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Biographical Note

Boggs, President of the National Association for Retarded Children (NARC) from 1958 to 1960 and member of the President's Panel on Mental Retardation from 1961 to 1962, discusses the President's Panel on Mental Retardation, including the different task forces within the it, drafting its final report, the disciplines and personalities represented on the Panel, and the Panel's investigative mission to the Netherlands, among other issues.

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Second of Two Oral History Interviews

with

Elizabeth M. Boggs

February 17, 1969
Washington, D.C.

By William T. McHugh

For the John F. Kennedy Library

McHUGH: You were mentioning, Dr. Boggs, a document that you had there?

BOGGS: Yes. As you know, this is the second time I've come in to discuss these matters with you, and as I was reviewing the transcript of the earlier interview, I realized that I had not made reference to a document that was of considerable importance from the point of view of the National Association for Retarded Children and which was developed by us early in 1956. To understand the importance of this, I should refer back to the fact that in 1955 with assistance from us and, particularly, from our executive director, Dr. Salvatore G. DiMichael [Salvatore George DiMichael], Congressman Fogarty [John Edward Fogarty] had interrogated representatives of the various agencies in the Department of Health, Education, and Welfare whom he felt could contribute more than they were contributing to advancing the cause of the mentally retarded. Subsequent to that period, that is to say, the period during which hearings were held on the appropriations bill during 1955, Dr. DiMichael and several of the committees in NARC worked together on a document covering our ideas as to what should be done at the federal level. And I was a party to this because I was at that time chairman of our committee on education. The document is called Proposals on a Federal Program of Action in 1956-57 for America's Mentally Retarded Children and Adults. And it was addressed with a covering letter to Congressman Fogarty dated January 3rd, 1956. It consists of forty-nine pages and covers education,

rehabilitation, Children's Bureau, public assistance, social security, NIH [National Institutes of Health], and the whole gamut of agencies. This document was really a working document for us up until about the time that the Panel came into being. In other words, we used the objectives we set forth in this document as the basis for our successive appearances before appropriations committees, which was the primary source of our focus of our interest at that time. But we also used it in our work with the administrative agencies, and on certain other specific legislation such as the Adult Disabled

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Child's Benefit Program under Social Security which came in in '57. So I wanted to correct the sense of the pages 21 to 25 of my previous testimony in which I skirted around this document and really didn't mention it by name.

McHUGH: Well, in that earlier period during Eisenhower's [Dwight D. Eisenhower] presidency, the work for the report on Action in Mental Health was done. Did you ever feel that they might undertake the study of mental retardation also?

BOGGS: Well, that's a very interesting question to ask in retrospect now because I happen to be serving on the Joint Commission on Mental Health of Children, which has been structured in a manner somewhat similar to the original Joint Commission on Mental Health, to which you refer, and it has been brought into being primarily because the first Joint Commission almost completely neglected the problems of the mental health of children. In addition, it largely neglected the problems of mental retardation, both adults and children. We knew that the first joint commission [1956-60] was in operation. We were not directly represented on it although the American Association on Mental Deficiency, which is a professional organization in our field, did have a couple of its leaders on that rather large body. I don't think that we as an association had any very high expectations for what they might do on our behalf because we recognized that this was a commission which was being focused primarily on mental illness and our experience had been that the professions which saw mental illness as their central concern had tended to give second class citizenship and secondary attention to the mentally retarded over the years. This is a long and interesting history in itself and there have been many debates among psychiatrists; there's an interesting literature on this whole subject because there were some [a few] psychiatrists who deplored this lack of attention by the mental health professions to mental retardation, and the general feeling of relative hopelessness that they ascribed to that [our] field.

Now at the risk of digressing, I'll give you a couple of examples. Before we began taping, I showed you the face sheet of a summary made in 1959 by the National Institute of Mental Health, of its commitments for research in mental retardation during the '50s. Prior to 1956, when they were given an earmarked fund, they had been spending not much more than a hundred thousand dollars a year on research connected with mental retardation. Dr. Howard Potter, who is still alive and who has been one of the psychiatrists who, over the years, has been interested in mental retardation, and has berated his peers for not being interested, told

me laughingly that he was on the council, the NIMH council, at the time this earmarking occurred and that there was consternation in the ranks as to how they would spend that much money on mental retardation! Well, this is one indication. [Interruption]

Let's turn it off because I'm... [Pause] You feel under

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pressure here. I mean, I do.

McHUGH: How?

BOGGS: The second incident which may indicate to you the sources of our feelings on this subject arose in connection with the interpretation of the Hill-Burton Act. As you recall, this was an act passed just at the end of the war, for the construction of hospital and medical facilities around the country. Psychiatric hospitals, including state mental hospitals, were considered eligible for funds under this act. However, the act had in it a clause which says that facilities which were purely for domiciliary care or custodial care were not to be considered eligible for grants under the act. The Public Health Service, in writing their rules for the administration of this act, made a blanket statement that no institution for the mentally retarded would be eligible because they were all custodial or domiciliary in nature by definition. This was an example of the negative attitudes of the professions toward the mentally retarded and particularly against the institutionalized mentally retarded, that they felt that the mentally retarded were receiving simply custodial care and were not susceptible to therapeutic care. They assumed there was no therapy, no rehabilitation going on in these institutions because they assumed that treatment was not appropriate to the mentally retarded.

McHUGH: So you feel that was a deliberate exclusion?

BOGGS: Well, it was, and one of the things that we did in the period between '56 and '59—and Dr. DiMichael pursued this quite actively, and Dr. Dybwad [Gunnar Dybwad] following him—was to bring this fact of the way this was being interpreted by the Public Health Service to Senator Hill's [Lister Hill] attention. And he then made it clear in a letter that it had not been the Congressional intent by this language about domiciliary care to exclude health facilities for the mentally retarded. And following that, the Public Health Service eased up a bit and they permitted grants to go for the construction of infirmary facilities and other things that could be said to be medically oriented on the grounds of facilities for the retarded and in one or two instances, they actually permitted construction of essentially complete institutions.

McHUGH: That was quite a substantial advance, then.

BOGGS: Well, this represented an uphill effort to combat the notion that was prevalent among people in the mental health field. And I simply bring this

forward as an indication of the kinds of experiences which we had encountered and which led us not to place any great faith in what the Joint Commission might do. Now the Joint Commission didn't report until

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1961 and it turned out that we were absolutely right and they were soundly berated by some of their peers, notably Dr. Benjamin Pasamanick both for their neglect of children, mentally ill children, and for their neglect of the mentally retarded. But the fact is that that was all their report included.

Now it is true that during this period the National Institute of Mental Health made available some funding out of that earmarked money that they were receiving, to the American Association on Mental Deficiency to begin a so-called program of technical projects. The purpose here was to develop some practical technical studies on such subjects as cooperation between institutions and universities, which is one I happen to remember, and other matters. After the fact the failings of the Joint Commission were justified on the grounds that the AAMD [American Association on Mental Deficiency] was carrying on these studies and therefore the Joint Commission had been absolved from dealing with the mentally retarded. I think that that's a very weak post facto justification because it's obvious that the scope of the work of the Joint Commission and its intended impact on legislation was quite different from what the AAMD was doing and still is doing. At any rate, the Joint Commission report came in in '61 and the work on drafting legislation—I won't say based on it, but derived from it—began or was going on during the time that the Panel was also working, so that the two streams of legislation came to light at the same time in 1962-63. The mental health and mental retardation construction proposals were, in fact, introduced as separate bills and were later merged into one bill in the Congress.

McHUGH: Were there people opposed, particularly, to the merging of those bills?

BOGGS: Well, I think the merging of the bills was a practical matter. It had to do with the volume of business in Congress and the fact that moving one bill is easier than moving two. You have to get one rule and one action.

Whereas, if you have a lot of small bills, each one of them has to be justified before the rules committee and before the full committee and all the rest. So that I think Mr. Oren Harris and Senator Hill figured this was just a practical thing. There were also some people who were strongly representing to them that there should not be a separation of mental retardation from mental health and they saw this as a way of avoiding the appearance of separation.

McHUGH: Can you think of any names of anyone who was?

BOGGS: Well, Dr. Warren [Stafford L. Warren] himself was susceptible to that view: Dr. Stafford Warren was by that time [1963] on deck. The National Institute of Mental Health was rather keen at that time not to let mental retardation get away from them, so to speak. Dr. Bertram Brown [Bertram S. Brown], who's out there

now [at NIMH] and who did some staffing of the Panel in its incipient stages was one of the proponents who wanted to see these things brought together.¹ And I think that I made reference in the previous interview to an incident involving Mr. Feldman [Myer Feldman] toward the close of the Panel's work where he assumed that the major implications of the Panel's report would be in the hands of the National Institute for Mental Health and he essentially tried to modify or rephrase some of our recommendations so that that would be the apparent intent, and I was not willing to have the options foreclosed in that respect. And I asked that we be allowed to say in the report what we thought rather than have presumptions made as to how the President [John F. Kennedy] might choose to implement it.

McHUGH: I think you also said that Bert Brown rewrote or began to rewrite certain parts so as to make NIMH the focal point of...

BOGGS: He did a good deal of editing of the report between the time that it was formally presented to the President and later. At least I so understand—this is not something that I personally observed. But it was so reported to me by Rick Heber [Rick F. Heber] of the Panel staff, who, of course, had primary responsibility, in a sense, for the final technical editing of the report.

McHUGH: So in general, they were not just editorial or stylistic changes?

BOGGS: We felt that some of the exchanges that were made were modifications which did, in fact, affect the flavor of the content. I may say that what I'm saying was not necessarily fully evident in the final published report because some of it was caught in the process and some protest was raised by Rick, in particular, you see he had gone back—Rick had gone back—to the University of Wisconsin at the beginning, essentially, at the beginning of the academic year [fall of 1962]. And we had been told that the report would be edited for style and perhaps for some additional, you know, documentation here and there. And so we all went home and went about our business and let that process go forward. But Rick had occasion to come back to Washington to talk with the people who had the responsibility for editing it. And as he said to me, "Lo and behold, who was there but Bert Brown!" So Rick was concerned about the influences that were being brought to bear on the final product. But I think he felt that his intervention at that point had some influence in restoring the balance, as it were.

McHUGH: Robert Felix [Robert H. Felix] was at that time....

¹ Dr. Brown returned to the White House (Executive Office Building) to assist Dr. Warren, after the Panel completed its work.

BOGGS: Yes, Bob Felix was at that time the Director of the National Institute of Mental Health. This whole history of the effort to establish a separate base of operations for mental retardation, separate from the NIMH, is a very complex one and one with a long history and roots in many past events and happenings. It goes back to the days even before 1950 and to the ambivalence—and I think that's a perfectly fair word—of people in mental health towards the subject of mental retardation. But at the same time, a good and effective bureaucrat such as Bob Felix certainly was, doesn't like to see a problem area which looks as though it's going to have support move out of his bailiwick, obviously. If you've got something that the President is interested in, it's much better to keep it with you.

McHUGH: Did you feel that generally you did have good relations with Bob Felix on the Panel?

