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Biographical Note

Davens, a member of the President's Panel on Mental Retardation from 1962 to 1963, discusses his recollections of the Panel, its priorities and decision-making processes, and his impressions of President John F. Kennedy, among other issues.

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By Dr. Edward Davens

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Edward Davens, M.D.

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Oral History Interview

with

Edward Davens, M.D.

March 29, 1968
Baltimore, Maryland

By John Stewart

For the John F. Kennedy Library

STEWART: Why don't we begin by my asking you what you in the state of Maryland saw as the situation of the federal government in regard to mental retardation during the late 1950's? Was it only a matter that they weren't doing enough as far as providing aid to the states in these areas? Or was it a matter that the type of aid they were providing wasn't, in your opinion, the right kind of aid?

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DAVENS: I think that the federal government during this period was not providing any substantial aid, the reason for this being that the state is sovereign in matters of health, and it was accepted that care of the mentally retarded was a state responsibility. One of the notable exceptions to this, of course, was the Crippled Children's Program which stemmed from the Social Security Act of 1935. And in the medical care of handicapped children, physically handicapped children, a number of them have multiple handicaps of which mental retardation is a common component. These children in some of the states, Maryland, for example, were included in the benefits of the Crippled Children's Program, from funds which we received from the United States Children's Bureau. As far as institutional care of mentally retarded children or individuals was concerned, Maryland is probably similar to all the other states in that this was entirely a state responsibility without any federal funds.

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In my view, prior to the formation of the President's Panel (on Mental Retardation) by President Kennedy [John F. Kennedy], mental retardation in general was something that was relegated to a condition of separation from the mainstream of educational services, medical services, or social welfare services. Certainly in the case of children with the greatest degrees of mental retardation, the general idea was to separate them from their families, from their communities and put them in institutions so that out of sight, out of mind; one didn't have to face the problem. However, by 1962 Maryland had made significant progress in the educational services for mentally retarded children because the state had accepted a fair amount of responsibility for developing classes for trainable children and educable children.

STEWART: Had you been involved, or had anyone to your knowledge within the state Department of Health been involved, in any efforts to get the federal government to do more in the field of mental

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retardation? Or was it just assumed that this was the normal, this was as much as they were going to do, and there was no real urgency about it?

DAVENS: I think the fact that the general attitude of society was that the mentally retarded were separated, and that relatively little could be done, at least for the more severely affected, it was widely assumed that the best way to handle the situation was to commit these unfortunate persons to large institutions. I don't really recall any serious attempts to get federal funds into the picture with the notable exception, of the efforts made by the U. S. Children's Bureau. Also a few states provided in their Crippled Children's Program, that the mentally retarded would not be excluded from the benefits of medical care services. In Maryland we had this provision from the beginning. We had a broad definition of handicapped child since the beginning of our program in 1935. In addition the general

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attitude towards use of federal funds in financing educational services has been negative until very recently. To my knowledge there was little or no effort prior to the report of the Panel to get federal funds to participate in the costs of educating mentally retarded children.

STEWART: Why don't you describe exactly how you came to be a member of the President's Panel? Had you known, for example, Mrs. Eunice Kennedy Shriver or Mr. Sargent Shriver [Robert S. Shriver, Jr.] or President Kennedy?

DAVENS: I never knew exactly how I came to be a member unless my name was suggested by Dr. Robert Cooke [Robert E. Cooke (M.D.)] who is Professor of

Pediatrics at the Johns Hopkins School of Medicine, and is also medical director of the Kennedy Foundation. But in any case, my first knowledge of it was when I received a telegram from the White House inviting me to be a member.

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STEWART: Do you recall what your reactions were? Had you been aware of the setting up of this panel, this commission?

DAVENS: In a vague way, I had heard that it was being set up. My reaction was, of course, absolute delight, enthusiasm, and a tremendous sense of exhilaration because I had already, at that time, seen enough of the style of the Kennedy Administration to be infused with the general sense of enthusiasm and the intense excitement of the quest or pursuit of excellence in all spheres of life, including human development. So it was with a tremendous feeling of delight that I accepted this post.

STEWART: What do you recall of this first meeting of the Panel and your impressions of President Kennedy?

DAVENS: That's very easy to answer. First of all, the most evident thing was the tremendous sense of excitement and aura of urgency and, you might say, the fun of grappling with problems of this kind and solving them that pervaded the whole scene.

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I think this was felt by every member of the Panel. There was certainly no sense of being perfunctory; there was no sense of boredom. This was not "just another Panel," or just another group to make recommendations which would gather dust and moulder on the shelves. It was quite the opposite. There was a keen sense of "forward motion," to use the President's favorite words.

