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Biographical Note
Arthur Lesser (1909-2005) was a member of the Children's Bureau in the Department of Health, Education, and Welfare from 1941 to 1965 and served as its Chief from 1965 to 1970. This interview focuses on the President's Panel on Mental Retardation's attempts to pass legislation concerning the mentally handicapped and Lesser's experiences working with the Kennedy family, among other topics.

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Arthur Lesser– JFK #1

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Oral History Interview

with

ARTHUR LESSER

September 24, 1976
Washington, D. C.

By Roberta W. Greene

For the John F. Kennedy Library

GREENE: Why don't I begin by asking you what you were doing at the beginning of the Kennedy administration and how you became involved in their efforts on behalf of mental retardation.

LESSER: All right, and if I seem to be speaking too long--because it's easy for me just to talk at considerable length about it--you agree to interrupt me whenever you choose.

GREENE: Don't worry about that.

LESSER: At that time I was deputy chief of the Children's Bureau. [Children's Bureau, Dept. of Health Education & Welfare] I won't, unless you want me to, give background on these organizations that I speak of or of the statute.

GREENE: Well, unless they're more obscure than I expect, and we may not have that information. . . .

LESSER: Well, this is really more or less of a personal comment. How much do you know about it? How much do you need to know about it?

GREENE: Well, I think just in terms of where you were and if you had had any contact with the Kennedy people and the foundation [the Joseph P. Kennedy, Jr. Foundation] and that kind of thing.

LESSER: All right. I was deputy chief of the Children's Bureau at the time, and my particular interest and responsibilities were in the health programs. The Children's Bureau also had responsibilities for grants to the states for child welfare services. All their principal activities were the administration of Title V of the Social Security Act which had three parts: maternal and child health, grants to the states for the medical care of crippled children (both of these especially in rural areas), and also grants to welfare departments for child welfare services. In addition, the Children's Bureau had responsibilities that were defined in the Organic Act of 1912 which established the Children's Bureau.

Now, when President Kennedy took office, of course, a major interest of his was in mental retardation, and there followed, I think, a foretaste of how he would operate together with members of his family and immediate associates. His interest in mental retardation was expressed in a number of ways, particularly in the speeches and in several messages that he sent to the Congress, but I think most decisively in the establishment of the President's Panel on Mental Retardation. This, of course, involved a number of people. I think the chairman was Leonard Mayo /Leonard W. Mayo/ who was a longtime friend and supporter of Children's Bureau and of children in this country. They held a number of hearings throughout the country at which people from all walks of life had an opportunity to come in and speak. It gave really a tremendous emotional support to the parents of the retarded whose condition was for the most part one of more or less chronic depression. There were some periods of hope and optimism, but basically the problem was one that didn't change very much, and they had very little support from government or from other parts of our society, so that this meant a great deal to them.

Now, one aspect of the work of the president's panel that I would like to give particular emphasis to is the panel's interest in the possibilities of prevention of mental retardation. They heard a great deal about the conditions under which children were in institutions and the problems of children in school, the problems of those who were already handicapped by being retarded. So that the possibilities of prevention were very attractive to the panel. But having said mental retardation following German measles during pregnancy and a few other things which were just beginning to become known at that time, such as some inborn errors of metabolism, there really wasn't an awful lot specifically that could be said as preventive agents.

However, we were able to bring to the attention of the president's panel some information that we'd been gathering in the previous two or three years with respect to the relationship of mental retardation to complications of pregnancy. The data, particularly data that had recently come out of the study done at Hopkins [Johns Hopkins University] by Paul Harper with a grant from the Children's Bureau, showed that premature infants--that is, babies weighing less than five and a half pounds at birth--had a much greater chance of brain damage and mental retardation than full-term infants. And the smaller the premature baby, the greater were the hazards.

We were able to show that with all the social changes taking place in our society, with the large movements of people from rural areas, from the rural South into the big cities, and the movement of middle-class people from the cities out into the suburbs that we had a growing urbanization of Negro families and a great concentration of poor people living in the cities. These were taxing the resources of the communities to provide basic health services and good preventive health services, both from health departments as well as from hospital outpatient departments. The result was that in city after city anywhere from 25 to 50 percent of low-income mothers were having babies with no prenatal care at all, and they had rates of premature birth two to three times the national average. And with the association of premature birth and brain damage and mental retardation, here you have a situation that lent itself to an analytical approach and to do something about it.

So that what we proposed to the panel and which then became legislation as part of one of President Kennedy's messages, was a new program of project grants that would provide federal funds on a 75 percent matching basis to state and local health departments to assist them in developing programs to provide comprehensive maternity care for women of low income who had complications of pregnancy or conditions which might increase the hazards of childbirth to themselves or to their infants, you see. The project grant approach was selected rather than a formula grant automatically to all states to that we could concentrate the money where the problems were concentrated. This proved to be a very popular and highly successful program.

GREENE: Is it still going on?

LESSER: Yes. There have been amendments but it's still very active, and the program has been at the same level of funding now for a number of years with the current administration. But about 140,000 women, high-risk women, each year have babies under this program. And we were able to show, beginning within two years of the program, marked reductions in infant mortality rates in the risk population.

GREENE: What about reductions in retardation among those who survived?

LESSER: Well, this is part of it also, because there was accompanying this other things that went on. For example, among the messages sent by President Kennedy at this time was also one to create a national institute of child health and human development, and they have supported a great deal of basic research, NIH /National Institutes of Health/ type of research, with regard to the newborn, and this has been accompanied by really great technical advances in the care of the small premature baby. So that not only is there increase in survival rates but also a marked reduction in brain damage among premature infants being instituted. So there's no question it has made a great difference. I won't go into all of this, but we were able to provide excellent data on the monitoring of these programs and the kinds of statistices that come out of it. This was also at a period, or followed shortly after, when there in HEW /Department of Health, Education and Welfare/ was much interest in program evaluation. And these maternal-child health programs fitted in quite well with that because we did at the very inception make a point of getting good outcome data.

Now, another aspect of the same legislative proposals--these were amendments to Title V of the Social Security Act enacted in 1962--had to do with clinical services for children who are already retarded. Here what we proposed was an emphasis on young children, particularly pre-school children, those who might well, given sufficient help, continue to live in their families rather than be placed in institutions. This meant giving parental help and guidance early in life. It also meant establishing resources in communities so that diagnostic and consultation services could be provided--you know, a rather complex problem and one which not an awful lot of physicians have been attracted to.

Well, this provided, in contrast to the maternity and infant care project amendments, some interesting byplay within the administration and its friends as to just how this might be done. The amendment that actually took place was to double the authorization for maternal and child health and crippled children's services each from $25 million to $50 million each over a period of seven years, and also with the increase in annual appropriation that would accompany this, there was an agreement, let's say, that of a $5 million increase half would be used for clinical services for retarded children.

Well, how would you go about doing that? Wilbur Cohen /Wilbur J. Cohen/ who was at that time, I think, assistant secretary for legislation, working particularly with Senator Ribicoff /Abraham A. Ribicoff/ and the Senate Finance Committee--always a committee that has had a number of conservative members on it. Senator Ribicoff, who was also a good friend of the Kennedy family, wanted to earmark the amounts of money to be used for these clinical services in the substantive language of the bill. On the other hand, as a basic principle, I didn't like having earmarking in substantive language, but there was another factor involved. This was that for a number of years the strong support of our program has been John Fogarty /John E. Fogarty/ who was chairman of our appropriations committee from Rhode Island for some time.

There's a bit of a history here. In fiscal '56 or '57--I forget which it was--Congressman Fogarty asked each of us witnesses from HEW what were we doing about the problem of mental retardation, and he went through everybody at NIH, and went to us and others in public health services and so on, and the answer was that, in fact, nobody was doing much of anything. Well then for fiscal '56 I think it was, he increased our appropriation by $5 million with the understanding that a stated part of it would be used for special projects for clinical services for retarded children. Now, this then continued so that we were in the mental retardation clinical services activities when the Kennedy family came along. It always hurt John Fogarty that the Kennedy family acted as if nothing had been done. And it hurt him, because in the first place he took a great deal of pride in this. Secondly, it hurt him as it would anyone, that he was really being ignored in all of this activity.

GREENE: Was this ever, to your knowledge, pointed out to them, that they might do womething to make amends or give him some recognition?