BOGGS: You mean the Panel?

McHUGH: Yes.

BOGGS: I would have felt that the Panel as a whole had good relations with Bob Felix. There were certain people on the Panel who, of course, if they hadn't been actually hand-picked by him in the nomination process, at least were very favorably disposed towards him personally and towards the interests he represented. And Leonard Mayo [Leonard W. Mayo] was extremely adroit in keeping friends on all sides.

I perhaps haven't been fully careful in determining who is meant by "we" when I use the term. Sometimes it's the Panel; sometimes it's the forces that have been interested in mental retardation over the years; sometimes I simply mean us in the National Association for Retarded Children.

McHUGH: At one point Bert Brown left. Were you aware of why he left?

BOGGS: Left NIMH?

McHUGH: Well, I thought he left the Panel.

BOGGS: Oh yes, well, let me see if I can recollect the details. He was assigned to do some of the staff work prior to the formation of the Panel and I think he had quite a hand for example, in drafting the President's statement at the time of the appointment of the Panel [1961]. He was around at the time the Panel was first organized, and first met. Now in the meantime, Rick Heber had been recruited as a staff member and when Rick arrived on the scene, he found Bert Brown apparently

supposing that he was going to continue as the second person to the Panel. And Rick was not at all happy about this because he had been recruited on the grounds that he was going to be the chief staff man. And there was a tussle that went on there. It was also related to the fact that a number of members of the Panel felt that the Panel should not be staffed by any permanent employee of any agency in HEW [Health, Education, and Welfare], that we ought to have the kind of independence that would come of having outside staff of our own. These factors, together with some distrust based on the kinds of things that I've talked about here, were present not only in the lay body, such as the NARC, but also among the pediatricians and the educators and so on. All of these things led to what I'm sure was an internal decision that Leonard Mayo could tell you more accurately about to the effect that we would just as [Unintelligible] not have Bert assigned to the Panel on a regular basis. And that was why Rick Heber really had some justification for being a little annoyed when he came back to have a look-see at the editing and found that Bert was back in there manipulating things.

McHUGH: If we could return to NIMH for a minute, some people felt that they weren't making as big a contribution in this whole area as they might have done, did you agree with that?

BOGGS: In what respect? Do you mean that they had not been previously doing what they [NIMH] could have done in the field of mental retardation? Is that what you mean?

McHUGH: Yes?

BOGGS: Yes, I think that is true. I think that in that they were reflecting their constituency—this was not, you know, peculiar to NIMH. It was a reflection of the whole state of mental health and of the attitudes of psychiatry at that time. Now, I can go back. There is a very interesting paper which was published—well, I can get it for you. It's called "Where and Wither in Mental Deficiency" and it was written by George Stevenson. And I can't remember exactly when it was published but maybe around 1948 or so. George Stevenson was the medical director for the National Association for Mental Health for many years and prior to that he was associated with the National Committee for Mental Hygiene which is a precursor of NAMH. NAMH came into existence in 1950, the same year as NARC. And some of this same struggle existed in 1950. Anyway, George Stevenson wrote about the decline in interest in retardation between the period roughly from 1910 to 1930, which had been a very fertile period in the field of mental deficiency, and the time at which he was writing [late '40's]. And he pointed out that many of the early child guidance clinics were established primarily to serve the mentally retarded but that the evolution of psychiatry had been such that the majority of psychiatrists

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became more interested in the dynamics of personality and more interested in what could be done with psychotherapy which didn't seem to be very effective with the mentally retarded—

at least, as they were then practicing it—and that the result of this had been that there had been a fall-off of attention to the mentally retarded. There were several other psychiatrists: Dr. Potter, for example, whom I spoke of earlier, who wrote an article called “Mental Deficiency: the Cinderella of Psychiatry.” There were several other people in the field who recognized this fact. Dr. Walter E. Barton [Walter Earl Barton], who is now the executive director of the American Psychiatric Association, in a later article recognized that there has been this ambivalence and this essentially second class citizenship accorded it [mental retardation].

I recall that in 1950 when the NARC was in formation, the question arose as to whether we shouldn't address our energies to a joint action in the formation of the new National Association for Mental Health. And I remember somebody saying—and I think with justice—that the predecessor organization, the National Committee for Mental Hygiene, had had off and on, a department of mental deficiency or a division of mental deficiency and had produced some publications in the area but that history showed that whenever the budget got tight, that department got phased out for the time being. Similarly, I remember Dr. Neil Dayton [Neil A. Dayton] who was himself a psychiatrist and who was for many years the secretary-treasurer of the American Association of Mental Deficiency, saying, “I have been a member of the American Psychiatric Association for many years and I can't see that many of the members of this association really know or care very much about the mentally retarded.”

Well, I'm going on like this to indicate to you that this was—in the first place—not a personal question. It was a question of a long history of inadequate handling. There was a second factor connected with it; in dealing with the mentally retarded, where you really don't have cures in the classical sense, educational techniques are extremely important. And education of the young child is important, anyway. And more was really being done by educators through the special education programs in public schools for the retarded than was being done in any constructive sense by the mental health machinery. And yet, it was hard to get the people in mental health, the physicians, the psychiatrists to really address themselves to the fact that they were not the people who had the most to give.

McHUGH: Do you know why there were not more education people on the Panel?

BOGGS: Well, that was one of the interesting questions since it was one of the questions that some of us asked ourselves at the time. I don't know. I do guess, however, that the genesis of the panel, the idea, I think, was first originated with the Kennedys by Eunice [Eunice Kennedy Shriver]. In fact, Eunice Shriver has probably

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told you this herself, but she told Dorothy Murray [Dorothy Garst Murray],² our NARC historian, how this thought came to her and how she then developed it in consultation with the people that the Kennedy Foundation had chosen as its advisors and these included Dr. Tarjan [George Tarjan], who is a psychiatrist, Dr. Cooke [Robert Edmond Cooke], who is a

² Dorothy Garst Murray of Roanoke, VA. See Cobb, H.V. “Mental Retardation, Past & Present” President's Committee on Mental Retardation, 197-.

pediatrician, Dr. Masland [Richard Lambert Masland], who was the head of the NINDB [National Institute for Neurological Diseases and Blindness] and a few other such people. In other words, the predominance among the advisors was a group of medical people, not all predominantly psychiatrists but predominantly medical. Well, this meant—I'm fairly certain—that the selection of the Panel was primarily master minded in NINDB, NIMH, and with Bob Cooke. And they among them naturally saw the field of medicine and the various branches of medicine as being very important and knew the people that they thought would make a contribution in that area. And then I rather suspect that, as an after thought, they said, "Well, we've got to have education and rehabilitation in here." The HEW agencies were asked to suggest, you know, one or two people and the upshot of that was that we had two people in rehabilitation, Hank Viscardi [Henry Viscardi, Jr.], who really had up until that point paid no attention to the mentally retarded, and Ray Power, who did know quite a bit about it. Then we had Ernest Willenberg [Ernest P. Willenberg] in education who was an outstanding person in the field but it put a lot of burden on him to represent the field with relatively little support. Lloyd Dunn [Lloyd M. Dunn] contributed primarily to the research reports. Of course, in the end we didn't suffer so much from that lack of representation from education because the task force on education went out and recruited members to the task force from the field of education beyond the Panel's own membership. So the balance was somewhat redressed in that way. And Rick Heber also was strongly slanted in the direction of educational psychology.

McHUGH: You mentioned earlier the matter of psychotherapy not being particularly helpful for the mentally retarded as it was then practiced. Were you referring to Freudian....

BOGGS: You see, psychotherapy, individual psychotherapy as it was then practiced—even now to a considerable extent—depends on verbal communication between the psychiatrist and the patient and this is something that in an unmodified form just doesn't get very far with a mentally retarded person who has limited ability to verbalize and rather primitive thought processes.

That reminds me. The other day I was up at the Philadelphia Hospital and someone mentioned that someone had shown a little Down Syndrome child, a mongoloid child, a Rorschach ink blot and

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said, "What is this?" And the child said, "It's a mess." [Laughter] Well, the mentally retarded child is literal in this sort of way. So there's been a good deal of recent discussion on this point on ways in which the mentally retarded can be reached by modifying the psychotherapeutic method. Of course, some of the methods of play therapy and so forth are more applicable as are the methods that are used with young children. But the fact was that if you were expert in this technique and you'd had your analysis, you'd been to Vienna and all that, it was natural to want to exercise your capabilities on people for whom they were designed rather than somebody else.

McHUGH: Were there any people on the Panel who felt this was a problem that there was, perhaps, too much orientation towards Freudian psychology?

BOGGS: Well, there are two reasons why it's hard for me to answer that question: one is, I wasn't on the task forces where this was the major issue. And if that got hammered out really at nitty gritty level, it was probably in the task force on diagnosis, clinical services, and residential care, and I'm sure that there were some battles in there. But there were people on the Panel, notably George Tarjan, who wanted to defend the interests of mental health in mental retardation and the interests of mental retardation in mental health, if you will, and so these conflicting points of view within the medical community or in the medical fraternity, the larger medical fraternity, certainly came to the fore but I'm sure that I didn't witness the most vigorous of the battles.

It is true that I did have some chance to witness the real struggle between the Task Force on Research in Biomedical Sciences and the Task Force on Research in Behavioral Sciences. This was not so much a struggle between psychiatry and pediatrics for example, it was a struggle between the medical people with a biological outlook and the behavioral scientists who were primarily represented by psychology on the Panel. People like Anne Ritter [Anne M. Ritter], who has since died, and who was a clinical psychologist and who had a major role in the report of the Task Force on the Behavioral Sciences.

McHUGH: This was a disagreement on approach and not a feeling that the social psychologists were not as professional?

BOGGS: Well, when you use the term "social psychologist," this is a technical term and I don't know that we had any people who were—I was just trying to think over the list. The psychologists who were most vocal on the Panel were either clinical or educational psychologists. The whole field of social psychiatry and social psychology, as we presently understand it, was less visible then than it is now. But let me get back to the content of your question. Perhaps you will rephrase it.

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McHUGH: I was wondering whether there was a feeling, perhaps, on the part of some of the, well, let's say the medical doctors, that the types of things that they were trying to find out were not as, well, they couldn't be as productive as one could be in biological sciences?

BOGGS: Well, I think that the feeling was a little different. There has been and there continues to be a considerable disagreement or misunderstanding between the people in the biological sciences and the people in the behavioral sciences and this isn't just confined to mental retardation, because the people in the biological sciences see themselves as quote "hard scientists" and the people in the behavioral sciences don't have, as yet, as exact methods of doing their job. At least, they do not—let me put it differently—their methods are not the classical ones of science.

There is this hierarchy in science, you know, and all this between biological and behavioral sciences amuses me a little bit because I was trained as a mathematician and mathematicians look down on physicists as being less pure, less rigid, less rigorous than mathematicians and the physicists look down on the chemists and the chemists look down on the biologists and so on down the line. And the psychologists look down on the sociologists and the sociologists look down on the anthropologists and so on. So this is just one segment of this whole internecine warfare, if you will, in the field of science. It's part and parcel of this whole business of whether we should have a separate foundation on the social sciences or whether the National Science Foundation should get busy and take social science more vigorously under its wings.

