids and maybe they'd better start directing their efforts at prevention and find out what it's due to and prevent it. And it was at that time that they then, I believe, sought Masland's advice, the head of N.I.N.D.B. [National Institute of Neurological Diseases and Blindness]. And then he was the one who suggested trying to look at a few of the major universities to see if they had any people that would be interested in organizing programs. That was, I think, how the change occurred. But it was at that point also that, I think, that Mr. Kennedy sort of turned over the direction of things much more to Eunice and Sarge Shriver [R. Sargent Shriver, Jr.]. Oh, Sarge was very active in this earlier in the game. I think he was much more the executive director. And as he then became involved much more with the Peace Corps, he tended to shift more over to Eunice. Now a large part

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of the decision-making is hers.

STEWART: You mentioned the residential care facilities. This again was part of your task force wasn't it? The whole matter of prevention.... Did this whole matter of the ideal size of various facilities become a real question in...

COOKE: That was a big care issue with much conflict over this. There were two big conflicts that came up in relation to institutional care. One was the role of psychiatry and the other was the state institution versus the small non-governmental run but supported institution. Well, that concept really didn't creep in until quite recently, the private sort of non-profit. But the question of the small cottage-type versus the big, massive-institution.... It was very interesting that although people kept saying in the panel that it was important to have home-like atmosphere and small facilities and so forth, there was always a hedge that well, the big ones may be necessary for economy and so forth. It represented the attempt—and Tarjan was a key person on the panel and contributed a great deal—and he was at that time the head of a major institution at Pacific State. He insisted that the retarded in the large institutions could not be forgotten. “We have the large institutions. We've got to do something for them. We've got to

maintain them.” And so there was a very distinct conflict. Tarjan as the only psychiatrist on the panel was sensitive about some of the attacks that came from the people that had been associated with the parents group, the parents group feeling were hostile to psychiatrists because they felt that psychiatrists had dominated state departments of mental hygiene and these to a large extent had been responsible for the poor care of their kids in residential facilities. They felt that mental hygiene groups wanted to keep the retarded in the same kind of big institution issue, the N.A.R.C. [National Association for Retarded Children] resentment.... That was all sort of wrapped up in one package really. This also got into the question of the support of research in residential institutions. I can remember considerable debate on this subject. Should research centers be established in residential institutions? I think the final report hedges on this particular issue. But there were some who felt that this is the worst kind of investment to make simply because it would then give a reason for being to these places so that they continued rather

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than be replaced by more appropriate facilities. But again the residential lobby, so to speak, the big residential institution lobby, kept saying, “Well, we’ve got to strengthen these big places because there are going to be a lot of kids there for a long time.” Et cetera, et cetera.

STEWART: In what other areas of this whole thing did this problem between the mental health people and the retardation crop up? For example, the legislation was later combined. All the messages were combined. Were you...

COOKS: That was a big hassle, of course, as to how much ball everyone should play with the mental health area. Again, the psychiatrists on the panel felt that the more we could combine these, the greater the strength there would be. The parent groups were represented, in a sense, by Boggs [Elizabeth M. Boggs], who was very effective as a spokesman. She maintained the position of the N.A.R.C. that—and Eunice tended to be very much in favor of this too, that unless there was identity for retardation, MR [mental retardation] would go on just as before, forgotten, neglected by the psychiatric side. Now when it came to combining these in the same message, Mike Feldman [Myer Feldman] got involved in that rather heavily and also Bazelon [David L. Bazelon] who never really.... I don’t know if you’ve read any of Bazelon’s statements about the retardation problem. He rarely separates the two. In fact, he goes out of his way to make them similar. This, I think bothered some people. But the decision to combine them was based on, at least, I think Bazelon who influenced Feldman. And Feldman took the position that mental retardation wouldn’t have enough appeal and strength to stand on its own and that if it was combined with mental health, which was a bigger problem which everyone recognized, then the mental retardation activities had a greater chance of support. It’s very interesting that it turned out to be just the opposite. I can remember—I think I probably told this to you before—that before the early hearings of the Kenneth Roberts’ [Kenneth A. Roberts] committee, I went down and met with him and talked at some length with him and some of the other members of the committee. It was quite

obvious that that committee at least was willing to do absolutely anything the retardation side of it wanted. They were much more reluctant to go along with some of the mental health recommendations. We came, for example, to the question of some staffing money for the community mental retardation facilities and for the university-affiliated