LESSER: I really don't know. But I do recall there was an article in the Saturday Evening Post along about that time written by or for President Kennedy or Mrs. Shriver [Eunice Kennedy Shriver]--some member of the family--and the purport of the article was how this whole problem and the people had been neglected all these years and now they were going to be the first ones to do something about it. It really wasn't very nice.

Well, I had had some discussions with Congressman Fogarty about this, and I leaned in the direction of continuing the pattern that he had already established with us in the 1956 appropriation, of increasing the amount of money in the maternal and child health and/or chippled children's program, with earmarking in the appropriations process of some of this money for special projects for retarded children. We had a meeting in the White House. I think Myer Feldman [Myer C. Feldman] was chairman and Wilbur Cohen was there and Bob Cooke [Robert E. Cooke] was there. You know Bob Cooke?

GREENE: Yes.

LESSER: And, of course, he and Feldman and some of the others really weren't too familiar with some of the legislative problems of just saying, "Well, let's do this or let's do this," when there wasn't specific authorization in the legislation. We have certain limitations with regard to this. At any rate, at one point Myer Feldman said, "Well, maybe we ought to earmark it in the appropriation and also in the substantive language, as a way of trying to palliate them. Of course, this wouldn't work. This is really redundant. But at any rate. . . .

GREENE: Why did you feel--perhaps the answer is obvious, and I just don't see it--that it shouldn't be earmarked in the substantive language?

LESSER: In the substantive language? Because you would have to be specific about what you're earmarking, and then if you wanted to change it--let's say wanted to increase the amount or do something else--you would have to go back to the substantive committee. We did not have frequent amendments. You know, to get something through the Social Security Act or the [Senate] Finance Committee or [House] Ways and Means Committee is not such an easy thing to do. So that flexibility was desirable, you see.

GREENE: Well then, why did they favor it? I would think that they would see that problem, too.

LESSER: Well, I think Senator Ribicoff wanted to be able to say he was contributing to this as well, you see. Actually, Senator Ribicoff was very helpful because in the amendments that had to go through the Finance Committee such as maternity-infant care, for example, and raising the authorization which was substantive, he led the program through the committee. The interesting thing about it--here's a program probably nobody gave a damn about all these years, and then here are two congressmen who are going to get credit for it. Well, at any rate, the issue was resolved that we would continue the pattern that John Fogarty had established with us, that the money would be earmarked in the appropriations process, but obviously the substantive committees had to raise the authorization. They were the only ones that could do it, and they had to pass the amendment with regard to maternity-infant care. So there was enough for everybody.

Wilbur Mills [Wilbur D. Mills] in this process actually led the president's program through the Congress more so than the Finance Committee which usually followed what the Ways and Means Committee did. And he did a rather unusual thing. Instead of holding hearings, he wrote letters to large numbers of organizations and individuals about this problem, and then he published their responses. And, of course, it was all very supportive with regard to. . . .

GREENE: Published them in the Record [Congressional Record]?

LESSER: In the equivalent of a hearing. It would look the equivalent of something like this, you see. [He shows something.]

GREENE: Right.

LESSER: This was an interesting way of doing it. He got challenged by Tom Curtis [Thomas B. Curtis] of Missouri because he didn't have hearings and so on and so forth, but he had no problem dealing with him.

GREENE: Was that something--that process--of his own design and. . . .

LESSER: Yes. It was unusual. Wilbur Mills had an extraordinary interest in children, in child health particularly, and in trying to help people who needed help. He also was an extremely capable chairman, and very honest with regard to what he could do and what he couldn't do. He also had a great facility in grasping the essentials of a given problem and then taking it to the floor. After all, he was the leader, and he had to lead the floor fight. On the day these 1963 amendments came up, I was up there along with Wilbur Cohen and others at his request, and he said to me, "Now you know, we have a number of other amendments for the Social Security Act, particularly social security benefits and a number of other things," and while he has always been interested in child health, it doesn't come up that often, and he really isn't as fully familiar with this as some of the others, so would I please go over with him the content of these amendments. And I did in, oh, ten minutes. And he got up on the floor, and he made a speech with regard to this, and it was just as if I had written everything out and he had it in his hand. And somebody got up and raised objections, and he answered him. He was letter perfect with regard to this. It was really an extraordinary performance. And this is what he is capable of doing. So that he was a tremendous asset. He was also very responsive to the president. It didn't matter much who the president was, but he had great respect for the office, you see. Well, this was the way the whole legislative process was resolved.

Now there was one other incident here that I think maybe--well it's part of it. The amendments were enacted, and then, in order to do something with the amendments you have to go to the Appropriations Committee, of course, and get an appropriation. Well, by the time these amendments were enacted--which was late in the calendar year of 1963--to get a hearing on the appropriation we'd have to go into supplemental which would be in the spring of '64. Not an awful lot of time left in the fiscal year. Now with regard to getting an appropriation, particularly for the maternity and infant care which was a new program, the authorization for the appropriation for the first fiscal year was $5 million. Well, the question was, if you get the money in March or April, can you spend $5 million between now and June 30. And Wilbur Cohen who was doubtful that we could. . . . But here was Sargent Shriver /R. Sargent Shriver, Jr./ as a member of the team. I think at that time he was director of OEO /Office of Economic Opportunity/ or just about to be or something. But at any rate, he really was not an official of HEW, but he was speaking, presumably, for the president although

unofficially and urging that we do ask for $5 million. Of course, I was perfectly willing, although actually it does present a problem. If you can spend $5 million in four months, then how do you justify $5 million for a whole year? At any rate, we were able--since there had been a lot of advance publicity and discussion and interest, and so on--to approve $5 million worth of projects before June 30. And Sarge was very pleased with that, and Wilbur Cohen was rather surprised. But it was an inkling of how President Kennedy operated, because he had a number of helpers who were unofficial helpers like Sarge and Eunice and Mike Feldman and Bob Cooke and others who spent a lot of time on the telephone.

GREENE: Now, maybe I'm confused. I thought you said this was now spring of '64. Okay, well President Kennedy is no longer around. Especially if Sargent Shriver was going into OEO, that would put it into the Johnson administration.

LESSER: Now, when did Johnson [Lyndon B. Johnson] become president?

GREENE: November 22, 1963.

LESSER: All right. At that time I think the pattern of operation had not yet changed. And President Johnson was not making any break with the past.

GREENE: And Shriver was still very actively involved in everything?

LESSER: Oh, yes, and Mrs. Shriver, too. After all these were their programs.

GREENE: Right.

LESSER: And I think that President Johnson--I'm speaking now from what I observed rather than just. . . . I think that President Johnson really did not attempt to do more than carry out President Kennedy's policies and programs until he himself was elected on his own. This is the impression I have.

Well, with the legislation enacted and the appropriations, there was frequent calls from Bob Cooke, from Mr. Shriver, from Eunice Shriver with respect to, "How many programs have we approved?" and, "Somebody or other was in downstate Illinois last week and there's nothing there. Now, why can't we do something there?"

That sort of thing. There was a good deal of looking over your shoulder and a feeling that you were part of a movement that had been set in motion, and that having been given this authority and responsibility and money, there were people who were very much interested in seeing that the intent of the legislation was actually carried out and there was no falling by the wayside for lack of energy. There's no question about that.

I think you might be entertained by this. It was along about this time--and I'm not sure about the date, but I think it was the spring of '64 or '65--that Mrs. Shriver was delivered of a baby. I think it was her last one. And she was at Georgetown Hospital [Georgetown University Hospital]. She just had her baby delivered. She was back in her room in her bed. The first thing she did, you know, she called me and told me that she had just had her baby. She called me up in my office to tell me that back in her room she had asked the first nurse that came in to assist her, "What training have you had in mental retardation?" And the girl said she hadn't had any. So she called me up to tell me this and isn't this shocking and what am I doing about this? Well, I really couldn't explain to her I wasn't doing anything in Georgetown, because Georgetown thus far hadn't shown any interest. But this was an example of . . .

GREENE: . . . the intensity of her . . .

LESSER: . . . of this feeling. And this was persistent. I continue a relationship with her. I just met with her and Mr. Shriver and Bob Cooke yesterday up at HEW. She's currently interested in teen-age pregnancy you know. But this feeling of perseverance and all of this energy, and a strong emotional devotion to particular causes, you know, it's so characteristic.

GREENE: I get the feeling, especially since your relationship was continued, that it didn't rub you the wrong way, but how did people, in general, over at HEW and in the Children's Bureau, those you know, how did they respond to this?