I understand the issues quite well because I believe—and it kind of is a full cycle—I believe that we have statistical methods, epidemiological methods, and other methods for treating massive data which produce scientifically valid results and which are applicable in the social sciences and also in some other sciences, but that the clinical scientists, the people in clinical medicine and even sometimes in clinical psychology, don't understand the scientific validity of these methods and as a result, they tend to discredit the results obtained by these other methods because they don't understand their validity. It's not something they've been trained in. They've been trained in other methods of observation.

McHUGH: Perhaps the fact that they haven't received Nobel prizes is affecting the view of them.

BOGGS: Anyway, this is a phenomenon which is characteristic of science, at large, and we had it in microcosm in the Panel.

I think it would be well for me to go on record here, lest there be any misunderstanding. We at NARC and I certainly personally have felt from the outset that the nature of mental

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retardation as such that it affects almost every aspect of a person's living and being, his biological being, his cognitive being, his emotional being and so on. It affects his economic existence and all the rest, and consequently we have felt that all of the disciplines and most of the agencies, public and private, that address themselves to social problems, health, education, rehabilitation, welfare, recreation—the whole gamut—have got to contribute to the solution of the problem of the mentally retarded. So from our point of view, it's not an either/or bit, it's not a question of throwing the psychiatrist out. It's a question of getting the psychiatrists to do what they can do and getting them to let other people do what the other people can do. Let the pediatricians, let the educators, let the psychologists, let the social worker do their bit, do their thing, do what they can do for the mentally retarded. This has been the problem.

McHUGH: In your earlier interview, you mentioned the Fountain Committee report, which was critical of some of the operations of NIH. I was wondering

whether did that particularly apply to—in any of its strictures—to NIMH or NINDB, did you feel?

BOGGS: Well, if I recall correctly, as Mr. Fountain [L.H. Fountain] has done in subsequent reports, he tended to criticize the administration of the research grant program and to recommend more elaborate auditing procedures—and I use that term in a generic sense—more and closer scrutiny by the institutes of the activities of their grantees. Essentially, among other things, this would have required the grantees to spend more time in accounting for themselves. I was just trying to recall what the particular recommendation was that year that had caused such particular consternation.

McHUGH: Well, I think that one thing was that they felt perhaps some different school should be chosen or that...

BOGGS: Did that come at that time? I thought that was later. I think it probably would be valuable to check back and look at that particular Fountain report and just see what it really meant. I don't know whether you've been interviewing Dr. Kety [Seymour S. Kety] but he was the one that was most affected by the criticism. Well, Dr. Seymour Kety, who was the chairman of the Task Force on Biological and Biomedical Research, was particularly concerned about this because, as I mentioned in the previous interview, he became employed by NIMH during this period. He was particularly sensitive to the criticism. But I think that most scientists, then and now, have felt that Congressman Fountain, and more particularly his staff, have had a bias against researchers; whether it's against the NIH generally or whether it's against biological science or just what's at the root of it, I don't know. But they have felt that he did not

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understand the circumstances which would be most conducive to the optimum output by scientists under this [NIH] system.

Now, I would be the first to say that you get more output from a creative person if you don't tie him up in too much red tape. On the other hand, it's also true that some people will take advantage of a less rigid set of rules. A few will take advantage of it deliberately; a few more will take advantage of it just by goofing off, if you will. I think the record indicates, however, that we've gotten a really enormous amount of productivity out of the scientific effort that we've supported since 1945 through NIH.

McHUGH: How did you know that Dr. Kety was particularly sensitive to this?

BOGGS: Well, I knew it because of the conversations that went on. Now, I should explain that during August of 1962, I spent a total of several weeks in Washington, not all consecutively, working on the report, working on the writing of the report, the editing of the report. Leonard Mayo invited me to do this and I was happy that I had the time and was able to do it. And I enjoyed doing it. There were certain portions of the report that I had more responsibility for than others and I was working under

Leonard's direction but the sections that particularly were of interest to me had to do with the things that I'd had some responsibility for, like coordination, things of this sort. And we had to get the substance of the recommendations on coordination built into various parts of the report. It wasn't enough—it wasn't very coordinating to have just a chapter at the end on coordination. You had to also infuse this into the report. Well, the upshot was that I was around physically in the offices, and I remember one evening near the deadline when the Task Force on Bio-medical Research and the Task Force on Behavioral Sciences were called in and essentially closeted until they could resolve their differences. It was in these struggles, of which I was inevitably aware even though I was not directly involved—that, and in exchanges of conversation with Dr. Kety that I became aware of how he felt. I remember telling him that I thought taxpayers were entitled to expect some ultimate pay off—social benefit—for their investment.

MCHUGH: Who told them that they had to resolve....

BOGGS: Oh, Leonard. You know the two groups had come in with draft reports which were essentially not compatible, and so Leonard said, in effect, "You people have got to talk together until you can come to some common ground." The problem was apparent even prior to that. For example, you may recall that at the very beginning the Panel was organized just temporarily into three groups: research, manpower, and services. We were divided into those groups temporarily in October of '61. And I was with the research group and the different scientific

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biases of people like Lederberg [Joshua Lederberg] on the one hand and Wendell Stanley [Wendell Meredith Stanley] on the other and Kety and others became apparent even in that very preliminary exchange of views. And these really didn't have to do with their views of mental retardation. It had to do with their views of science. Most of the scientific community had been very concerned, anxious over the years that they not be put under the kind of restrictions that really fettered them and prevented them from using funds creatively. At any rate, the Fountain Committee happened to hit in the middle of all this and there was considerable concern in the scientific community and Kety reflected this particularly in the discussions.

McHUGH: Do you feel that the study sections that awarded the grants were including mental retardation in their consideration?

BOGGS: Well, a very interesting thing happened, you know. I can't tell you. I really—prior to the time of the Panel, you mean?

McHUGH: Yes.

BOGGS: I think the answer is yes, but prior to 1955, no. But I don't think they were getting applications. You see, this had to do, again, with the state of mind

of the field. In 1950, research in mental retardation was not respectable; if a respectable scientist said, "I'm now about to study mental deficiency," he would have been essentially read out of the fraternity as someone who was either out of his mind or taking refuge in something where he could do inferior research.

Now, all of this had to do with the general concept that the mentally retarded individual was not someone whose behavior you could modify or whose condition you could modify. It also had to do with the generally low or difficult position in which the whole science of neurology found itself at that time. Neurology was recognized as a hard science, if you will, but a hard science not only in the sense that it was exacting, [rigorous] but in the sense that it was impossibly difficult. The study of the brain and nervous system involved such complexities that people [investigators] usually chose to do things that were a little easier. And the history of the development of NINDB and the development of a profession of neurology and of neurological research in this country is a very interesting one. You know, the Panel was part of that, too.

McHUGH: I think at one point, someone even suggested that they have a whole organization such as NIH just to study the brain.

BOGGS: Well, this is really what NINDB is although it goes a little bit further; it recognizes that the brain is connected to the nervous system and really, you can't

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separate those two things.

McHUGH: If we could refer to your work in assigning people to different task forces for a moment. What criteria were used in general?

BOGGS: To assign people to the task forces, you mean? Well, I was trying to recall because as I think I indicated in my previous testimony, I was invited in by Leonard Mayo and George Tarjan when this apportionment was done.

That is to say when the initial apportionment of the Panel members among the task forces was done. I have forgotten—to be perfectly frank with you—whether the Panel members were invited to indicate their preferences. I think they may have been. I think they may have been with the understanding that the leadership might not be able to handle it that way. Once the subject matter of each Task Force had been decided on, it wasn't really too difficult to make the assignments because the different people on the Panel each tended to fall in one or two task force areas. Whether you were on the one on research in biomedical or whether you were on the one in services, if you were Bob Cooke for example, was neither here nor there. And what we basically did was to put the obvious people into the boxes and then look and see what we had left. I remember myself saying that I thought they should assign me to the task force on the law not because I had any great proficiency in that area although I had a little amateur experience, but because there was practically nobody else to put there. And the

other people would really have been unhappy there, other than Judge Bazelon [David L. Bazelon], who was obviously the chairman.

McHUGH: I was curious why.... One might have thought Gunnar Dybwad would have been a member of the Panel. He had a background in both child welfare and law...

BOGGS: Well, you will have to recognize that the Panel was not selected with very much emphasis on the law. And I don't know exactly how Dave Bazelon got onto the scene excepting that he's been quite vocal as the jurist interested in legal problems of mental disorder. I don't think that Dybwad was or is seen primarily as a juridical man in this country. He has never practiced law and certainly not in this country. So while he understands the principles of it, I don't think he would have been regarded or been looked at from that point of view. I think that Dybwad himself was disappointed and perhaps a little bit bitter that he wasn't appointed to the Panel. And I don't know why that was and I would hesitate to speculate on it.

McHUGH: Were you satisfied with the report of the task force on the law? I mean I realize you had participated, but...

BOGGS: Yes, I had a good deal to do with writing it, as a

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matter of fact. I was satisfied that we had done, really, a remarkably good job considering the obstacles. The obstacles were that we had very short time. It was an almost unexplored field. There was very little literature. And it was impossible for us to commission any of the studies that we might have liked to have had to support more definitive views. So that, basically, what we had here was a sifting of opinions from relatively informed people. I forgot to mention—you asked about the people, the choice of the task forces. The distribution of the Panel members among the task forces was conducted along the lines that I've mentioned. Then the chairman of each Task Force had a fairly free hand in co-opting additional members if he/she thought it necessary. And this was done on most of the task forces with the exception of coordination. The coordination task force consisted of Panel members who were drawn from the other task forces. But a large number of people were co-opted on the education and rehabilitation task force. And a small number of people [not members of the Panel] were co-opted on the task force on the law. Now, if I had been setting up the task force on the law, it would have had a different composition than it did, in fact, have. Judge Bazelon chose the people who he knew and in whom he had confidence. And as a result, we had Dale Cameron who was the former superintendent of St. Elizabeth's Hospital and was at the time, I think, commissioner of mental health in Minnesota. He belonged to the traditional school of the psychiatrist who was the mental health administrator and thinks that mental retardation is a sub-division of mental health. I felt we had difficulty in getting through—in that frame of reference—getting through the idea of incompetence without illness. Dale Cameron was, really, the only

professional person—professional in the field of mental retardation—who was on that group, as I recall. The other people were people like Henry Weihofen who is primarily a lawyer although he's been interested in forensic psychiatry, and the chap from Los Angeles whose name escapes me for a moment [Murray L. Schwartz]. Anyway, the other people, other than Wally Tudor [W. Wallace Tudor] who was really not in this [the law] part at all, but was there on the public awareness side, were selected by Bazelon from outside the field of mental retardation. In other words, the Panel on the law didn't have the fully rounded input that I might have liked to have seen.³

McHUGH: Who would you have rather have seen on the Panel?