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facilities. I had recommended to Roberts that some money be provided, a certain percentage or some other formula of the capital funds could be used for a kind of core staff. Roberts was very enthusiastic about this. He thought this was the only way to do it. There were no objections. He was unhappy about the recommendations that were being made by the mental health people along these lines, at that time, because it just seemed to be open-ended. And if you look at the testimony at the time of the hearing, the question was asked, "Well how are you ever going to staff all these?" There were tens of thousands of psychiatrists to be needed. On the other hand, very modest staffs were suggested for the retardation centers. Well, it was H.E.W. that put the squash on that. I can remember arguing with Wilbur Cohen [Wilbur J. Cohen] and Feldman and a couple of others in the White House annex about whether or not there ought to be some kind of staff money. And they said, "Well, it's too early, and you don't know what kind of staff is going to be needed," and so forth. So that was never pushed. But the reception by Congress was just the opposite. There was no question in my mind that if we had had a bigger program, two or three to four times the size maybe, it would have been very readily accepted by Congress. They kept asking—when I met first on a private basis—"Why aren't you asking for more?"

STEWART: Who is this now? Oren Harris?

COOKE: This is Roberts' committee, who was chairman of the subcommittee of Oren Harris's group. They looked at this big pile of money for the mental health and wondered why the retardation things were so modest in relation. I don't think there is much question in my mind we could have gone with much more. It would have been accepted at that time. And the mental retardation thing to a large extent carried the mental health.

STEWART: I was going to ask you about this matter of staffing and I've come across some place this whole problem with Wilbur Cohen. I got the impression that Wilbur Cohen, in effect, gave people assurances that this staffing could be taken care of through some other means or at least the money would be made available eventually.

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COOKE: Right. It was said that the authority existed through training programs or something else to carry this out without any specific inclusions in some of the legislation as such. And then they made the argument that if you

identified money.... This is what got me to keep quiet finally. They said that if you had specific designation of funds, then that would be all the money you could get. You couldn't get any more, basically. That didn't work out that way unfortunately. It has been a struggle, a hell of a struggle, ever since, to get any kind of adequate support for the staffing, at least. But those were the two arguments that were used. It wasn't necessary and if you included it that would be all you would get. The other way it was more open-ended. You could use all existing resources.

STEWART: I think the National Association for Retarded Children agreed with that second reason that they would get boxed in, in effect, and that would be all they would get.

COOKE: Yes. But unfortunately that didn't work out that way. They have had their problem ever since, on staffing.

STEWART: To what extent were you involved in the initial organization and staffing of the National Institute of Child Health and Human Development [N.I.C.H.D.], and any of the related problems, for example, in shifting projects from other institutes and so forth?

COOKE: Yes. Well, I think I told you about the resistance to the formation by the N.I.H. [National Institutes of Health] bureaucracy. And then I think I did mention the fact Shannon [James A. Shannon], once it was a fact, jumped on the bandwagon and pushed very hard, I think, to make this successful.

STEWART: If I could interrupt you, in relation to that, did any of the opposition come from the Children's Bureau?