LESSER: Well, it sometimes was a source of irritation, and particularly when you speak from anecdotes. You know--I was here and nobody's interested. Why can't we get somebody interested? Well, you respond to interests where you have interests, particularly where there isn't an awful lot going on. Where people aren't interested it's really quite difficult.

There's one aspect of this that I have forgotten I think is important to include. At this time, when President Kennedy took office many of the state crippled children's programs, which were administered by the state crippled children's agencies, comprehensive medical care for handicapped children--all kinds of handicaps--many of these programs had an administrative or legal restriction on providing medical care services for physically handicapped children who were also mentally retarded. And a significant effect of raising the authorization for the crippled children's program, and also earmarking some of the crippled children's money for clinics for retarded children, was that it led directly to the elimination of all of these limitations. Just removed them. So this was really a salutary thing.

GREENE: Let me go back a little bit and ask you some questions about some of the things you've already touched on. Okay?

LESSER: Yes. Right.

GREENE: I don't think you really said whether you had any first-hand knowledge of the Kennedys before the administration.

LESSER: No. I had none whatever.

GREENE: Or with the foundation, the Joseph P. Kennedy Foundation?

LESSER: No.

GREENE: No. Do you remember what their reputation was in the field?

LESSER: The Kennedy Foundation?

GREENE: The family and especially the foundation.

LESSER: Oh.

GREENE: Were they well thought of?

LESSER: I think they were regarded with considerable suspicion. In the first place, a very aggressive group of people. In the second place, President Kennedy was the first Catholic to become president, and I know some very influential people, old familes, people in Massachusetts

and Boston, who declared they would never vote for him, but who subsequently became his strongest supporters and would vote for any of his brothers, you know, that would still be alive.

GREENE: Do you think as far as the people that you worked with that just the establishment of this panel did a lot to overcome that?

LESSER: Oh, I think, really, President Kennedy himself did. You know, he was a very attractive person. He spoke very well. Youthful. His father had enough sense to stay in the background, and I think people either didn't know an awful lot about his father or were willing to accept him on his own terms. And he came through as a very warm, humane person with a great interest in people, particularly in underprivileged people. And it was clear that he wanted to do something for people, you see, and I think it was not the panel so much as he himself. The panel was symptomatic of what he could produce.

GREENE: You did say--well at least you implied--that you thought Leonard Mayo was an excellent choice to head the panel. What about the other members? Did you generally approve of them? Were they people you felt . . .

LESSER: Generally, yes. Some of them were people that I myself didn't know previously. I didn't know many of the people that were particularly interested in mental retardation.

GREENE: Was there anybody that you felt should have been on it that wasn't who was a real authority?

LESSER: No. I have no recollections of this at all. Excuse me. There was one individual. I don't remember if he was on the panel or not, but he was one of the few physicians in this country who has done a great deal about the problem of mental retardation; he has spent a good deal of his professional life. And this was Herman Yannet at the Southbury Training School in Connecticut. And why he was always ignored, I really don't know.

GREENE: He wasn't on it?

LESSER: No, he wasn't. And he had a good program. It was in Connecticut. He was connected with Yale. I've never understood why he was ignored. He never understood it either.

GREENE: Could you ever raise his name with anybody who offered an explanation?

LESSER: Well, I think his name must have come up in conversations with Bob Cooke. I think there was a tendency. . . . Bob Cooke himself, you know, very close to the Kennedy family, also had in a number of ways similar characteristics. And I think there also was a tendency to identify the whole subject with a few individuals, with the Kennedys and their extended family.

GREENE: Did you have any reaction when it was announced that the panel would be of only one year's duration rather than a longer. . . .

LESSER: No. I accepted this without any question because my interpretation of it was that it was essentially a fact-finding group, and hopefully they would gather their facts as a basis for doing something about it and then go out of business. If you want to do something else, it would require a different kind of a group. But the sooner they completed their work, then the sooner would we get on to the action steps was my feeling about that

GREENE: I had heard that there was a certain amount of apathy, if not outright opposition, within HEW primarily, because the panel tended to circumvent the usual channels. Were you aware of this? Was it prevalent in the Children's Bureau?

LESSER: Well, I would say that the style of operation of the Kennedy family and the panel, which you know was closely allied to it, was not to stand on ceremony and not to attempt to go through channels, but to identify individuals or programs with a particular relationship or interest or technical competence and have direct discussions with them. Now, I think that usually this does cause some annoyance. I think there always is a justification for this on the grounds that you're discussing the technical aspects of the subject, therefore there's no particular reason to go through the administrator for A, B, or C. On the other hand, it's also true that the panel and the Kennedy people didn't limit themselves to this, but What do you think we ought to do about it? How much money do you think we should be spending on this. This sort of thing. Inevitably you get into administration. It's the way they operate. Of course, for the likes of me, I

welcomed it because it gives an opportunity to speak up, you see. Whether there was any serious unhappiness about this, I really don't know. I think inevitably there must have been, because here there's the secretary and his immediate staff who has to deal with the Bureau of the Budget, which is also part of the White House, but never gets over its concern about fiscal restraints, you see. Who is speaking for whom? You know, this sort of thing. So inevitably you get into some problems. I never felt it was serious, though.

GREENE: At what point did you get personally involved with the panel? Was it right away? Do you have any recollection, timewise, when it might have been?

LESSER: I don't recall, but it was quite early because Leonard Mayo was a close friend of the former chief of the Children's Bureau that was Katharine Lenroot /Katharine F. Lenroot/ and the former associate chief of the Children's Bureau, (prior to the Eisenhower /Dwight D. Eisenhower/ administration,) Martha Eliot /Martha M. Eliot/ who is currently living in Cambridge /Cambridge, Massachusetts/, and in and out of the bureau. So that when he was asked to take this on it was quite natural for him to come to people within HEW, particularly the Children's Bureau and talk about, you know, What are some of the dimension of this? What are we doing? What ought we to be doing? in an informal way, you see. I don't recall any particular period, but certainly it was early.

GREENE: Who were they talking to in the Children's Bureau besides yourself?

LESSER: Well, I'm sure they talked to Katherine Oettinger /Katherine B. Oettinger/ who was then chief of the Children's Bureau, and Mildred Arnold /Mildred M. Arnold/ who was director of the child welfare services, and I think those were the principal people. We probably called in several of the people, perhaps some specialists in child welfare services, or children in institutions--they had specilists in those--but we had actually no staff member devoting half or full time to mental retardation. That came afterwards.

GREENE: Would you say you were the one that had the most direct contact? Did you establish the closest relationship with them?

LESSER: I would say Mildred Arnold and I, Mildred Arnold for child welfare and I for child health.

GREENE: And was that by virtue of the nature of your job or because you were more in sympathy with. . . .

LESSER: Oh, I think it was by virtue of the nature of my position. I really can't speak so much for Mildred Arnold. Both the nature of my position, as well as my recognized interest in handicapped children particularly.

GREENE: And Katherine Oettinger, was she in sympathy with them and was she cooperative?

LESSER: Oh, yes, yes, very cooperative.

GREENE: Okay, now. The whole area of money is kind of an interesting thing because I get the feeling that when you were first talking in terms of estimates of how much you might ask for they were almost amused by your conservatism. Is that the way you remember it? That what you were suggesting as amounts seemed trivial to them, and they really were pushing you to increase them radically?

LESSER: Did you get that impression from me or from somebody else?

GREENE: No, from other interviews and things, . . .

LESSER: Oh.

GREENE: . . . that you were suggesting increases of a couple of million, and they were talking about doubling or even more.

LESSER: Well, I would say this. We'd been on short rations for many years, and we had no idea of what was the magnitude of money that the president was ready to support. The couple of million or so was based on our previous last experience with the [House] Appropriations Committee, with Congressman Fogarty. I think, certainly our approach, well, it took into effect these two things basically. One is, how prompt and how ready were state health agencies to move into this area? This really was rather unknown. Secondly, how rapidly could they pick up money? Third, with regard to

maternity and infant care, this was a new program and it meant also for the first time we were going to be able to make grants directly to cities. We previously hadn't had that authority.

I think a good deal of the problem around money was with respect to these factors, plus in the first year, at least, you know, how much money could you actually spend. Doubling of the authorization for each program, $25 million for each over a seven-year period, is not an awful lot of money. So that I would say that my feeling about it was realistic in view of some of the problems that I recognized, whereas other people, you know, were very eager to go, weren't as cognizant of the fact that the Children's Bureau didn't actually spend the money on services itself. It dealt with fifty agencies--fifty or fifty-two state agencies.