BOGGS: I would rather have seen it.... Well, you mentioned Gunnar Dybwad, he would have been a good member in this context. I would have liked to have seen someone like,

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well, take Dr. Joseph Parnicki who was a psychologist and a social worker by training and who was at that time deeply involved in evolving a facility and a program for defective delinquent retarded people. And he was a person who understands the behavior of the retarded individual and how he gets in trouble with the law. You see, one of the problems in having just Dr. Cameron was that he saw this from the point of view of the administrator who wants to control the situation for convenience in administration. This is a valid and important viewpoint. It should be represented. But on the other hand, there is a need for a person who looks at this from the point of view of the effect on the patient, the rights of the patient. This was represented only by me. And I had the disadvantage of being doubly non-professional. In other words, I had a footing neither in the law nor formally in the mental health or professional field. So that in the short time that was available, I had to justify my positions—I had to go through the process of establishing my credentials, as it were, in the task force. And that time was taken out of the time that the task force had to work, which was brief, if I may put it that way. I don't say that the task force was delayed in getting going on account of me, but what I meant to say was that I didn't have full credibility at the beginning of the work of the task force. I had to earn that.

McHUGH: Were you satisfied with the recommendations that finally came out....

BOGGS: Yes, I was satisfied with them, as I said, some minutes ago, considering what we had to contend with. I was dissatisfied with them in two respects. There were certain specific recommendations which were, from my point of view, compromised. And, on the other hand, I was sorry that we weren't able to be more specific in certain areas where we lacked information.

McHUGH: Which represented compromises?

³ The identities of persons who worked on or with the Task Force on Law are set forth in the foreword to the Task Force Report, which was published in several forms. LC. 63-60030.

BOGGS: Well, for example, there is a recommendation in there about limited guardianship. We have real problems in getting even the basic concept of guardianship established. My view is that a guardian is a person who has assigned to him the authority to make decisions on behalf of a person who can't do it for himself. And that, therefore, the guardian should have powers which are comparable to those the individual himself would have had or, if you wish, comparable to the powers that a parent has in the case of a child. Now, one of the interesting aspects about parental guardianship of a minor child is that it doesn't change legally from birth to age twenty-one. But it changes in the way the parent administers it. And I believe that rather than trying to stipulate that the judge should spell out that the guardian can make these decisions and cannot make those decisions and so on, that we should consider

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that if a guardian is the responsible person we think he is, he will also be able to exercise certain kinds of judgment vis-à-vis his ward. I'm talking about personal guardianship, the guardianship of a person. Judge Bazelon felt very strongly that the guardians in their activities should be hemmed about with supervision by the court. And I, on the basis of very practical observation of the complete inadequacy of the courts in this field, felt that that was not really desirable. So the report reflects a compromise. And secondly, this business of having different degrees of guardianship, I felt, was undesirable, except in the sense that you may have a guardian of the property—in the case of a person who has substantial assets that have to be managed in a fiscal management sense. Then I think you can have a guardianship of those assets that does not extend to all aspects of the life of the individual. But this business of saying, for example, that the guardian could not arrange residential care on the same terms that a parent can arrange residential care without the consent of the court, seemed to me to be making it unduly difficult for the guardian to carry out his responsibilities. It assumes that somehow the courts have so much more wisdom than, in fact, we know they have.

McHUGH: I think I'm going to turn the tape.

[BEGIN SIDE II, TAPE II]

McHUGH: So those were the recommendations that....

BOGGS: Well, this is an example. Now, if I'd anticipated your question, I might have reviewed the text and identified other things that were of a similar nature. I enjoyed tremendously working with Judge Bazelon. He's a man of tremendous intellect and social awareness. And I learned a great deal. And I found it a very stimulating experience. On the other hand, I did feel under tension in this whole setting because I felt that the realities of the life of the mentally retarded was not fully understood in that task force and I also felt that there is a conviction among—a myth, if you will, a tradition—among jurists that the courts always do, in fact, protect the rights of individuals,

and I have observed how some of the mental health laws are, in fact, administered. And I see that this is very perfunctory. And that what happens, in fact, is not what appears to happen if you look simply at the text of the law.

McHUGH: Well, did you feel that you were able to communicate in an understanding of what the life of the mentally retarded was like, reasonably?

BOGGS: Well, I feel that in the period between about the first of January—which is when the task forces began to work—and the first of July or maybe the first of August which is

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when the task force work was primarily finished, that the task force on the law worked very hard and I feel that there was a good dialogue going and that there was a real effort made to exchange views. What we did was we had a meeting about once a month during the winter and Judge Bazelon essentially divided up the different aspects of the work and asked each member of the task force to write on one or more of these aspects. And then we circulated these papers and then we mercilessly criticized each other's work and I sometimes said I hadn't worked so hard since I'd been in graduate school. It was like a graduate seminar in that respect. Most of the other members, aside from Dr. Cameron and myself, were distinguished in academic work so that it was done at a very high level and I felt that everyone was respectful and courteous of everybody else. In spite of the fact, that I knew Judge Bazelon considered—in the beginning, at least, considered that I was out of bounds, that I was really not qualified—or that, as he said later, no layman could really understand this issue, I felt that he did not operate in such a way as to make that conviction preclude me from the discussion. I felt that it was a good working group and that the output really did represent a synthesis of ideas, that no one person on the committee could have produced by himself.

McHUGH: I think during this period, civil rights was becoming more and more of an issue. Did civil rights, particularly of the Negro, enter into the common issue?

BOGGS: Of the Negro?

McHUGH: And particularly, does it seem that...

BOGGS: Well, I don't think that—I don't recall that it came into the discussions in the task force on the law except to the extent that Judge Bazelon, who has been particularly involved in decisions which relate to the rights of people who've been committed on various charges in which their mental status has been a consideration, has been also involved in cases in which the question of disadvantage, the ability of the individual to assert himself because of his disadvantaged status has come to the fore. To the extent that the disadvantaged person and the mentally retarded person are both

less likely to get full justice because they don't know how to work the system, I think that this did come in. I think the question of the civil rights of the Negro, as such, didn't come in. After all, at that period we were moving towards the issues of voting rights and things of that kind...

McHUGH: I was wondering whether the rights of, say, the disadvantaged Negro would have been a consideration?

BOGGS: I should have mentioned Dr. John R. Seeley, who participated with the task force in a kind of mixed

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capacity. He was retained to do some of the writing and eventually Judge Bazelon, I think, was a little disappointed with what he wrote because it was so highly philosophical. But in what Seeley put into the discussion and what he wrote, there came forward the whole business about the right of every child to be well born, and well nurtured, for example. Well, all of these things which have to do with the relative well being of people and the interaction of that with both the causes and the consequences of mental retardation—these things all came into it. Race, as such, I don't think entered into it very much.

McHUGH: I see. Generally, did you get any reaction from the bar associations on your recommendations? Were they...

BOGGS: I don't remember. When you say reactions, I don't remember that the bar association, did, for example, what the American Psychiatric Association did, which is to write up a manifesto and publish it in their journal. I think in part, this may have been because they were less involved and they didn't see our recommendations as a threat to their status, in the same way that some of the psychiatrists did. It's quite possible that Judge Bazelon received comments from his peers that I didn't see or know about. So I think it's hard for me to say.

McHUGH: I think it would be. What about the task force on coordination? Were there any particular...

BOGGS: Before we leave the task force on law, I will say one thing and that is that this task force, as we indicated earlier, started from the least base of anybody. They had least to go on, least experience, least number of competent people to draw in and least firm base of knowledge. And, of course, one of the recommendations has since been carried out, namely, that there should be some sort of normative study of state legislation in this field. That study has now been completed in a project conducted by Professors Richard Allen, and Elyce Zenoff Ferster of the George Washington University Law School.⁴ The product, I think, probably should be part of the

⁴ A descriptive pamphlet is on file.

Kennedy Library although it has not as yet been published and due to the sudden retrenchment in the funding of federal programs, it's not likely to be.

But in the meantime, even while the George Washington University study was going on, we have seen a considerable increase of interest in the subject of the mentally retarded and the law and the subject of guardianship, particularly, and a number of the state planning operations gave attention to this subject and they took off from recommendations of the Panel. Now there has not been a great deal of legislation yet but I think it

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can be said that, even in that fairly general form, the point of view and concern expressed in the Task Force on the Law has provided the base for further efforts at the state level and further thinking at the state level. So I think it has had its value and it will continue to have value as time goes on. It gets fairly frequently quoted.

MCHUGH: I was wondering in this connection, where you were involved in the writing of this report, one would imagine that in some states the rights of some of the mentally retarded were probably violated in rather serious ways. I was wondering if there was any concern at any time about a snake pit sort of document, so to speak?

BOGGS: Well, I think that there are two ways you can approach this: one is from the legal side, and this study that I mentioned of Allen and Ferster, looked into the way the laws actually operate and they document considerable abuse, I think. In addition to that, we have a state of affairs, for example, in some of our public institutions which is a violation of rights, of human rights one may say, in a way that may not yield merely to the formal assertion of rights through a purely judicial method.

Now for example, you have all sorts of dilemmas around the rights of the mentally retarded. What we have tried to say in the report is that they should be presumed to have rights until those rights are specifically abrogated in the individual case for good cause. But when you place an individual in a residential institution, you have already said that he requires something that ordinary people don't require and you also said—just as you say when you enter college or boarding school—that you're submitting yourself to a certain regime and a certain discipline and subordinating your personal rights to a certain common good of that community. Now, having said that, you have given sanction to certain restrictions of rights which the ordinary person in an ordinary kind of an institution e.g., a college or university, is in a position to put a halt to if they become too onerous. I don't want to condone student demonstrations, but we have in this an evidence that the student who feels that he is being put upon in some way is at no loss to find words for himself really. But the mentally retarded individual who is dehumanized in any number of ways has no way of asserting himself. And if he does assert himself, it's likely to be in ways that are considered not very socially acceptable and things that are not socially acceptable that would be tolerated in students are not tolerated in the mentally retarded. So the upshot of that is that we have conditions that are very hard to correct by law and if you try to correct them primarily by law or regulation, you won't get at the heart of the matter. Now, the conditions are

exposed from time to time—you talk about snake pit bits. You probably haven't had occasion to follow it, but if you lived in Philadelphia, you would have seen a whole series in

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one of the Philadelphia papers plus a TV series on the conditions at the Pennhurst State School which is the large, old, rotten institution which takes most of the mentally retarded in the Philadelphia area. It's a state institution. And the conditions at Pennhurst are really deplorable. They're degrading. They're dehumanizing. They're most anything you might mention. And this is not unique, but it's been given the snake pit treatment. The exposé has been there. The problem of how to solve this is something else yet again. And it's not going to be solved by simply saying that patients have rights to communicate with their attorneys. If you don't know how to use the telephone, the right to communicate with your attorney is not much good.

McHUGH: Well, that's interesting. Well, I guess if you have no further remarks on the task force...

BOGGS: You wanted to go to coordination.

McHUGH: ...go on to coordination. Were there particular problems that you had on the task force on coordination? What were the problems?