COOKE: Well, I think we spoke about this—that it was never clear in my mind. Well, you know how the government works better than I do. A government agency never takes an outright stand. But it was very interesting that I'd had put on me an enormous amount of pressure from people such as

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Martha Eliot [Martha May Eliot], who was the old Children's Bureau head, Myron Wegman and others. These were obviously people who had an interest in the Children's Bureau. And I suspect the Children's Bureau had given them a good deal of information, too, to make sure that the N.I.C.H.D. didn't destroy the Children's Bureau. And the memorandum of understanding which was developed between N.I.C.H.D. and the Children's Bureau was supposed to take care of that particular problem, allowing the Children's Bureau to remain involved in service and training for service and the kind of research concerned with the administrative side of things, whereas the more basic research, they said, should be at N.I.C.H.D. But it was certainly a lot of concern—and resentment and hostility about the whole question of the N.I.C.H.D. when it came to the

Children's Bureau. Now one of the ways we tried to get around this was the recommendation that the Children's Bureau and the Office of Education be included on the council of the N.I.C.H.D. Somehow or another the Office of Education was dropped. Now, I never quite understood it. I think it was an omission rather than anything else. But the head of the Children's Bureau was represented on the council. That's very interesting in regard to the selection of the head of the N.I.C.H.D. I never did find out how the devil they came to select a head. This still remains one of the mysteries—as they had replaced the head by first of all Aldrich [Robert A. Aldrich] and then Harting [Donald Harting] and then by LaVeck [Gerald D. LaVeck], as to who really has the say in the selection. Looking at it as an outsider, I was very impressed with how inadequate the selection mechanism is. That kind of a job is certainly the equivalent of a professor's job in a medical school. And that's a very extensive kind of search operation where a lot of people's opinions get into the act. This one seemed to be quite arbitrary. And Shannon—I don't know whether it was Shannon, but I certainly got the impression it was Shannon's decision almost completely, to have Robert A. Aldrich. And then the replacement of Aldrich by Harting, Shannon was given all kinds of discouragement about this. And yet they went right ahead. And it was very interesting how this worked. I don't know what the mechanism is for appointment really. But it was upsetting to a lot of individuals that the selection seemed to be such a one man kind of thing. The other great mistake that was made is that the first director of the Institute was brought there evidently with a very limited time of service expected. Aldrich was coming only for a period of eighteen months or two years. It was highly

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unrealistic that a man could get a good show going in that period of time and then just leave it. I think that was poor judgment along the line in selection. But as far as the choice of the council members and so forth is concerned, there were suggestions asked for by H.E.W., but darned if I can remember exactly what form they took.

STEWART: I'm surprised that Mrs. Shriver didn't take—perhaps she did—more of an active interest in seeing this thing organized and put on...

COOKE: Well, I think she was involved in it to an extent. I think she got, just as I felt I did, lost in the damn red tape. I mean, we never knew who was responsible for what in terms of the organization of N.I.C.H.D., And I think she had considerable confidence that with the selection of a new director and the director was a fellow that, I think, a lot of people thought was first rate for the job. And none of us knew that it was only for a limited period of service at the beginning. I think she felt that things were in good hands, it would move along well and so forth. Now, the original recommendation that we made for N.I.C.H.D. was that it was to begin small and it would spend a good deal of time programming. This was what we promised the congressional committee when we testified on this—that it would begin rather small and spend a good deal of time programming to see what its particular areas were so there was not a lot of overlap with the Institute. One of the things that surprised me as a council

member from the beginning was that we suddenly took on an enormous amount of stuff from the other institutes in the way of grants that had been running for some time. And this saddled us with commitments for several years into the future. So that, I think, that limited very much the flexibility of the program. We were sort of saddled with a lot of money and I think that, to me, was a mistake. Now, whether it really was a mistake or not I don't know because the timing of the cutback in research support which came as a result of the War [Vietnam War], to an extent at least, would have maybe hit the Institute when it would have had very little money if it had started very slowly. So I don't know whether or not this was a serious mistake or whether it might have even been an asset to have taken all this research. But the conflict went on for a long time as to what area of responsibility does this institute have? How much disease does it actually

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concern itself with? Is it just normal developmental processes or are there some particular things concerned with the child that might have a disease orientation and the like? And as you know, there was conflict about whether or not there should be a separate institute for aging—whether the aging problem would be lost. I think we spoke about the debate in regard to the naming of the Institute, which was an interesting hassle.