So these were some of the realistic factors that we faced, plus the fact that for all we know a number of the states didn't want to have any part of it. And there were still quite a few physicians who thought that this was an unwise use of a lot of money. If you were going to spend this money there were other areas in which the benefits were more tangible and more promptly realized. I don't think there's any question about that. I would say that there was some impatience or feeling that we ought to move faster.

We also had a problem in the Ways and Means Committee of selling this and also in the Finance Committee, which I didn't know nearly as well. I presented a hearing in the Ways and Means Committee the argument that for the maternity and infant care what we were talking about here was about 100,000 women a year of low income who presented the highest risk, and that this was not, you know, an awful lot of women. Actually, that turned out to be rather conservative. But considering the times, that, I would say, was not too conservative, and considering the people that we were dealing with in the Finance Committee and the Ways and Means Committee, it was an effort not to be too expansive.

The other thing to keep in mind is in the legislative process, and in the appropriations process, my personal view is that it is better not to overwhelm or seem to overwhelm the Congress all the committees have conservative members on them--but rather to proceed on a basis that you think you can accomplish your objectives, and then, having demonstrated that you can, in subsequent years, go ahead and ask for larger increases rather than try to do the whole thing at once. It's an approach.

GREENE: I get the feeling, from Mrs. Shriver's interviews particularly, that she saw money as the key to the whole thing. Money, money, money. That was really the purpose of the panel to generate the money. Do you agree that that was the case, and if you do, do you think that was philosophically correct, that the money really was the key to the whole thing, that if you could get the money you could get the whole thing going in a really big way, or was that an incorrect notion?

LESSER: I think, in the first place, without money you can't do anything. I think there is a tendency to exaggerate the importance of money, you know, having said what I just said. I think in addition to money, and really as part of the request for money, you have to have some pretty sound ideas of what you're going to use the money for. I think the two cannot be separated. I also think that you have to keep in mind that not everybody is as eagar to go ahead with a given subject as the particular proponent is; in this case, of mental retardation. There are many people who feel there are much more important things to be dealt with than mental retardation.

Also, I think you deal with a number of constituencies which vary considerably in their interest and responsiveness and their readiness to go ahead. Also, keep in mind that at that time (this was before Medicare, before Medicaid) there was still great opposition to so-called government medicine and to extending into a much larger area of medical care than we had been in before. That was the position of the American Medical Association which was more influential than it is today. The American Medical Association supported the idea of the maternity and infant care strictly because, well, it was defined as high-risk, low-income people and predominantly people living in cities where there were fewer and fewer physicians in private practice. I think that the Kennedy group on the whole, if they had had their way completely, would have sought more money than could intelligently and competently be spent in a given period of time. This was the impression I had. On the other hand, as a tactic or a strategy, it made a lot of sense.

GREENE: Were they keeping tight reins, do you think, on the type of programming that was coming out of this, were they more concerned--overly concerned, perhaps--with getting the funding and left the programming to follow, in your opinion?

LESSER: Their major contribution, of course, was launching the program, getting new legislation written and enacted, and then getting through the appropriation process. After that, I think the kind of, I started to say, supervision and there really isn't supervision in a formal sense, but certainly keeping an eye on what was going on, was definitely a part of it. They were greatly interested in what was happening in this community, and what was happening in this community, and so on. This was a continuous process.

GREENE: There was no question, apparently, of their knowledge of the whole area. It wasn't a superficial thing.

LESSER: No, it wasn't superficial. Don't forget they had an excellent advisor in Robert Cooke, you know, who is an outstanding pediatrician and knows the subject of mental retardation and, you know, its various associations, particularly the newborn period, thoroughly, and they relied very heavily on him. Also on Robert Aldrich /Robert A. Aldrich/ who became the first director of the Child Health Institute /National Institute for Child Health and Human Development./ I certainly got the impression from time to time that there really wasn't anything comparable in importance as mental retardation and . . .

GREENE: To them, you mean?

LESSER: Yes. And I felt it was necessary to try to strike some sort of a balance, although you take advantage of the situation. Now, it was interesting that the maternity and infant care language says in the purpose clause: In order to help reduce the incidence of mental retardation. I was always interested in the fact that the way we got that amendment which was badly needed--I had been documenting epidemiological evidence since 1960 on the need for a new maternity program--we got it not on the basis of the problem itself--that is, here are all these poor pregnant women who are having babies with very poor care--we didn't get it on that basis but because of its relation to mental retardation. I seized it, but it nevertheless was a distortion of what the actual problem was. We had some problems with the lawyers in HEW who felt we were extrapolating rather far, but I didn't think so. But you take advantage of whatever opportunity presents itself. But I think it does show this kind of a single-minded pursuit of emphasis in a given area, whereas the problem of several hundred thousand women a year getting poor care at a difficult time in their lives really is worthy of considerable attention on its own merits.

GREENE: Right. How aware were you of the dispute that apparently went on within the panel, between the biologists and the educators? I gather this is something that is throughout the profession. It wasn't confined to the panel, but were you conscious of this?

LESSER: Yes, and I don't recall it as well as I did at the time. There were discussions not only in the panel but also within various parts of HEW as to what is the subject of mental retardation, anyhow? To what extent can medicine really contribute? Is mental retardation, is it a medical problem? For the large majority of the retarded, medicine really can contribute very little. There's no question that if you have a retarded child, the basic problem is, How are you going to assist this child to grow within his maximum potential? And what this comes down to is, How do we train or educate this child? I think to a considerable extent this really is the principal problem.

At the same time you have the very difficult intra-family problem of, How do parents cope with this? What's the relationship to siblings? How do parents--assuming there are siblings--deal with siblings in a way that they're not neglecting the siblings because of too much attention to this child? How do they keep from overprotecting or, on the other hand, What about those who reject the child altogether? Now these are rather deep psychological and social problems which are an inherent part of living with a retarded child.

I think that as far as I'm concerned, there's no question in my mind that it's the social and the education aspects of it that predominate in terms of our ability to do something. I think the divisiveness results more from the way professional people are trained, because the mere fact that you are a professional educator or social worker or psychologist or physician immediately divides you from one another, and you look at it from the point of view of your own training and discipline and profession. It's inevitable. This is not a criticism. It's the way life is. You cannot avoid it. This makes it all the more important that there be some way of assisting the family and some way of looking at the retarded child as an individual. If this is the kind of person he is, what can we do about it? It's an awfully hard thing to do. It's easy to say it. People say it all the time.

GREENE: It wasn't so much then a disagreement on where the emphasis should be between prevention and how you handle the child who is already born and retarded. That was my impression--that it was a big part of it. You know,

whether you try to put the emphasis on educating and handling and developing the potential of a child who is retarded, versus those people who felt the emphasis should be on what we were talking about before, which was how you prevent it.

LESSER: I think inevitably there is this issue and this question. But I think inevitably also it's impossible to separate them. I can't conceive of any problem that would be effective in an area like mental retardation, if you dealt only with the problem as presented by groups of individuals and you did nothing to try to prevent it. Whether or not there's a great deal that you can prevent, whether you are overselling the possibilities of prevention, I think this is a real thing. In any normal distribution curve, of course, you will have people at the extremes. You know, 5 percent at the lowest end of the scale and 5 percent at the upper end of the scale. No matter where we are in our civilization this kind of distribution occurs.

I think that my recollection, that a more serious problem arose with respect to the emphasis on children outside of institutions: Are we not neglecting the problem of children in institutions? And certainly earlier on the decision was made that we were not going to try to take on the whole problem of institutions. Well, in the first enthusiasm this was all right, but it's my recollection that after a few years the parents in the National Association for Retarded Children began to feel, Well, isn't it time to do something about improving the state institutions? Well, this is a pretty formidable thing.

GREENE: Well there were those field trips that were conducted outside of the United States. I remember one to England, which I think Mrs. Shriver went on, where she was very impressed by the fact that they weren't using the large institutions that we were at all, but they were going out to the community. Wasn't that a position that the panel eventually took, that they would be proponents of that rather than the large institutions that had predominated?