BOGGS: Well, there was the problem of coordination that we were supposed to deal with. The problem of dealing with the problem of coordination is that coordination is a kind of an abstract concept and you don't go and visit a coordination program. You don't talk to a coordinator in his beautiful bailiwick where he's doing his coordinating and he can show you and you can take pictures of it. I'm acutely aware of this. We take prominent people around and show them a center like Seaside in Connecticut which has gotten a lot of publicity, and we say, "Here is a comprehensive program because we can show you all the parts of it here," and then you try to compare that with the kind of programs that we saw, for example, in The Hague when we were on the Mission to the Netherlands, where you really had a much more complete and extensive program but it was dispersed and it was coordinated but you didn't see the coordination. The coordination went on in a room that looked like this one [small bare room], and you just couldn't take pictures of it. Well, this is basic to the problem. I happen to believe that coordination is of the essence in mental retardation for the reasons I've indicated earlier, because of the many faceted character of the disorder.

So the task force, of course, was dealing with the problem of coordination of services, not with coordination of other task forces but with coordination of services. And it was agreed that before we really could get into high gear, we better see some of what the other task forces were going to produce. And this resulted in a delay in getting up steam in the task force on coordination, quite aside from the fact that all the members were on other task forces and hence up to their necks already. And this presented a practical problem in completing the work of the

task force in the time that was available. And there was an additional problem that I encountered and that was that our chairman, Bill Hurder [William P. Hurder], whom I think is a great guy and really a very fine visionary, was so preoccupied with the philosophy of coordination and with abstract models or concepts of coordination. These included models of state government, if you will, with which he was particularly preoccupied because he was with the Southern Regional Education Board at the time. Thus it was hard to get him to carry through to formulate concrete recommendations, particularly, concrete recommendations vis-à-vis the federal level of operation. What could we do? What should the federal government do about coordination? Now I think in the previous testimony I did make some reference to the couple of days in June that Bill and I spent in Washington individually with the heads or with representatives of the key agencies here. Wasn't that included?

McHUGH: Yes, you did record that.

BOGGS: And this indicated to us the lack of coordination right within the federal establishment. And it seemed desirable for us to make some recommendations vis-à-vis that. And also recommendations which related to the impact of the federal system of grants on the coordination or lack of it at the state and local level.

Now the task force did do what I thought was a very useful thing. We convened two small meetings: one of people who were primarily involved in state level coordination at that time and another of local level coordinators. Members of the task force sat in on these meetings. And I thought that they were both very productive and very helpful to the task force in determining what the problems are. Now, the recommendations, some of the recommendations, of the task force are still not implemented. You know, we've seen implementation in many of the other areas but several of the key recommendations here really haven't been implemented.

Bill Hurder conceptualized coordination as being of two kinds. And I have found this model very useful. He spoke of coordination around the clinical objective and coordination around the administrative objective. And by this he meant if you have an individual who needs many services along a time continuum, that you have to have mechanisms for bringing the different pieces of the social system to bear on him. And that's what Hurder called "coordination around the clinical objective." And by clinical, he simply meant the individual. He doesn't mean a clinic or medical procedure. And the "coordination around the administrative objective" had to do with marshalling the whole system of resources.

We had a recommendation in there about information and referral services and "life counseling services" and these were phrases that we used for mechanisms that we thought should be developed to assure this coordination around the clinical

objective. Well, there have been some services set up since then called information and referral services. But by and large this concept hasn't really taken on, caught hold. So this is an example of one of the problems that we had. Also, we haven't really been able to get the federal government to grasp what we had in mind about coordinated or joint funding, of bringing money together from several different agencies to bear on one program. Now, model cities in a certain sense is that kind of an idea. But model cities right now is a mess [I don't wish to be interpreted as saying that I don't think the model cities is going to do some good. It is. But in terms of the coordination at the federal level, it's far from satisfactory.] But it is, at least in theory, a mechanism for bringing a number of different programs to bear on a given situation. But we have not seen this properly done in mental retardation.

If you want a good example of a terrible failure in this area, you have the problem of the university affiliated facilities that have been constructed under part B of Public Law 88-164 and on which we are now desperately trying to make use of four or five different funding mechanisms to provide some of the operating costs for these facilities. And there are just holes in these things. And each of the federal funding agencies is holding tightly to its authority and its responsibility. They've been slow to move where they did not have the necessary statutory authority. They've been slow to move to point out their lack of authority and to seek to acquire it. Now, I testified this morning before the House Committee on Education and Labor which is about to extend the elementary and secondary education act and also Title III of Public Law 88-164, on the importance of modifying the authority that the Bureau for the Educational Handicapped has in the area of professional training to enable BEH to do more, to be more flexible in supporting their part of the training programs in the university affiliated facilities. This is just an example. They want this but here it is 1969 and we've had this legislation (VAF under P.L. 88-164) since 1963 and we're just now beginning to find out what's missing and to make it work.

McHUGH: Yes. Did you find much jealousy among the different agencies of, well, perhaps, that it would be a dilution of their authority to get involved in too much of this coordination?

BOGGS: The joint funding or the coordination?

McHUGH: Well, I was thinking primarily of coordination, but either if you wish to comment.

BOGGS: Well, it's very interesting as to what you really think coordination is. I think the person who could give you the most insight into this, after Luther Stringham [Luther Winters Stringham], who was there in the middle of the act, as it were, is Mr. Wallace

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Babington [Wallace K. Babington], who is presently the executive vice chairman of the Secretary's Committee on Mental Retardation. This has been the agency in HEW which has tried to coordinate and bring agencies together. And I think Mr. Babington has done a

remarkable job for which he probably won't get much credit outside of government, in cajoling, foreseeing, anticipating, alerting, asking, persuading, people to do their bit or change their manner of doing things or whatever. But he would be the first to tell you of the difficulties in connection with this university-affiliated-facilities problem. I think that he has found that when he has a meeting of his committee, it is not a meeting of the committee so much as a gathering of representatives of sovereign agencies who are not about to yield to the other fellow.

McHUGH: I suppose there were similar problems for Luther Stringham....

BOGGS: Well, Luther, of course, left in 1963 just after the legislation was enacted. It was and is a problem. Coordination has been a problem in HEW from the beginning. And Mr. Babington told me the other day—I wasn't sure about this—that they have a document which indicates that the first coordinating committee in HEW on mental retardation was formed as far back as 1955. So there must have been some response to Mr. Fogarty right then and there. Well, during the years between '55 and 1960, Mr. Joseph Douglass, Dr. Douglass, who is now the staff director for the White House Conference on Children and Youth and was for a while at NIMH, was the chairman of this committee. However, unlike Mr. Babington he didn't have this as a full time staffed operation. So he just convened the committee from time to time. And by the time the panel came on the scene, this committee was completely ineffectual.

Mr. Stringham had the job of bringing it together and revitalizing it and it was his idea to rename it Secretary's Committee and make the Secretary feel a little responsible for it. It was reactivated during the Panel's year primarily as a mechanism of responding to the demands that the Panel was going to make. Mr. Wilbur Cohen [Wilbur J. Cohen], who was then Assistant Secretary for Legislation, was in on the opening meeting of the Panel and he obviously had hopes for it. And it was easy for him to see that if the Panel began addressing itself on a direct basis to all of the different HEW agencies, that there might be not only panic but some inefficiency in response might ensue, shall we say. And he therefore felt it desirable to have a clearinghouse kind of an agency. So basically, Leonard Mayo was given to understand that when he wanted information or help from one of the federal agencies, he wasn't precluded from going directly, but if he wanted to have an ambassador that Luther Stringham would set it up for him.

McHUGH: Well, were there any agencies that were particularly hard to get to coordinate their activities?

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BOGGS: Well, I think during the time the Panel was operating we were not trying to get the agencies to coordinate on command at that time. We were interested in studying the extent of coordination at the time and seeing what was lacking and what machinery appeared to be necessary. As I think I indicated in the previous interview, we detected a very considerable lack not only of coordination but even of

communication between NIH and the Food and Drug Administration, not merely on MR matters, but on other matters generally.

McHUGH: Do you know why that was particularly?

BOGGS: Well, there were certain kinds of jealousy. It had to do with the attitude of scientists versus the attitude of the policing authority, if you will. The scientists didn't want to be in the position of allowing the product of their work to be used against somebody, you know. And it was a little silly because, after all, the NIH whether they like it or not—and Seymour Kety didn't really like it very much—exists because it's assumed that their product is going to be of service to the public. So if they have a product, that is to say, if they have a finding that indicates X substance is dangerous to human beings and therefore the extent of contamination with this substance should be controlled, you would have thought they ought to report it to the Food and Drug Administration, but they didn't see it that way.

McHUGH: Really. Was there in any sense a tie to the pharmaceutical industry here that might have....

BOGGS: I wouldn't say so, no. I don't think that the NIH is beholden to the pharmaceutical industry. There was the collaborative chemotherapy program in cancer that came under some criticism and some scrutiny from the Woolridge Committee later after the panel had completed its work. But I don't think even there that there was really an inference that the NIH had been led by the nose by commercial interests. I think that there's more of a risk—this is not a charge—this is just an indication of probabilities—that Congressmen are influenced by pharmaceutical interests than that the NIH system is influenced by it.

McHUGH: Do you think there's any feeling that if NIH gave its findings to Food and Drug that perhaps some of their funding, if they were using it that way, that some of their funding might be decreased?

BOGGS: I didn't detect it. It's possible that this is the case but I didn't detect that.

McHUGH: Well, when you said that they might be feeling that they would be used against someone, well, how did....

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BOGGS: Oh well, I didn't mean that it would be used against them. I think the feeling was "we scientists pursue knowledge for knowledge's sake and we recognize that we're being allowed to pursue biological sciences because it's expected that this will have some beneficial effect on the human race. But it's beneath our dignity to point out how our results could be used by one party against another." They've been reluctant—you know; it's been very hard to get NIH even into evaluating some of the

controversies like the Krebiozen⁵ controversy and things of that kind. It's been very hard to get scientists, in general, and NIH, in particular, to commission the studies that are necessary to settle some of these arguments which are involved in the questions of quackery and the rest.

McHUGH: Do you know of any reason why they are so reluctant?

BOGGS: It's a sense of the mission of science.

McHUGH: In other words, this is target-oriented?

BOGGS: It would be target-oriented, yes. But there's another reason, too, in a sense. And that is the need for verification; let's take something that came up a long time ago and is no longer really an issue. Somebody claimed that glutamic acid if fed to the mentally retarded, increased their IQ. Now, a first rate scientist is really not interested in replicating or devising a study that proves that's not so. And yet this is terribly important. But a first rate scientist wants to do something positive and original to find out something that is new and startling and as you say, he gets the Nobel Prize for. Nobody gets Nobel prizes for proving that somebody else was wrong, particularly when everybody has the hunch that he was wrong. In this case, the majority of scientists said, "We don't think this glutamic acid bit holds." And having said that, they were not interested in documenting it, you know, point by point. And to some extent, this is also true in these other areas.