STEWART: You mentioned some contact you had with A.M.A. [American Medical Association] people when you were on the Cohen task force. Is there anything more about their role or...

COOKE: No. The Cohen task force.... I don't know whether anybody got talking to you about the selection of a Surgeon General.

STEWART: No.

COOKE: This came up.... How did this come up? Well, I can't give you much dope on it. But I think it's a good piece of history that you ought to look into. That didn't come out of the task force. But some of the people who were involved in the task force got involved in the nomination of candidates for Surgeon General. And how that particular selection is made remains a bit of a mystery. There were all kinds of candidates being proposed: people in the service, people out of the service, the question of whether or not the morale of the Public Health Service would go down if they selected somebody who was outside it. One of the task force members—the reason that I mentioned it—was Jim Dixon [James Dixon] from Antioch. His name was certainly strongly pushed for a bit, I heard it several times. I was asked several times about him, what kind of a Surgeon General he would make and so forth. A lot of people were trying to put candidates in. And a while after that, I think, there was considerable question about who should be head of the Children's Bureau. This was a political plum which the President had and they wanted to offer it to a woman. I can remember being asked to try to come up with some suggestions for a good woman doctor who could run this because Oettinger [Katherine Brownell Oettinger].... Wasn't it Oettinger who was...

STEWART: Yes.

COOKE: She was an Eisenhower [Dwight D. Eisenhower] appointment. And she hung on. Everybody felt she was not terribly competent, and yet nobody could come up with a good female physician, so she continued on and on. We came up with a bunch of names of good men but nobody was willing to risk the wrath of all the women in the country. I'm sorry. You asked me a question about the...

STEWART: About the A.M.A. [American Medical Association] and any further contact you may have had with them as a member of the panel.

COOKE: All I can say is that when we were on the task force the composition had gotten out. Thereafter when the Medicare Act was in the legislative mill, some of the representatives of the A.M.A. came to see me and talked to me to find just what I thought about these matters. I never got the feeling that it was any great threat. They just wondered what kind of a kook I was to be coming out for something like this. It was interesting. I got the feeling rightly or wrongly because I was a pediatrician they didn't think that counted as much. Because what has pediatrics got to do with care of the aged, you know. It's interesting that the parts of that legislation which really were the ultimate in socialized medicine was the comprehensive care, the Title V part of that legislation. This was ignored completely by the A.M.A. Because again it had to do with kids and that doesn't represent a big dollar sign to anybody in medicine. It's very interesting how you could get away with socialized programs for kids and people didn't bother about them. But if you did it for adults, this got into the pocketbook of the power structure of the A.M.A.

STEWART: Speaking of appointments, do you recall any discussions about the decision to set up a job of special assistant to the President for mental retardation when the panel was coming to an end?

COOKE: Yes. That was really a sticky wicket. The question was how do you keep some momentum going after the panel? What's the best device to do it? Where should the individual be located? Would somebody who was advisory to the Secretary of H.E.W. have enough—I can't use the word authority—but enough status, prestige to be able to keep things moving in the government?

And what should the form be? I'm trying to think of options. One of the options that was considered was to keep some kind of a continuing committee such as the President's Committee on Retardation that now exists. It was felt that, well that it would be sort of an anti-climax to the President's panel report. Then the question of a person within H.E.W.

that was another option. The special assistant idea, I don't know whose hobbyhorse this really was. It's interesting that it never had a lot of enthusiasm on anybody's part, but nobody knew what-the-devil to do. They couldn't come up with a better suggestion. And so this was sort of then grafted in the.... I don't think it ever got into the panel report.

STEWART: No it didn't.

COOKE: The mechanism for implementing the report never got into the report.

STEWART: Well, I guess the feeling was that this is up to the President.