LESSER: Yes. It's all right for the panel to state a principle or to engage in a philosophical discussion. But how do you deal with it, you see? Now, in dealing with the institutions we're in a different legislative arena because, in the program that I've been talking about, these are grants-in-aid programs to, let's say, state health departments or local health departments, the state institutions recieve no federal funds, you see. These are solely supported by state and local governments. So what entree does the federal government have? Not a hell of a lot, you see. And the federal government

wasn't about to take on the problem of putting money in because, you know, it's such a huge problem. So I don't think that's ever actually been satisfactorily, you know, resolved.

The situation was different in mental health which, you know, accompanied a good deal of this, because there, with the development of tranquilizers and these similar drugs, a large portion of people in psychiatric institutions left, were able to go into their communities. Also it was true that in Belgium and parts of England and also Holland many retarded grew up in villages and were boarders, let's say, in a house, and people were glad to have them for the money. Well, in this country people don't live that way. As a matter of fact, in Europe they're having increasing difficulty with this approach. People don't need that kind of money any more. The problem of the institutionalized child never has been resolved; I mean through this program or any other.

GREENE: I noticed in your interview with Dr. Senn /Milton J. E. Senn/ which, of course, is--what--1968 or even later perhaps?

LESSER: The interview?

GREENE: Yes. I don't remember when it was. . . .

LESSER: Oh.

GREENE: Oh, it was after that because you had already left. . .

LESSER: This is October 11, 1972.

GREENE: '72, right. Because you criticize the emphasis being placed on physical and cognitive growth, and the disregard of environmental factors. So obviously this debate is still going on and, if anything, it has probably been resolved in favor of the. . . . I don't have a page number of where you discussed it. It's probably underlined, though. It may be in the very beginning where. . . .

LESSER: "The inability of children to read well?"

GREENE: It may have been before that.

LESSER: Oh. "We seem to be ignoring many other factors that serve to measure the child's ability to respond to his growth and development. . . ."

GREENE: Right.

LESSER: ". . . because of our emphasis on achievement tests and IQ and so on." Yes, I think there, that is certainly related to Head Start, /Project Head Start/ by the way, which I think is a good example of a program which is much needed, but in the process of launching into it the benefits have been oversold. And I think the criteria for judging effectiveness were not well chosen. A person's IQ is something he or she has to live with, assuming that it's well done, and besides in the brief space of a few weeks in the summertime you're not really going to make an awful lot of impact on a child's growth and development, particularly since you don't do an awful lot with his parents which are his principal sources of influence.

I think the point that I was making here is that there are other indices other than IQ which are of considerable value, and these are indices of social development. And I think our objective in our clinical programs for retarded children is not, certainly, to stress cognitive development once you've reached an assessment of where this child is and is likely to go, but rather to assist the child and his parents in acquiring skills that are necessary, such as learning how to dress himself, learning to feed himself--this sort of thing--which, of course, would vary considerably with children. Instead we see, still in mental retardation, a great emphasis on early intervention with the equivalent, you know, of nursery school or pre-school programs in the hopes of raising IQ's and some demonstrations that these children do progress better.

But I think probably the first study of this that still stands up is the one by Dr. Samuel Kirk, University of Illinois in special education forty years ago, in which he took two comparable groups of children, retarded children, and one received considerable attention in a pre-school environment and the other just the usual kind of upbringing. And the children in the pre-school environment grew intellectually, so to speak, much more rapidly than the others. But then, by the time they were six or seven years old they all leveled off, you see. Now, at first the Head Start people said, "Well, this is because the schools are no good." And it really isn't that. It's that everybody has certain potentialities. You know, when you achieve them, you're there. You can maybe move a little bit more rapidly to get there, but once you're there, you're there. I'll never be a nuclear physicist. I'll never be a good mathematician.

GREENE: Nor will I!

BEGIN TAPE II

GREENE: Can you remember any recommendations that the panel came out with that were considered controversial, either within the government or the profession, that you're aware of about which there was a lot of discussion and debate?

LESSER: Let's see. If you don't mind I'll . . .

GREENE: No. By all means.

LESSER: . . . look at what I have here in the report. Well, basically, to answer your question, I really don't, aside from the fundamental premise of spending what was in those days sizable increases of money in the area of mental retardation where there were quite a few people who felt that the president was taking advantage of his position to pursue a particular hobby. But in terms of problems that the nation faced in health and in social services and in education there were other areas that would have greater benefits if pursued. That is a basic element of disagreement.

One of the recommendations, I believe directed to us, was to do some demostrations in provision of maternity care by nurse-midwives which we were happy to do since we'd been doing some of them, and several of our nurses were nurse-midwives. It didn't raise an awful lot of flak because it didn't get an awful lot of attention, but at that time there was considerable opposition on the part of much of the medical profession to anybody doing a delivery or providing treatment other than a physician except in certain rural areas where there were no physicians. It's quite interesting that in the 1930s and '40s there were more nurse-midwives doing deliveries in parts of our country than at the present time. In Georgia, in Maryland particularly, a considerable number of women living in rural areas could receive complete maternity care from nurse-midwives employed by the health department.

Well, since that time things have changed considerably. The American College of Obstetricians and Gynecologists now has a recommendation with regard to the use of midwives for maternity care as part of a medical team, and so on. And Title V funds are supporting--I don't remember how many--maybe half a dozen training programs for nurses to get their degrees in midwifery. And many young women, I think, or an increasing number of young women prefer maternity care services from nurse-midwives than

from physicians. We just didn't make an awful lot of noise about it. But I really can't remember. Maybe if you prodded my memory. . . .

GREENE: Well, I was going to ask you also about the three panel recommendations that were never implemented at all. One was the Institute of Learning . . .

LESSER: Yes.

GREENE: . . . and another was the regional genetic labs . . .

LESSER: Yes.

GREENE: . . . and the third was the lifetime surveillance system of the retarded.

LESSER: The Institute of Learning, well, my recollection is that it was finally resolved that the Child Health institute would take on a good deal of this function. But actually, you know, within the last--I don't know--six or seven years a National Institute of Research in Education has been established in HEW which, I think, takes on a good deal of this function. But this has nothing to do with the president's panel. The question of the regional genetics lab, I think, was not controversial, and in the Children's Bureau this did go forward, and beginning particularly with our support of the trial of the Guthrie [Dr. Robert Guthrie] method for screening newborn infants with phenylketonuria.

GREENE: That's not the thing that the babies get in the hospital, is it?

LESSER: Yes, newborn.

GREENE: I have an acronym of P. . . .

LESSER: PKU.

GREENE: PKU.

LESSER: Yes, that's it. Well, beginning with that there was a considerable increase of interest in genetics, and one of the significant activities of the National Institutes of Health, particularly the National Institute of General Medical [Sciences] (I don't know if that was established then) but also in Child Health was research in genetics,

human genetics. Now one of the things that happened is that those medical schools that got research grants in genetics were studying specific genetic problems--not genetics in general, but specific diseases, you see. They began to receive referrals from physicians of patients with other kinds of genetic problems than they were doing research in, and they weren't set up to provide services for them. So we were asked, since we were supporting services of various kinds, if we could support such services, and we did. And I think at the time I left HEW we were supporting some seventeen or eighteen genetics services in medical schools in which diagnosis was made and genetics counseling, and so on and so forth. So I would say that recommendation is being carried out. Yes. I don't think that this was ever an issue about doing it. Now what was the third one?

GREENE: The life surveillance system of the retarded. . . . The problems of movement. . . .

LESSER: I don't think. . . .

GREENE: Yes, just too complicated.

LESSER: I don't really know anything about that. I think it was just too difficult.

GREENE: Yes. What about the whole aspect of the politices of the thing? Did you find that there was a lot of politics, that decisions were being made on the basis of politics?

LESSER: On a political basis?

GREENE: Yes. Were you aware of that?

LESSER: I do not know that politics in any perjorative sense was a factor. Of course it was a factor, because President Kennedy was a president, and it was for that reason that the whole thing went through. But I assume you're speaking and really intend other terms.

GREENE: Yes.

LESSER: I am not aware of this. Certainly, in my own experience I don't know of any politicians who were particularly interested in this particular problem. Now, this may well have happened with regard to those

amendments that had to do with the construction of facilities.

GREENE: That was one thing I had in mind, yes.

LESSER: When you put up a building there's an awful lot of people who like to have the building. Now there this might well have happened. I don't think there's any question that many people felt that Bob Cooke and Bob Aldrich were certainly having a lot of influence on all of this. I think that's probably true. Otherwise I have no comment to make on this.