But on this business of the Food and Drug, the issues are not limited to questions of whether or not this drug is or isn't effective. The issues were not necessarily only with the pharmaceutical industry. There were things like the smoking controversy, for example. I think since then things have eased up a bit and that some of the findings are being reported which would have public health consequences. They're being made

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available across agency lines a little more rapidly. You have to remember that what we were talking about here was information that NIH might have in advance of formal publication. It would be in some instances things that had come up in their own laboratories that they hadn't gotten around to publicizing or it might be information that they obtained from someone who was working on a grant of theirs and which he hadn't gotten around to putting in the public domain. It also meant that even if he had put it in the public domain, NIH felt no responsibility for taking a reprint and shipping it over to Food and Drug, that kind of thing.

McHUGH: Yes, I see. Can you say what the Public Health Service's role in the work of the Panel was, generally?

BOGGS: Well now, I have to think back because the Public Health Service was different, considerably different, then than it is now.

⁵ A proposed treatment for cancer. In the period between 1964-1967 NARC tried to get NIH to contract for an evaluation of "patterning" as a treatment for mental retardation but without success.

McHUGH: I think Luther Terry [Luther L. Terry] was—well, he was surgeon general then. Was he involved with the Panel in particular, or...

BOGGS: Not particularly, no. I would say that the Public Health Service apart from NIH, which after all was part of the Public Health Service, was relatively little involved. I'll make another exception to that. We also were very much involved with the Division of Hospital and Medical Facilities with Dr. Haldeman [Jack Haldeman]. And I think I made reference to that in the previous discussion. And that was part of the Public Health. And of course, NIMH was then part of NIH and NIMH had responsibility for the mental health service component in addition to research. Many people outside government don't realize that the mission of NIMH was not comparable to the mission of the other institutes of health.

McHUGH: [Unintelligible] you find the service component

BOGGS: Yes, you see the other institutes of health were restricted to research and training for research, whereas NIMH had a responsibility for service as well as for research and also, at least at the demonstration level, it had considerable authority in the area of service.

McHUGH: Was this something that—I think there was, for instance, they wanted to... When they wanted to create the National Institute for Child Health and Human Development, there was resistance on the basis, presumably, that this was a different order of activity than that was service.

BOGGS: Now, I'll get to that in a minute. Let me continue in

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line of your question. When you recollect that the services, the health services to children were and are the responsibility of the Children's Bureau, primarily, rather than of the Public Health Service, you see that really all that was left for the Public Health Service, as distinct from the agencies I've mentioned already, to worry about was the service component to adults or the basic environmental health issues that have to do with prevention at that level rather than at the maternal and child health level, which was the Children's Bureau.

Now, I was trying to recall exactly when the Neurological and Sensory Diseases Branch of the Division of Chronic Illness of the Bureau of State Services was established. We should be able to date it and let me recount it to you. Along about 1960 or '61, Mr. Fogarty pressed Dr. Masland of NINDB rather hard on the subject of where did he need more money to do his job. And Masland, who is always very conservative in such matters, hedged. And afterwards he said to me, "You know I made a great mistake. I should have pointed out to Mr. Fogarty the problem we have of getting what we learn in our research into practice because that is not part of our formal mission." And he added, "I should have pointed out that

we're now beginning in our institute to really generate some output in research but that we're not getting this utilized." So he [Masland] came back and fed this in to Fogarty and the result of that was that there was an additional amount of money appropriated for this business of applying new knowledge; for one year this was administered out of NINDB itself. But Dr. Masland wasn't too keen on maintaining that as a function of NINDB, and it was out of his wishes in this matter and a debate within the Public Health Service that they created the Neurological and Sensory Disorders branch of the Division of Chronic Diseases of the Bureau of State Services as it was then called. And health services to the mentally retarded, particularly the mentally retarded adult, became a function of that branch.

McHUGH: This was on what date or at what approximate time?

BOGGS: I'd have to look it up. This would be a matter of record. We could find it by looking in the budget, I think. But I would say it went something like this: that it was in '61 that NINDB administered this program itself and then in '62 the NSD Branch was created. This was about the way it was. Now I could be a year off. And it was around that nucleus of activity in mental retardation that we then developed what is now a division of mental retardation which got transferred out of the Public Health Service in 1967. Dr. Clifford Cole was the first head of the Neurological and Sensory Disorders Branch and he did a very conscientious job for the mentally retarded in this program while it was still small—they had just a million or two dollars to operate with for mental retardation. But it did represent a kind of nucleus of activity that we hadn't had before.

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And when the Public Law 88-156 was passed and the issue came up as to where they would administer the authority for planning grants to the states for comprehensive planning in mental retardation, it was on Dr. Cole's outfit that they lit. Now, Dr. Dybwad was somewhat involved in this decision. And he knows more about it than I do because this was after the Panel had folded up and this thing was being debated in Luther Stringham's shop. And some people, I'm sure Bob Cooke and Gunnar Dybwad, were not satisfied at all to have this handed to NIMH. And the other agencies that had equal claim...

McHUGH: Why did they not want that to go to NIMH?

BOGGS: Well, it's tied in with this same problem we've discussed heretofore, that NIMH had a mental health point of view about mental retardation, that from their point of view, mental retardation was the province of mental health agencies. They tended to embrace it, and to embrace the subject as if it were encompassed in institutions. Now they would deny that, because they would say, "Look at all our community mental health." However, much more has been done, you see, under education and under rehabilitation for the mentally retarded than has been done under mental health even though the people who require residential care frequently get it under mental health auspices. But these other agencies like rehabilitation, for example, which had done a

lot and invested a lot of money and had quite a bit of expertise, and the Children's Bureau which also had done quite a bit under MCH and was one of the first agencies really to get going in the '50s, the Office of Education—all of them are really age-limited, you see, and the whole idea of comprehensive planning was a cradle to the grave. The result was that this new and relatively unsubstantial agency over in the Public Health Service had certain characteristics, such as no age limits, which led it to be chosen.

Well, then when it was chosen and it was determined that that would be the case, then they created the mental retardation branch. They separated the Neurological and Sensory Diseases Branch into two parts: one of which became mental retardation.”⁶ And the project money which had previously been assigned over there [to NSDB] and which had previously been going to mental retardation, went with the new branch in addition to the planning grant money. And that's the nucleus for the present program in the Division of Mental Retardation. So the answer is that there was quite a bit of interaction with the Public Health Service. But that, by and large, even today, the traditional Public Health people just don't understand that they have anything to do with the mentally retarded other than controlling measles and phenylketonuria.

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McHUGH: I see. You were going also to mention the Institute of Child Health and Human Development.

BOGGS: Yes. There was a great struggle over the whole formation of the NICHD. The proposal for it was generated primarily by Bob Cooke when he was working within the task force that was headed by Wilbur Cohen, a task force that President Kennedy set up prior to his taking office and which came forth with a number of programs in the health and welfare area. And Bob Cooke formulated the plan for this institute and while I think he from the start saw mental retardation as one of its important components, I think even he, with his special interest in mental retardation, was viewing it primarily as having an obstetric-pediatric focus. Now he can speak for himself on that, but I would guess that he was speaking to a considerable dissatisfaction that had been gradually growing among the pediatricians and the obstetricians. They felt that their research interests were not adequately represented in NIH and that the developmental point of view, the study of the intact or well organism as distinct from the diseased organism, all of these things were not capable of being adequately funded under the existing mechanisms. Well, of course, Congress also had already created with much less fanfare about the same time the general medical sciences granting mechanisms which could, I suppose, have met that objection.⁷ But at any rate, this focus on this idea of the “kiddie institute” had roots in several places and met with a responsive chord in many quarters.

But a great deal of anxiety was generated by this move, partly because the Children's Bureau itself had been desirous of extending its research authority. And authority for applied research had not been firmed up or had just been firmed up—I forget which—and they saw

⁶ This was authorized in December 1963 and implemented in 1964.

⁷ The bill, HR 11099, which created NICHD, also elevated the Division of General Medical Sciences to Institute status.

the new institute as a threat. Now among materials that I gave you—I guess I gave my copy to you all—there was a letter from Vincent Fitzpatrick, President of NARC 1960-1962, to Senator Hill in the spring of 1959 in which he refers specifically to the Report and to this recommendation that research authority be given the Children's Bureau. Now, I think it was conceived from the start that this authority was what might be called program research or applied research. But nevertheless, when these different forces were at work and the word "research" came up, all sorts of questions arose.

If you are really interested in the nitty gritty of these issues which were certainly Kennedy issues although they were not so much Panel issues because they were being fought out really while the panel was being organized, I can probably look up some of the history there, but there was great anxiety on the part of the partisans of the Children's Bureau which included Dr. Dybwad. And I remember a letter he wrote—I think I mentioned it in the

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previous testimony—a letter he wrote to Dr. Grover Powers, who was emeritus professor of pediatrics at Yale and one of Dr. Cooke's mentors and in which Dr. Dybwad said essentially to Dr. Powers, "You better tell your boy, Bob Cooke, to lay off." [Laughter] But anyway, there was great anxiety.

There was also anxiety generated by the fact that the problem of diseases of childhood and of studying child development inevitably overlapped. This created potential jurisdictional questions around, for example, the problems of heart disease in children, the problems of neurological development in children, and certainly the problems of mental health of children. And in addition to that, just to complicate matters further, Dr. Masland really at that time had his hands full with the so called collaborative parental study, which was a pediatric-obstetric study if every there was one.⁸ And he had that in hand and the situation was delicate enough without a threat to transfer that to some new institute. So all of these factors fed in to a state of confusions and anxiety among the various members of the professions.

And although, as I had said, there had been dissatisfaction among the obstetricians and particularly the academic obstetricians and pediatricians as to the funding of research in their area, they had, nevertheless, not been built in organizationally to the planning or the development of this proposal. So when this was kind of shot out, you immediately got an organizational anxiety and there were several meetings held which I didn't participate in but which I heard about in which some of these things were thrashed out.

Another thing that happened, of course, was that the people who were interested in the aging said they wanted an institute, too. And that was eventually resolved by saying that it was the Institute of Child Health and Human Development and they have an aging program there now. So that there were a great many interests which had to be reconciled.

McHUGH: Were there any of the recommendations of the Panel that you thought were not well conceived, particularly? How about regional genetic counseling? Did you agree that that was a feasible....

⁸ It was conducted under guidance and funding of NINDB.

BOGGS: Well, nothing much has come of that. I suppose if I had anticipated that question, I would have gone through the ninety-six recommendations and really talked about their fate. No, I think the regional genetic counseling centers was a good idea. In retrospect, you can say, well, it hasn't happened; therefore it must not have been a good recommendation, which is partially a nonsequitur. But I would say basically that I didn't disagree with it then and I don't disagree with it now and I think it's even possible that it may come about as a result

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of the so-called regional medical programs that are developing. When they branch out and stop being just heart, cancer, and stroke, which is certainly the direction they're supposed to be heading, it's very possible that genetic counseling may be a component that would be built in to those centers. It has exactly those characteristics that justify the regional medical centers, namely that it deals with a sophisticated kind of science in which rapid progress is taking place and where you need mechanisms to see that the findings get utilized, mechanisms which involve experts, since you can't just assume that by writing articles in JAMA [Journal of the American Medical Association] every physician is automatically going to know what to do.