COOKE: Right. And that's exactly it. But there weren't even options suggested which I think could have been done possibly. Except nobody quite knew what to do. They figured, "Hell, we'll leave it to somebody else." And then the question of who should be the special assistant and they asked me to do it. I just couldn't. I didn't really think it was going to accomplish a lot. That was one reason why I wasn't so anxious to do it. Warren [Stafford L. Warren] was selected although he hadn't had any real experience in the field. I don't know, maybe he thought it was a good field to develop. The committee really never made much of a contribution. I don't think this was Warren's fault, particularly. The advisory committee did a lot of talking, but never seemed to really have much impact. The big problem that developed was how do you go from a federal level to a state level? And this problem.... A lot of time was spent on this particular issue. Each state had to develop a state plan which seemed like a good mechanism to get some federal influence. I'm sure you've recognized what a model this has been, because everything since that time has required in the health area a model, a plan, from the state before there could be any sort of action. This was true with the regional stroke, heart disease, cancer, and with the mental

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health, with the regional medical programs. It may have been the pattern that was established at that time. Quite honestly, I never saw too much how this made it possible for the federal government to do a better job. It was a good idea it seemed to me in permitting the states to assess what they are doing. And some of the state plans were damn good things, like Connecticut, for example. They sat down and developed a state plan with very impressive men from the community working on it. It led to a series of recommendations within the state that were very valuable. In a state like this one (Maryland), the state plan was just chaos, it was a disgrace. Unfortunately, there was no authority within H.E.W. to say to a state, "Well, this is a terrible job." It was on paper, but nobody had the guts to really reject a state plan. This was very disappointing. I can remember talking in Warren's office about how they could influence H.E.W. to reject some of these poor plans that were coming in. But nobody was willing to go against the states' rights even on that particular issue. One of the reasons for this special assistant to the President, was to provide a means by which the President could go to the governors and go to the top executives of the states and to go to the legislators of these states. But

that never materialized. Nobody knew really how to do it. I got the feeling that this was not just ineptness of the special assistant's group. It was a basic problem in our government as to how you get influence from the chief executive down to the chief executives of the states. It's a problem and I'm not sure if we've solved it now.

STEWART: Relating to that, the whole White House conference on mental retardation, is there anything of any great interest as far as one, the decision to hold it or the meeting itself?

COOKE: Well, I think there was considerable unfounded optimism amongst the special assistant and his advisory group which I served on, that this would get to the top executives of the states. It turned out that we got to the top agency heads, but most of us didn't realize that that kind of an individual didn't carry any weight in the state. As a bureaucrat, he was totally dependent for decision-making upon people above him.

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Commitment to retardation was not something that originated in the states with an agency head. It originates with the executives and the legislators. And that, we didn't get to at all! So that it was a pleasant exercise. But I'm not sure that there was really very much accomplished by it.

STEWART: Okay. I'm sort of running out of questions. You left off here in the middle of a.... But I think you've pretty well covered it. You can see on your own copy on the last page. [Interruption]

COOKE: This remark in regard to the university-affiliated clinical facilities. I think I had mentioned earlier, was a suggestion that I had made to the White House as an attempt to get a little bit more sex appeal, in a sense, into the mental health message, and the mental retardation message. And this was snapped up as something that had some appeal. The draft I saw of the message on mental health and mental retardation, was such a copy of what the President's panel had recommended that Eunice Shriver for one felt that it was pretty boring. The public hadn't seen it but she had. It seemed to her to be awfully dull to just go through the review of the panel. So she asked me whether or not there were some other things that ought to be done that would have a little bit more interest and a little more appeal, and this was how the university-affiliated program came in. H.E.W.'s reaction to that was deadly. They just didn't want to have anything to do with it. I don't believe it was ever cleared with H.E.W. before it was put into the message.

STEWART: Oh really.