GREENE: In the summer of '62--or at least I think it was the summer of '62, it was around then--HEW began to develop a coordinating committee on mental retardation. It was appointed by Secretary Ribicoff, called the Secretary's Committee. Do you remember that? And that was in an effort to prepare . . .

LESSER: Bring together the various elements of the department that were active in this.

GREENE: Right, exactly. Do you remember? Were you part of that or. . . .

LESSER: I was. I really don't remember it. You know, there were really so many committees?

GREENE: Was it effective?

LESSER: I think about as effective as coordinating committees can be. Nobody gives up anything, but it serves the purpose of enabling the secretary or his representative, as well as the participants, to know what the other guys are doing. This is really the major purpose. . . . It's really more for information than anything else. But nobody encroaches on anybody else's territory in that kind of a committee. I think it's necessary. I think if you have excessive expectations for it you're bound to be disappointed. Coordination is essential but. . . .

GREENE: How much contact did you have with Mike Feldman during this whole period of the panel's life?

LESSER: Several meetings in the White House at which he was chairman, and I would go because Wilbur Cohen would ask me to go. Occasionally, I think maybe if Bob Cooke called me and told me there was this meeting and would I come. I would never go without at least letting somebody

know that I was going to go see the White House. It was always with Wilbur Cohen. And I think he was a very effective mediator. His personality, I think, greatly helped because he was dealing with some rather emotional people--certainly Mrs. Shriver. Bob Cooke, you know, on the whole is a pretty calm person, but sometimes he'd get pretty worked up. But Mr. Feldman, I think, under all these conditions was a very effective chairman. This is what, you know, his job was.

GREENE: How much contact did you have with anybody else around the White House? Let's say before the president's special assistant's office [Office of the Special Assistant to the President on Mental Retardation] was established.

LESSER: None.

GREENE: None. Because I've heard some criticism of their attitude on the subject.

LESSER: Mental retardation?

GREENE: Yes.

LESSER: Well, uh. What was that? Was he a general? I forget his name. Who was the president's assistant on mental retardation? I forget his name.

GREENE: That's Warren [Stafford L. Warren] from southern California.

LESSER: That's right. Well, I think that there probably was criticism largely from calling up various people in the department. You know, "What's going on?" or, "Have you heard this?" or, "Why aren't doing this this way?"

GREENE: Are you talking now about the office of the special assistant?

LESSER: Yes.

GREENE: Oh, okay. I was thinking more in terms of the political types, like Kenny O'Donnell [Kenneth P. O'Donnell] and others around the president prior to the establishment of the. . . .

LESSER: I don't recall any of those people.

GREENE: Okay. There was some criticism of them.

Did you have any direct contact with the president during the life of the panel?

LESSER: No. But you know during all these meetings members of the president's family would be in and out, you know, even though they weren't members of the committee. But they were there. Mrs. Shriver would be there. Robert Kennedy would be there. You know, they were ubiquitous.

GREENE: Did you ever get the feeling that their impatience and . . .

LESSER: Oh, yeah.

GREENE: . . . . their demands were unreasonable? They weren't just extremely energetic, but that they really were not. . . .

LESSER: I think they really weren't sufficiently cognizant of how other people work, of how other branches of government work. And I think they really weren't ready to accept that not everybody was as interested in the subject as they were.

GREENE: Or that they might have had other things, other responsibilities?

LESSER: Now one thing that many people I know disliked very much was that Sargent Shriver as director of OEO [Office of Economic Opportunity] and his staff, because they quickly established themselves in the same pattern of operations as Sargent--their great impatience with government, particularly state and local governments. You know, they're all bogged down, you can't get anywhere with them, that's why OEO is going to deal directly with local community action groups. So, in effect, they set up their own hierarchy and community action groups which, you know, were the equivalent. Now, whether this is genuine with respect to impatience with government or whether it's a way of obtaining greater control over everything, because community action agencies were creatures of OEO and therefore they were much more liable to do what OEO wanted them to do than if you gave money to a health department to set up a neighborhood health center. You know, they could

still complain to the mayor. That sort of thing. But this was the source of considerable criticism that OEO, led by Mr. Shriver and staff, really made very caustic comments about health departments, about hospitals, about government, you know, that sort of thing.

GREENE: And sort of lumping them all together?

LESSER: Yes. I think it does not serve a constructive purpose, because always at the bottom of the OEO program was the problem that there was really no organic act that established it, and that the community action agencies had no organic base in their communities. They were totally creatures of the federal OEO agency. Therefore, if anything happened to the federal OEO agency and the money, they disappeared, you see. They did not have the slightest foothold in state or local government agencies. There was no real estate or local matching money going into it. . . .

GREENE: And that's really what happened, isn't it?

LESSER: Yes, and I think as a principle of government, it's a serious mistake, and they went into this with their eyes open. I think you cannot conceive of these statutes as having great permanence, and then whenever you're dealing from the federal government with local groups to carry out certain programs those groups really have to have some kind of a base in their community that's recognized legislatively. To put it another way, I think local or state governments have to have a financial stake in the operation. Otherwise it's always going to be a federal operation. Who cares?

GREENE: Do you have any feeling of disappointments on mistakes that were made in the course of this panel? Were there any that. . . .

LESSER: Of the panel? I don't recall any. I do a limited amount of teaching in schools of public health, and I've cited the panel many times as an example of a way government operates effectively, particularly federal government. I think the panel was a very useful device for giving publicity to a given problem and for enlisting the support of the public at large, and as a means of obtaining suggestions from the public, you know, as a direct appeal to them. Everybody has a chance to contribute, you see. It was really a very imaginative thing to do. So that there is no question in my mind that this was a most effective device.

Now within the panel itself--whenever you have a group of five people or fifty people you're going to have varying points of view and disagreements and arguments and jealousies, and so on. This is inevitable. But I measure it, obviously, not by what I have forgotten about the problems--which is considerable--but by what the panel's recommendations led to. And one point here that I haven't mentioned is that for a number of years thereafter we were asked as part of HEW to review all the recommendations of the panel to see in our view which recommendations have had some action taken, which have not had some action on them. So that it wasn't a one-time thing in the sense that we forget about it. No, I thought it was very good.

GREENE: Do you remember people saying that a major mistake was not asking for the staffing of the university-affiliated training centers? Do you remember that becoming an issue?

LESSER: Not asking for staff?

GREENE: Yes. Not asking for staffing of university-affiliated training centers. This is something a number of people have mentioned, and this is one place where I see some political considerations.

LESSER: There's no question about it.

GREENE: For one thing the AMA /American Medical Association/ and the national association were both opposed to it, and I'm not sure why.

LESSER: What national association was opposed to it?

GREENE: . . . for retarded persons /National Association for Retarded Persons/. For some reason--and I'm not clear on why--they opposed that.

LESSER: Well, university-affiliated centers, training centers, I think there's no question that there were political aspects of this. I think it's interesting too that the legislative history is unusual. I don't think there actually was any hearing, and I think in some way or other--I have forgotten how this was done--but Bob Cooke in discussing with the legislative committee got language in there somehow. But it didn't have the same airing as all the others did. And I don't remember that particular aspect of it.

With regard to your question about the staffing, I think the immediate concern was to get money for the construction, and they were lucky to get away with that. And this, of course, was in addition to the research centers. There was, either at the time or subsquently, and implicit or an open understanding that money would come out of Title V for staffing of university-affiliated centers. And we did get money from the Congress for this purpose and are supporting some--I don't know--seventeen or eighteen or nineteen of these centers. Now there were, however, some people who felt that the staffing ought to go along with the construction, it ought to be all of one piece. Whether or not this has validity, I realy don't know. I think it doesn't really make that much difference. The university-affiliated centers themselves, obviously, would like to have a separate appropriation for this purpose. I think as a group they've been fairly effective in talking with Congress, but I think that there was always a basic disagreement among those interested in mental retardation as to whether we really wanted them or not. I know Mrs. Fitzhugh Boggs [Elizabeth M. Boggs] has always been an opponent of the university-affiliated center. Why, I really don't know.

GREENE: My understanding is that one of the reasons that it died was because the AMA opposed this, and Wilbur Cohen needed their support for the fight on Medicare, and that he just didn't want to alienate the AMA on that one.

LESSER: I don't know anything about that, but certainly I must say what you say surprises me, because Wilbur Cohen never expected to get the AMA support on Medicare. He was happy to get the American Hospital Association.

GREENE: That's what I was thinking when I first read that, that . . .

LESSER: Maybe you meant Medicaid?