McHUGH: Before we discuss anything further, do you have any other things you wanted to comment on on the task force and coordination?

BOGGS: Yes, I'll come back to something about that. The comprehensive planning at the state level which was generated under Public Law 88-156 was a lot of effort for a relatively small expenditure of money as far as the federal government was concerned. And that had been my impression but it was also spontaneously confirmed by an observer. The Division of Community Services of the Public Health Service, not the mental retardation people, funded a project toward the beginning of the state comprehensive planning, which was an outcome of the task force on coordination. They funded a study by the University of Pittsburgh School of Public Health of the actual planning process that was taking place in the states with special reference to coordination. This project was supposed to study the extent to which coordination at the state level had been fostered by the process of planning because, as you know, the conditions of these federal grants for comprehensive planning required the participation of a number of different agencies in the process. And DCS was curious to see whether, by bringing people together and requiring them to cooperate on the solution of a problem, one would engender a greater degree of coordination.

Well, I worked with the staff of this study in the very early days when they were formulating the study and I was somewhat concerned because at that time, they seemed a little naive about a number of things including mental retardation. But, in addition, when they started out, they had a definition of coordination; I've forgotten exactly how it was phrased, but it was a rather artificial construct. It really didn't mean what you and I would mean by

coordination. But it'd been constructed by them primarily because it was something they could measure. Well, you know, that's a kind of artifactual research.

I didn't hear anything from them for quite a while, but in the past two months, I have received the first part of the report of their study. And it's absolutely fascinating. I've forgotten the exact title of it but you certainly should get a copy for the

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archives. Dr. Conrad Seipp at the University of Pittsburgh is the fellow who would have it. Well, I don't know how wide distribution they're going to give to this because it's fairly devastating if you really see through the camouflage. In addition to making general studies, or reviews, paper studies on all the states, they took, I think a total of eight states, eight or ten altogether, in which they did in-depth studies. And they wrote up six of these. It's the report of these six studies that I read with so much interest just recently.

McHUGH: Was this related, did it deal also with mental retardation?

BOGGS: Entirely, entirely, oh yes. This is the study of the comprehensive mental retardation planning which was generated under Public Law 88-156 and which was one of the direct consequences of the Panel's activity.

McHUGH: The President's state was not included, was it, Massachusetts?

BOGGS: No. Well, it's very funny. They included six states and in the report they identify only two of them by name. And the other four are camouflaged and the names of the people are camouflaged but anybody who has any knowledge of what was going on can immediately identify these states. And they are Pennsylvania, Texas, West Virginia and Vermont. The project people used certain criteria for developing this particular mix of states but you can see that they're large and small and east and west. Anyway, it is absolutely fascinating. One of the things that the investigators comment on in reviewing their findings is that, given certain forces which were designed to make this a comparable activity in various states, it is really very interesting how diverse the outcomes were.

McHUGH: Is that right?

BOGGS: Yes. Well, you asked if I wanted to make a comment on the task force on coordination. This was a direct outcome of one of the recommendations. And I haven't mentioned here another direct outcome, I think, which was the conference that was held at Airlie House in September of '63 which is certainly all part of the total effort. That was after the Panel had expired but it was part of the Kennedy Administration effort. And I assume that you have that adequately documented in your files.

McHUGH: Were there any particular individuals whose role you would want to comment on in the work of the Panel that you thought was...

BOGGS: Well, when I used to go around making speeches about

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the Panel, I used to say that there were twenty-seven people appointed to this Panel and twenty-six of them worked very hard. The twenty-seventh was the fellow [Hilleboe] who was at that time just retired as commissioner of health in New York State. And just to show you how little he worked, I can't even remember his name. But if I looked at the Panel list, I'd figure him out. And he just didn't attend and he didn't function. But everybody else really pitched in, some much more effectively than others, obviously.

McHUGH: Who were some of the more effective people that you remember?

BOGGS: Well, I think all the task force chairmen worked hard and I think, as I said in the previous interview, I think that Leonard Mayo had a profound influence on the outcome for a number of reasons. I think that he—I won't say he kept everybody happy, but he kept everybody working and he kept peace by and large. And, as I said, when he really came down to the kind of a conflict you had between those two research task forces, he just said, "Look boys, I'm not mad at anybody but you've got to work this through." And Mrs. Shriver's influence, of course, was very considerable.

McHUGH: How about the influence of the secretaries? That is, of Anthony Celebrezze [Anthony J. Celebrezze]....

BOGGS: Oh, yes. I'm afraid I share the view of Celebrezze that this was one of the less felicitous appointments of the Kennedy Administration. In the sense that we lost time. If we had had a John W. Gardner or an Arthur S. Flemming or even a Robert Finch [Robert H. Finch] or a Wilbur Cohen in at that time, we would have made more progress during the early '60s. I don't mean the Panel. I mean the whole entourage would have made progress. Of course, Cohen was in there and doing a lot of the spade work for Celebrezze. But even so, Kennedy could have used a good Secretary. You could use capable people in every spot.

McHUGH: Was Cohen quite effective?

BOGGS: Well, Cohen was a much-behind-the-scenes fellow at that point. You see, he was Assistant Secretary for Legislation and I have a feeling, you see, that Celebrezze was so ineffectual that he would take the guidance. Cohen was masterminding the legislative program and whatever Cohen could sell to Kennedy, directly or indirectly, could be proposed. But Celebrezze was certainly not generating any ideas of his own. And, you know, the stories about how people had to cover up for some of Celebrezze's ineptitude in congressional hearings are legend. But anyway, I don't want to

run the man down. He was just ill cast in this role and I think that, aside from the fact that he assented to what Cohen proposed and what

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Stringham proposed and so on, that his influence was relatively inconsequential. Now, apropos of this whole business....

[BEGIN SIDE I, TAPE II]

BOGGS: We were talking about coordination. During that period that I referred to earlier in June of '62 when Dr. Hurder and I were talking with various agency heads, one of the people we talked with was Mary Switzer [Mary E. Switzer]. She was then the director of the vocational rehabilitation administration, a commissioner. And I remember her saying, "Well, what we need here is some mechanism by which the Secretary gets the agency commissioners together and knocks our heads together." In other words, she was giving voice to the fact that HEW was still not a well-integrated organism and was not responsive to the fifth floor⁹ leadership yet. This is relative to your question about the Secretary. I think there was some fifth floor leadership around but obviously on many issues, the word was not going forth, "Fellows, this bickering has got to stop. And this is the way it's going to be."

The other secretaries, you know, Labor, Defense, and so forth, as I recall, really didn't enter into the discussions very much although we did make some forays to gather information from sources other than HEW sources.

McHUGH: I believe the Defense Department, I think, was involved in a sense that there were many people....

BOGGS: Yes, well, that's right. We were quite concerned at that time about the problems of mentally retarded dependents of service men. Of course, subsequently, legislation was introduced on that subject although not as part of the Panel product. I wasn't directly involved with that during Panel days but I think that we did seek out information from them. You have to recognize that the work of the Panel was somewhat compartmentalized inevitably and I personally was not involved with all aspects of it.

McHUGH: Let me see. Was there any....

BOGGS: And I do recall such a concern.

McHUGH: I was wondering. Were there any other people in HEW who were involved in the work of the Panel? Wayne Reed, was he...

⁹ At that time HEW occupied the buildings at 330 Independence and 330 C St. SW but not the new Humphrey Building. The Office of the Secretary and most of the Assistant Secretaries, including Cohen, were on the fifth floor [whose corridors were carpeted] of 330 Independence.

BOGGS: Well, he was in the office of Education at that time. You have to remember that at that time that the status of special education in the office of Education was not nearly as high as it is now and there was great ambivalence about Dr. Romaine P. Mackie and Harley Z. Wooden who was then heading up the exceptional children program, which was at the section level, as I recall, still. When you say, "Who were the people who were involved with the Panel," I can't speak for the individual task forces of the extent to which they may have interacted with specific people, because the two task forces I was on didn't have platforms in HEW. The extent to which the HEW Office of Education people got in the act with the Task Force on Education and Rehabilitation I don't know. There are other people who can answer that question for you. And I think the answer is, not a great deal.

The place I did get involved with HEW people aside from this business of coordination was in connection with the Division of Hospital and Medical Facilities, where Dr. Haldeman was interested in getting into the topic of residential facilities. He saw NARC and me as a source of data and information which we were able to bring to the meetings. We did have a couple of meetings with him and some members of his staff to try to get their reaction.

Now, in the meantime, Leonard was touching base with people like Ellen Winston [Bureau of Welfare] and—you better stop that for a minute. [Pause]....and Mrs. Oettinger [Katherine Brownell Oettinger], the chief of the Children's Bureau, Arthur Lesser, director of Maternal & Child Health in the Children's Bureau, and people of that ilk as well as the people out at NIH—Felix and Masland and that crew. And of course, with Mary Switzer. So that he [Mayo] was essentially trying out the ideas in the preliminary task force and the preliminary recommendations. He was trying these out on the agencies that they might affect and getting the feedback so that the recommendations, while they originated from outside and represented an initiative from the outside, if you will, were frequently recast in a way which made it more possible for the agency to respond.

Now, the ideas, for example, on the subject of improving maternity care in low income areas was generated with Ed Davens [Edward Davens] in the Task Force on Prevention, Clinical Services, and Residential Care. It arose out of his observations as a public health man in Maryland and particularly in Baltimore. This proposal was something to which the Children's Bureau responded, resonated. Now I don't know the details, but my guess is that the formulation of that recommendation in the Panel report was influenced by comments that Leonard would have elicited from people like Arthur Lesser, who headed the MCH crippled children's programs at the time.

Now, I saw this process firsthand in connection with the Division of Hospital and Medical Facilities because I saw us saying, "Here are the problems." And they were coming back and saying, "Well, we ought to have legislation like this." And then

we adapted our recommendations to some extent so that it was something that they could respond to rather than something they couldn't respond to administratively.

Now, on the other hand, we were careful not to be completely manipulated in this and I can give you an example taken out of that particular field. What Dr. Haldeman would have liked would have been to have gotten the total authority under his jurisdiction to construct sheltered workshops. And the question at issue was: should you construct sheltered workshops because they're related to medical rehabilitation facilities which he already had under his jurisdiction or should you leave the construction of workshops to the vocational rehabilitation people who, after all, have the program money, and know the program needs and so forth. And we were not about to let ourselves be used in this internecine struggle for power between two empires in HEW. So we were careful to avoid the language that Dr. Haldeman and his crew would have liked to have put in our mouths on that particular score.

McHUGH: Did you go overseas?