COOKE: I have a feeling, there was such a reaction of surprise that there was a new piece of this thing suddenly sitting there. They didn't have any idea of how

it was going to be funded or housed and there was no legislation, nothing in the hopper at all, to create these things or anything else. So it had to be grafted on. I think I mentioned there was a dollar-juggling session with somebody from the Bureau of the Budget and, I think, Wilbur Cohen. And it was why there was seven million in the first year or something like that, because he took a little bit out of this and a little bit out of that. And

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it's interesting now, that they are still taking this program and they are taking other moneys from other places to pay for it. Right now there's a so-called H.I.P. program which is a Hospital Improvement Program. And the Bureau of the Budget is taking money out of that to staff the university-affiliated facilities. Well, I think that was all I was going to say in that regard.

STEWART: Okay. Just let me look through this quickly to see if there is anything I... Unless you can think of anything. What about the whole role of N.I.M.H. In this, in all the deliberations and proposals of the President's panel?

COOKE: Yes. Well, I can't say what direct action there was. All I can give you is a feeling and this is probably paranoia from not being a psychiatrist. But you got the feeling that N.I.M.H. was in the background constantly making sure that the status quo didn't get disturbed too much. I can't help but feel that they are involved some with the decisions about the big institutions, the role of psychiatry. I think they were doing a little bit of the pulling behind the scenes. And after the panel, when the President's Committee was operating, Bert Brown sat there in a prominent place. And again some of us felt that this was an obvious effort to keep psychiatry as the major discipline concerned with the retarded. Now, there was a good deal of obvious unhappiness when the retardation thing was pulled out of N.I.M.H. and moved over to N.I.C.H.D. And I got the feeling that there was as much opposition to N.I.C.H.D. from N.I.M.H. as anything. On the surface there were nice statements about how this was great and so forth. But you got the feeling from the background comments that were made that they weren't too happy about this. And there was great reluctance to surrender good programs from N.I.M.H. When we were first on the council, we saw the biggest bunch of junk transferred—I got the feeling that they were trying to get rid of their poor grants and move them over. But whether that's fact or just personal opinion, I don't know.

STEWART: Was most of this purely bureaucratic protectionism or did it go more deeply into the basic question of whether mental retardation is a field for psychiatrists or for other people?

COOKE: Well, I don't know. Of course, their argument was that

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there are emotional conditions that lead to pseudo retardation. This was an argument that was used a good deal. They argued that family problems as a result of retardation were frequently psychiatric in nature. And I think they reasoned that the whole question of thinking, this was the mind working and this was sort of mental health. So there were arguments that would justify this. On the other hand, the feeling as I indicated against psychiatry was just enormous and that these people had done very little. Actually when attempts were made to look at the portfolio for support of retardation activities by the N.I.M.H., it is very, very weak support. They had heavy investments in certain emotional things with a big bulk of the problem being totally left out. And they had done very little in the way of any kind of considerations of children's problems in psychiatry which was another reason unrelated to the retardation specifically, but having some secondary factors. Now, I can't remember the timing of the congressional business on the report on mental health. What year was the congressional request for this large study or report of the Commission?

STEWART: Oh when it started?

COOKE: Yes.

STEWART: Oh, in '56.

COOKE: It started in '56, but it was just going full blast.

STEWART: And it completed in '61.

COOKE: When in relation to the President's panel?

STEWART: In '61, I think the report was completed.

COOKE: Well, that was a big factor in the.... Yes, I'm sure this has been discussed already. It was that report, as you know, that probably led to the President's panel report. But the reason for the President's panel report in part was that the Commission on Mental Health not only left out the retardation issue, but it left out children's things. And this was a real hot potato—why they did this. They dismissed it by saying that they just didn't have time to get to it. But it indicated

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a real hot potato—why they did this. They dismissed it by saying that they just didn't have time to get to it. But it indicated how high on the priority scale this was. So this prompted some concern for a similar report in the MR field.

STEWART: Well, unless there's anything else.

COOKE: I don't have any other big thoughts, I guess.

STEWART: Okay.

[END OF INTERVIEW #2]

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