GREENE: Well, I don't know. It's possible.

LESSER: This is something you read?

GREENE: Yes, something I read.

LESSER: This is news to me. And it also surprises me.

GREENE: They were always staunch opponents of that.

LESSER: He never anticipated AMA support. I think there was opposition within the medical schools. I don't think the universities themselves were particularly happy about it. Suppose someone in a university who is particularly interested in the subject and knows some of the people involved in Washington who administer the grants, suppose he gets approval of a proposal to build a university-affiliated center, this immediately poses a problem for the university as such. How are we going to staff it? What are we going to do with it, if it isn't completely used for this purpose? Are we permitted to use it for other purposes? No, you're not. We're very crowded for space (all universities were expanding at this time). Is this the most important thing that we need? No, we don't. Shall we take it just because the money is available? Obviously, these kinds of problems.

GREENE: So it's probably an oversimplification.

LESSER: I think it is an area that has an inherent weakness in it. It would never have gotten through on any other basis.

GREENE: Is there anything else that you can think of specifically on the panel that you wanted to mention?

LESSER: I can't think of anything.

GREENE: Okay. Maybe something will occur later, but if not, what do you have to say about the creation of the Office of the Special Assistant? Were you consulted on that at all? And what was your feeling when you found out that it was about to be done?

LESSER: No, obviously we were not consulted on this. This was the president's idea. There is, of course a strong feeling in any group that has an interest in a particular subject regardless of what the subject is that you're best off if you have some kind of an office in the White House. If you can report to the president, that's great. So that it certainly wasn't a great surprise that the president would have a special assistant. I think that any problems that arose would have been on the secretary's level rather than with us. Now, of course, it did mean getting inquiries and responding to inquiries, but, you know, these were nothing earthshaking. It was pretty much the same pattern of things, as Eunice Shriver wanting to know what was happening, or Sargent Shriver or Bob Cooke or something. I have a feeling it did

create problems in the secretary's office, because part of the pattern was to push the secretary or Wilbur Cohen or people like that into being more aggressive in a given area, which is also a little confusing because the decisions with regard to money were all in the Bureau of the Budget which is part of the White House, too. But it was a way of pushing people to get things done, because, obviously, the president having done this, wasn't going to spend all his time on mental retardation. So somebody else was acting for him. It also meant that the request was clothed with the authority of the president, when half the time we knew damn well the president knew nothing about it.

GREENE: Right. Exactly.

LESSER: It's a way of throwing your weight around, but I myself was never particularly conscious of any difficulty there.

GREENE: Did you have much contact with Warren and his staff?

LESSER: I would say some, but not very much. He was present at the time the 1963 amendments were debated on the floor in the House [of Representatives]. He was there representing the White House and had some conversations with me. And also after it passed we all went into Wilbur Mills' office and there were congratulations all around, and he was there speaking for the president and that sort of thing. But I really have no specific recollections other than that.

GREENE: Do you have any impressions of how effective he was?

LESSER: I don't think he was a very effective person, that is, in this area of mental retardation. I don't recall much about his background. I never did understand. . . .

GREENE: He had been chancellor at UCLA [University of California at Los Angeles].

LESSER: Yes. I never did understand his particular interest nor, the Kennedy family's particular interest in him. My recollection is that he was not regarded as a particularly effective individual.

GREENE: Yes. Well, opinion seems to have been divided. There were some who felt exactly that way and others who felt he did a pretty good job as an administrator. Nobody seems . . .

LESSER: What did he administer? I don't know what he administered.

GREENE: Running the office, I guess.

[LESSER: You mean the assistant secretary's office. With a staff of a half a dozen people? /Laughs/ You could get a feeling, you know, from time to time, that there were an awful lot of people getting into your hair, you know, looking over your shoulder all the time. This is one thing that the Kennedy family have been. . . . Comments have been made about them, that if they in some way are responsible for your getting some money to do something they will continually look over your shoulder, and you really don't have the usual kind of freedom to move about as you wish. I mean, they're determined to see to it that they get their money's worth. There's no question about that.]

GREENE: I guess that can be very energizing, and at the same time it can be extremely irritating.

LESSER: I think there's no question that that attitude precipitated a lot of activity. Just pushed 'em.

GREENE: Aimlessly, do you think?

LESSER: No, no. Because we had specific goals.

GREENE: So you're saying, in other words, that it might have been very irritating, but it was probably also quite effective?

LESSER: Yes, I have no question about that. And the irritation was at times. On the other hand, it's really very interesting to deal directly with a group of people like that.

GREENE: Did you play any role, and I'm not sure still if it was called the Governor's Conference or the White House Conference (I've seen it both ways) on Mental Retardation /State-Federal Conference on Mental Retardation/? That would have been in September of '63 at Airlie House /Warrenton, Virginia/.

LESSER: I really don't have any recollection at all.

GREENE: No. Okay, that was primarily that the governors each sent representatives, and the idea was to stimulate them to get the groundwork laid for the programs.

LESSER: I'm sure that I would, because of our amendments which included money to state health departments, with requirements that states as a condition of receiving this money undertake certain activities. In other words, a natural role for me would be to interpret the new amendments in this regard to the governors or their representatives.

GREENE: I know you were there, because I've seen your name.

LESSER: Oh, you do.

GREENE: Yes. But, I think it was mainly sort of a rally, almost to get. . . .

LESSER: I would assume it was an information thing, predominantly. "Here is new legislation. This is what it means."

GREENE: The legislation at that time seems to have been pro forma. I mean, its passage. There didn't seem to be any problem with getting it through.

LESSER: That's right. You know in advance whether it's going to. . . .

GREENE: Yes. I don't know if as things went along you got more of an impression of what the foundation was doing and how effective it was, but did you in this period. . . .

LESSER: The Joseph P. Kennedy Foundation?

GREENE: The Joseph P. Kennedy Foundation.

LESSER: I knew nothing about it.

GREENE: And your association didn't develop during this period? [Lesser shakes hid head, "No."] Okay. What about the differences in the status, let's say, of human development problem solving between the

Kennedy and Johnson [Lyndon B. Johnson] administrations? Did you see very much difference, especially after the initial period that you discussed where he primarily went along?

LESSER: Oh, I think so. I think what characterized both was a great interest in domestic problems, and a great interest in the maximum use of federal government in the solution of these problems. I would say that President Kennedy's interest in the area in which I'm involved--maternal and child health--was pretty clearly focused on mental retardation, and the prevention of mental retardation. President Johnson definitely went beyond that--Medicare, I think, is a good example of this--in the provision of medical care for aged people. He took our maternity and infant care amendments several steps further. The children and youth projects, for example, had nothing to do specifically with mental retardation but were an effort. . . . [Interruption in tape] In proposing legislation to establish the children and youth projects, President Johnson, of course, was building on the model of the maternity and infant care, but here recognizing that the children in low-income families, particularly in areas with concentrations of low-income people, were having analagous problems to obtaining medical care, particularly preventive health services, as the mothers were that led to the maternity-infant care. But here what he was recognizing is that, here is an element in our population that's just not benefiting from all these great advances in research that we're producing in this country. And it was an effort to improve the provision of medical care for disadvantaged groups, particularly those living in areas where there were few physicians in private practice any more. They've all moved out to the suburbs. And subsequently with other amendments that we got with regard to dental care of children, neonatal care, and I guess that's it. Medicaid, of course, was an expression of his interest, again, in doing something to enable poor people to obtain medical care, regardless of what their problems were. So I think that this was a progression in the response of the federal government to certain problems of people on a broader basis than President Kennedy did, but there's no question that President Kennedy laid the groundwork for this.

GREENE: Would you say that President Johnson's interest was more direct, as opposed to President Kennedy whose interest was manifested more through the Shrivers? Were you aware of that? Was President Johnson more personally involved in the whole thing? I guess is what I'm asking?

LESSER: Well, I really don't know that President Kennedy was less personally involved. He certainly was greatly interested. I think, obviously, President Johnson relied a great deal on Mr. Califano /Joseph A. Califano, Jr./. But I certainly wouldn't make any comparison. I think the enunciation of the Great Society was a major step, and it's, you know, just too bad that the position on international affairs. . . . You know he really blew it on that basis.