BOGGS: Yes, I was on the Mission to the Netherlands. That reminds me to say something that's not relevant to your question but let me say it quickly. I mentioned that I was at the hearing this morning on the elementary and secondary education act. Also appearing at the hearing was Mr. John Melcher who's director of special education in Wisconsin. He was a member of the Mission to the Netherlands along with three other people and myself. He was also co-opted—he was not a member of the Panel but he was co-opted—to the Mask Force on Education and Rehabilitation. And I believe that it was primarily he who authored the recommendation that we develop centers for instructional materials. And that recommendation fell on deaf ears for several years. But in the past two years, the Bureau for Education of the Handicapped has picked this up and they have now, using research and demonstration funds, inaugurated a network of instructional material centers which are doing exactly what John Melcher visualized and what that recommendation proposed. And this morning, it was proposed that they be given a life of their own under BEH but be given an ongoing status which is not dependent on using demonstration funds. This is just an interesting example of how an idea may be put forward and may germinate quickly or not so quickly. In this instance it had to wait until there was the bright kind of leadership in the office of Education to take hold of it and see how to implement it. Alright now, let me get back to your question on the Mission to the Netherlands, yes, alright.

McHUGH: Well, alright, we'll get to that in a minute. I just thought—this reminded me of the suggestion on the recommendation for an institute of learning and apparently that was not taken too seriously by the Department....

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BOGGS: Well, there were problems connected with it partly because of the NICHD which was quite new at the time and was interested in cognitive processes and still is. I don't think that the Office of Education, particularly, responded to this. [Interruption] I don't know just exactly why that failed. That idea was

particularly promoted by Lloyd Dunn who was a member of the Panel and incidentally, another one of the educators. Perhaps, the educators made up in vociferousness for their lack of numbers. Anyway, Lloyd Dunn put forward that idea particularly. I've heard some rumors just in the past six months that this idea may be dusted off and brought back again.¹⁰ I don't know. But I think maybe the President's Committee on Mental Retardation is thinking about it. I think they're proposing, not the establishment of a federally operated facility—which is really what was being proposed by the Panel, rather like NIH, but rather they're proposing the federal funding of a national institute of learning that might be incorporated in one of the university campuses, something of that sort.

McHUGH: Perhaps you could tell us about your trip to Holland.

BOGGS: Well, I thought that was a very productive part of the program. I learned a great deal and I think that, in addition, the report that we wrote was quite useful. A number of ideas that we had had—certainly that I had had—were validated, confirmed, or modified by what we saw there because they were already doing some of the things that we were wanting to recommend, and seeing that they had done them gave some validity to the recommendation. I was particularly interested...

McHUGH: What sort of things were you thinking of?

BOGGS: Well, such things as the internal structure of institutions.... They used smaller units, smaller rooms—smaller in terms of the number of people who were in them. And we were able to get information on per capita costs and staffing ratios which showed that this was not an absolutely impossible goal. Particularly in the area of the coordinating mechanisms and what they call “the social pedagogic care” which provides this “life counseling” service that we were talking about. This is a service in the community which provides a continuous follow-up for retarded people who have left school and who are young adults and adults in the community and need some periodic counseling, assistance, advocacy, what you will. Well, seeing this in operation and seeing how they do it and getting their information about what were suitable case loads,

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things of that kind, gave me a lot of ammunition. We also saw some of their group homes in operation. [Interruption]

MCHUGH: You were talking about the group homes.

BOGGS: Well, we saw in operation some so called group homes, hostels, what you will, anyway, living arrangements for groups of people maybe as few as twelve, as many as twenty-five, in residences which are similar to a large family home and where the people were leaving the house in the daytime and going to work

¹⁰ Reference is to genesis of National Institute of Education.

or going to school or going to whatever. And this is something being talked about in the United States; it's still being talked about. And we still don't have very many examples of it. Well in the Netherlands it was an integral part of the program and we could see how it worked and how effective it was. Those were, I think, some of the values. I took a large number of colored slides and those were tremendously valuable to me afterwards. For nearly two years after that, I was showing them. When the reputation spread by word of mouth I got invitations from all over to come and speak with my slides. And I had about two hundred and fifty, I guess, and I was able, therefore, to generate different kinds of talks around different subject areas by selecting different slides. I didn't have just a standard talk on our Mission to the Netherlands but I was able to modify this depending on the group that I was talking to, whether they were interested in residential care, whether they were interested in education, whatever. And some of the other members also took pictures and we exchanged some slides.

I believe that the talking we all did in the year or eighteen months following the Panel experience was quite important in propagating the ideas of the Panel.

McHUGH: Did they have any particular differences in philosophy in approach to the problem?

BOGGS: Yes, in the sense that most of the so-called western European countries are more quote "socialized" than we are in the sense that they have progressed to a point where they have outgrown the rugged individualism concept and accepted a concept of mutual responsibility. And as a consequence of this, they are a little more ready than we are to invest in programs for the handicapped and more unwilling to tolerate inadequate conditions—either qualitatively or quantitatively.

One of the things that we were very impressed with in the Netherlands was that, with one or two exceptions, they had really almost complete coverage. For example, the public schools had enrolled about three percent of their population in special classes for the retarded and the coverage was as good in the rural areas as it was in the urban areas. Similarly, they had something like six or seven thousand mentally retarded people—adults—attending sheltered workshops. Well, this was something

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like three or four times the ratio that we had, even in some of our better states. The residential care was an area where they also did well but not as well as they knew they had to and this was a problem of long term recovery after the destruction of World War II.

One area that we didn't feel that they outshone us in all directions was in diagnosis and evaluation. They didn't seem to have that quite so well sown up as we. But they were moving in preschool and some of the other areas.

McHUGH: Was there any reasons why you feel that they were relatively weaker in diagnosis?

BOGGS: I'm not quite sure. I'm not quite sure whether we didn't see it or whether they didn't have the concept of the team approach that we have, whether

they just assumed that the physician would be able to do it single handedly. They did have some approach to this in some of their university centers. We visited the University of Groningen, where some quite important research in child development is going on and I would have said there they had a pediatrics service which took care of this matter probably pretty satisfactorily and I think probably the same thing goes on in the University of Leyden. I didn't quite get at the bottom of the role of the universities in the whole system in the Netherlands except to have it made perfectly clear that it's quite different from ours.

MCHUGH: In general, how did...

BOGGS: Well, it's different in the sense that the majority of the people who are delivering services in the Netherlands are trained, are given a higher education if you will, but not in the universities. Now for example, nurses are trained in schools of nursing but they're not university schools of nursing. Now the same goes for the majority of teachers. Very few teachers go to the university, and social workers and so on. These people leave secondary school and they enter into a period of three or four years of professional training in professional schools. They don't spend their time, their higher education time, in liberal arts kinds of things. And they get zeroed in on their professional work and a high degree of practical work is part of that professional work fairly early in the game. The total number of years of schooling that the social worker or nurse or teacher in the Netherlands has is less than what we have. That doesn't mean we're less well prepared, but they're less diversified. On the other hand, there are a few professions, such as medicine and law, which are university prerogatives. And those people have a very long training. So there is a greater gap between people in the law and medicine on the one hand, and the rest of the professions. On the other hand, to counteract any impression I might give, teachers are very highly esteemed in the Netherlands.

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Well anyway, it's hard to put this all together quite correctly excepting to say that the role of the university-based clinic was not something we particularly studied. Now they did tell us that they felt that their early childhood detection was not good enough—their preschool is not good enough—and that they felt they should do more about diagnostic services. Well, we didn't see very much of this. I do know that there is some diagnostic work done in the child psychiatric units that we didn't happen to visit.

There's also another thing, however, and that is that they don't quite have the same sense that we do of the essentiality of a very sophisticated diagnostic work up. In other words, okay, so the kid isn't doing very well in school and the school psychologist—who's not necessarily a university trained person—gives a Stanford-Binet—Dutch version—and alright so he's placed in a special class and we'll watch him and if it works, it works. And if it doesn't, we'll modify it on the basis of our practical observation. So it was a more pragmatic approach.

We also had the sense that they were more concerned with delivering the best kind of service they had proven out to more people, than with trying to innovate at every moment.

Now, this isn't to say that they were standing still. But it did say that if you want to apply to their government for a grant, you were more likely to get it if you say, "We're going to replicate in Podunk what we've already demonstrated satisfactorily in Middle Town." That would be a better tactic than saying, "We want to try something nobody's ever tried before in Podunk. And you ought to give us the money because we're innovators." These are differences in social philosophy between the Dutch and us Americans.

[BEGIN SIDE II, TAPE II]

McHUGH: Did you feel that in Holland that the place of the mentally retarded in society was different particularly? Was it more...

BOGGS: Well, I think there was a greater acceptance of handicap and of deviance. Yes, a greater effort to integrate handicapped people. I think there's another reason for this and that is that the European countries still have quite an extended prevalence of physical disability resulting from the war. And while this might have led to a sharp line between the physically disabled intelligent person and the mentally retarded, it hasn't as far as I could see. But they have a sufficiently large problem of disability so they know they have to cope with it and they do. And basically, the unions have done this.

The other thing that's at work in the Netherlands is their rather strong religious motivation. In our report on the Mission to the Netherlands, we bring out that actually relatively few things are directly operated by government in the Netherlands at

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any level, and a very large portion of the hospitals, medical services, schools, education services, social services and so forth are operated by and through religious agencies with a full or almost full subsidy from the government. Now this is something they've worked out over the years because the tension in Holland, even now, is great and in the past, it was almost unbearable between the various religious groups. The Catholic and Protestant groups are now living under a peaceful co-existence, but they do differ in their points of view. But they are common in believing that it is a part of their religious tenets to care for the less fortunate and to nurture and so on. So they've worked out something by which they now do this under a tax-supported system. It's a tax supported private system.

MCHUGH: Did you feel, generally, that your trip to Holland was worthwhile?

BOGGS: Oh, absolutely. I felt that it was very worthwhile for the Panel. I felt that all the missions produced interesting results and you could see the reflections in the discussions of the Panel. I felt that the reports were helpful and I know that for myself personally, it was a tremendously advantageous trip. I travel and have traveled since, under circumstances in which because of the international interest in mental retardation, you can nearly always find a friend who'll help you see things but the organization of this Panel mission, because of its official character and the effort that

the Dutch government agencies put into making it meaningful for us and making it convenient and making it possible for us to make the best use of our time and to see a balanced assortment of services, made the experience one of intense learning for everybody on the trip.

The Dutch put two government cars with drivers at our disposal and we were driven for most of the trip. And this meant that we spent the minimum amount of time waiting for buses or airplanes, and the maximum amount of time in seeing what we wanted to see. Even when we were traveling, we were nearly always escorted by one or another official of the government, someone in the administrative echelons. So even our traveling was productive, because we were grouped in the car in a way that enabled us to discuss with this person, as you couldn't if you were sitting in some public conveyance. I felt that the money was very well invested and I think we were able to use—both inside the Panel and in public relations, afterwards—the findings to good effect.

MCHUGH: Wow, that's very good. Are there any other aspects of the work of the Panel that you were involved in that you feel you'd want to comment on?

BOGGS: Not right now. If I later think of something, maybe I'll write you a little codicil. I think you've

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covered a good many things. It's after all a fair time ago now. I think one of the interesting things is to try to trace the consequences. I think that the President's Committee on Mental Retardation has made some effort to take the individual recommendations and examine what had happened to them. And it seems to me that the archives might be interested in seeking out that information and seeing what became of it.

MCHUGH: Well, thank you very much for your cooperation.

BOGGS: It's been my pleasure.

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[END OF INTERVIEWS]

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