I think also there was, perhaps, a tendency to move ahead with a good idea without adequate attention to where might this lead us to. Obviously, we want to provide good medical care for poor people, and it was sold on the basis that it really wouldn't cost an awful lot of money, and look at where we are today. And similarly with Medicare. Now it's true that you can't foresee inflation and everyting else, but I think we're repeating the same process in all of the urging that's being expressed at the present time toward national health insurance, which basically has within it the same elements of problem creating as we have in Medicare. I think also it represents too great an emphasis on money as a solution to problems. When, at least in medical care, it's not only the payment of bills that's a problem but the availability of medical care and the access to it. Also, how wasteful are many of the elements in our present medical care system, and can't we do something about it? You hear much less of this, you see. And while what I said about President Johnson and Medicare and Medicaid was really hindsight, the reason I say it is that we're repeating the process in all the publicity on why we need national health insurance. I have real serious doubts about going ahead with nationl health insurance, unless we do a few things to get our medical house in order and hospital house in order first.

GREENE: I think it's interesting--it's kind of off the subject--but I read in the /Washington/ Post the other day that all the efforts by the unions and the other offices helping government to support health insurance now, the AMA is resisting at every juncture any effort to make it more efficient and more economical, cutting out unnecessary procedures and doing more outpatient and less hospitalization, and that at every juncture they have resisted this.

LESSER: Well, I think the problems are really more basic than the AMA, and the AMA isn't that influential any more. The AMA, incidentally, has been consistently supportive of the Title V programs for all the maternity care and the appropriations and everything. There is inherent in medical care virtually an unlimited demand. People vary. You know, somebody gets up in the morning with a backache, let's say a person sixty years old. One person will say, "Well, you know, this is part of getting old. It's something you have to put up with." Somebody else will immediately go to the physician. Also, there is in the provision of medical care the constant development of technology which produces more effective equipment which also is more expensive. Well, are the returns commensurate with the additional investment in this new equipment? This is something people don't look at too carefully. Also, many things really can be done more effectively in a hospital than they can on an outpatient department, but not necessarily on an overnight basis. Okay. Well, for instance, to be admitted for a diagnostic workup as a day patient the chances are he won't get reimbursed by Blue Cross, you see.

What I'm saying is the problems really are very complicated, and it, I think, doesn't do a great service to say that one group is opposed to doing anything and another group isn't. Now the unions, for example, who are very effective, I think, in making for progress in this area are also not without their own personal interest in the matter, because if we had national health insurance then they would no longer need to have medical benefits as part of their bargaining. This would be turned over to the national health insurance, and they could use their bargaining for something else, you see. So, you know, there are elements of self-interest in this. We can't get into it, but it's really much more complicated than the good guys and the bad guys. I'm a bad guy with some people because I'm not a big advocate of national health insurance as things are at the present time. I think poor people won't benefit from national health insurance as most of the bills are written. Poor people have national health insurance; they have Medicaid, and that pays bills but it doesn't give them decent medical care as an essential component. There are other ways of doing it.

GREENE: Of course, I think that national health insurance proponents see it more as a relief to the middle class because, even though it may be inaccurate, they see the poor as being taken care of already through Medicaid and the wealthy through their own ability to pay, and it's the people in the middle who, especially in long-term illnesses, just. . . .

LESSER: See, you're suggesting a question which I think is very important. Actually who would benefit from national health insurance? Eighty percent of the people have a hospital insurance of some kind or another. But who would benefit? I don't know. I think maybe many middle-class people would benefit. To what extent, I don't know. Also many of the problems that people have would not be covered, you know, with national health insurance necessarily. Many emotional and psychiatric problems might or might not. Many of the problems of the aged might or might not. I think the subject warrants an objective, analytical approach rather than going overboard for it. We do tend to oversell.

President Nixon certainly did with his cancer cure program. You know, here's the man who wanted to wipe out all these other programs but when he saw some political expediency in this and gains for him. . . . Who doesn't want to cure cancer? Does anybody not want to cure cancer? Well, he's the president who put on the cancer cure program. And, unfortunately, the scientists came forward in great support of it. Why wouldn't they? But we're not going to cure cancer through this cancer cure program, And even if they found the cures to all the cancer, life expectancy would increase by about two years. Everybody dies of something. Much of this is another way of seeking for immortaility, you know, Everybody dies.

GREENE: Maybe I can ask you a little bit about the national institute?

LESSER: You can ask me. Whether I can answer it or not, I don't. . . .

GREENE: Okay. Did you get involved at all in the preliminary stages when this was being debated?

LESSER: Child Health Institute?

GREENE: Yes. . . . whether or not it should be created?

LESSER: To this extent, that, during the hearings there was this question. . . . Well, if we have a National Institute of Child Health and Human Development, why is the president also proposing to give the Children's Bureau under Title V a research grants' authority which we had not had till that time? And we had no problem explaining this. NIH does NIH type of basic research, whereas the Children's Bureau's research grants' authority was primarily for the purpose of having grants funds available for program

research to evaluate how effective are these programs. Are they reaching their objectives, and so on and so forth? So we had no trouble with that. But one thing that it did lead to was a formal memorandum of understanding between the chiefs of the Children's Bureau and the director of National Institute of Child Health and Human Development which set forth what are the basic objectives of each program. And I think this was an interesting thing to do. It became part of the congressional record and also part of the HEW manual.

GREENE: Did you know anything about the compromise as a result of which this was apparently created?

LESSER: The Child Health Institute?

GREENE: Yes, to create the Child Health Institute and the General Medical Sciences Institute at the same time?

LESSER: I really don't know that. I know there was quite a bit of opposition to the Child Health Institute as a concept, because, you know, research is not research in children. Research is in specific problems. Even to this day, a great deal of pediatric research is carried out through the other institutes. You know, congenital heart disease research, genetics is largely in NIGMS [National Institute of General Medical Sciences] although, you know, Child Health [Institute] does some. So that in terms of the institute as an organization it was in a somewhat anomalous position and still is.

GREENE: But your own sympathy seems to be with the creation of a separate institute for children.

LESSER: Oh, yea. Oh, yes. And they had some certain specific mandates, you know: growth and development, mental retardation, perinatal research. And of course the obstetricians, really, didn't have any kind of a home at NIH. This gave them a part of a home.

GREENE: [Laughter] The home of obstetricians. Has it worked out fairly well, do you think? Has it accomplished what it was supposed to?

LESSER: Well, I think. . . . You know, it's really a little hard for me to answer that, because when you ask that it presupposes I have a fairly clear idea of what their objectives were and how they realized it. I think some of the problems inherent in the creation of it still continue to bother it. They do growth and development, but they don't do the mental health of children. NIMH /National Institute of Mental Health/ does that, except NIMH doesn't do it. So there really is no program, after all these years there's not much of a mental health research program with regard to children. I think the comment that I would make, chiefly, about this is that from the very beginning they've had difficulty getting directors.

GREENE: Yes. They went through three. . . .

LESSER: Why this is so, I don't know. Bob Aldrich really had to be persuaded. President Kennedy called up the president of the University of Washington, I guess it was, to ask him for him, you know. Bob Aldrich really hadn't wanted to do it. On that basis he really took leave and came. And now they have a good person, so perhaps things will start. . . .

GREENE: Who is the head now? I'm not sure.

LESSER: It's Norman Kretchmer who had been chairman of the department of pediatrics at Stanford /University/.

GREENE: Following Aldrich was Donald Harding?

LESSER: Yes, and he had never had any background in research at all. He was a commissioned officer in the Public Health Service, and he had his problems. And then . . .

GREENE: Gerald La Veck? /Gerald D. La Veck/

LESSER: La Veck, also a commissioned officer without research background, and more interested in services. I think Gerald La Veck also had some problems with the growth of interest and emphasis on amniocentesis. He is opposed to abortion, and, you know, there's not much point in doing an amniocentesis unless you're ready to follow up on it. And that created some problems for him.

GREENE: Didn't they also have problems with money and programs being shifted from other NIH areas, and so their hands were kind of tied in the beginning?

LESSER: That was no problem.

GREENE: No.

LESSER: As an institute it really lacks dramatic appeal like cancer or genetics or heart and lung disease, you know, or blindness. Those things mean more to people than child growth and development. Really what do you do? You know, premature babies.

GREENE: I called them recently for information on sudden infant death, and they had a lot. . . . I don't know what they're doing on it, but they had a lot of. . . .

LESSER: Well, you know, Congress earmarked some money for this a couple of years ago.

GREENE: Right. I remember when that. . . . Is there anything else?

LESSER: Not that I can think of. It all happened quite a while ago.