The second thing that I recall from that meeting was the tremendous amount of information that he already had about the subject. He'd been well briefed, and he obviously was a man who'd read a great deal. I remember distinctly that he discussed very intelligently and in some depth the problem of premature infant birth for about ten or fifteen minutes and the relationship of premature birth to the development of subsequent handicaps such as epilepsy or mental retardation. His probing questions as to what could be done in terms of better health care, more preventive and comprehensive maternity care, in order

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to avoid at least some of this premature infant birth, were astonishing. He also was quite aware of the relationship between premature birth and social and economic deprivation -- in other words, poverty.

Finally, I think the thing that I recall from that first meeting was the tremendous emphasis which he placed on what he called foreign missions. He wanted the Panel to explore very quickly the places in Western Europe, including the Soviet Union, or, for that matter, other parts of the world where it was felt that significant advances in the prevention, care and study of mental retardation had been made. He also made it clear that he hoped that these missions would not be in the spirit of what I personally think is an American failing, namely that we know it all and that all we should do is to export our way of doing things, since we know best. Rather we should go with the spirit that there were programs for mental retardation in other countries that would provide a basis

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for adaptation to the way we do things here. I was delighted when I was later chosen to go on the foreign mission to Denmark and Sweden where, in fact, we did learn a great deal.

STEWART: Do you recall him discussing any of the possible political problems that might arise from any proposals, major legislative proposals in this field?

DAVENS: No, I do not recall any such comments.

STEWART: There was a certain amount of criticism, I believe, when the Panel was set up that it was to do “___”. There was a certain amount of criticism of the decision to have the Panel do its work in one year. Some people said that with a cast that large it just couldn't be done. To do it right they should take at least three years.

DAVENS: Right.

STEWART: Did some members of the Panel feel this way, that possibly it couldn't be done in a year?

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DAVENS: I'm certain they did. I had some doubts about it myself, but I think those who commented along those lines or who felt that way did not reckon with the fact that the President's sister was to be a consultant to the Panel. Nor did they reckon with the general sense of hurry and hard work within the Administration. Never in my entire life have I worked so hard as during this particular year and never have I enjoyed myself so much. I would say that the intensity of the hours and the work and the effort was equivalent to an average three year commission.

STEWART: Will you amplify a bit on what you mean by the Administration being in a hurry?

DAVENS: The President seemed to be very much in a hurry, so it seemed to me. There was a sense of urgency and excitement about everything. Not only urgency

but a sense of exhilaration and that what needed to be done could be done and that a nation that had so much affluence and scientific ability - a nation that was

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proceeding to go to the moon - could solve the problems of errors in human development as well. Could I just explain what I mean by reading a paragraph from the President's charge to the Panel?

STEWART: Yes.

DAVENS: "A moon shot is not possible without prior discoveries in aerodynamics, propulsion, physics, astronomy and other sciences. A successful attack on a complex problem like mental retardation also requires a host of prior achievements, trained scientific personnel, tools and techniques, profound understanding of the behavioral sciences, a spirit of devotion to the underprivileged and a free democratic atmosphere of inquiry. Fortunately, ours is a country in which these ingredients abound. Our leadership in these fields is unchallenged". In other words, we can do it, we have the tools, let's get about it. And at the first meeting he told us in no uncertain terms that he wanted a report back and recommendations in a year so that legislation could be developed for the subsequent Congress,

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the 88th Congress. This time table was in fact met and he signed Public Law 88-156 about a month before his death.

STEWART: There was also, it has been said, a certain amount of apathy if not outright opposition to the establishment of the Panel within certain parts of HEW (Department of Health, Education and Welfare). Do you recall this, do you recall this being of any concern to you or other members of the Panel?

DAVENS: Being in government myself, I think it is true that there is always a certain degree of apprehension to the appointment of outside groups to study problems. I really can't say that I felt this very strongly in this case because a good deal of the staff work was done by various elements in the Public Health Service and the Children's Bureau, and the cooperation we received was excellent. We had carte blanche to all sorts of information. I still have at home two complete file drawers of material. The cooperation was extraordinary from various components of HEW and, for that matter, other federal agencies.

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This was true also from non-governmental sources throughout the entire country. We received unsolicited advice, letters, reports and studies in great abundance.

STEWART: There had been, of course, a somewhat similar study on the whole problem of mental health started in 1956 and finally completed in 1960, I believe it was. Did members of the Panel tend to compare the type of effort that had gone on there and the type of effort that they were now undertaking, do you recall?

DAVENS: Yes. As you probably know, a good deal of the time of the Panel was spent in discussing the many differences between mental retardation per se and psychiatric problems or mental health problems. This, as a matter of fact, is still a bone of contention. The President's charge, which is in the final report, actually defines about as well as anywhere I've seen the differences between mental health and mental retardation. But I think, in general, we felt that the problem

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should be looked at in a broad way as a *separate entity*. And not be subtended in an overall study of mental illness. There certainly is no doubt that there are relationships in that some mentally retarded individuals also have varying degrees of behavioral disturbance but also a great many of them are quite stable personalities. In fact they are perhaps more stable than some of the more brilliant members of society.

STEWART: In the original organization of the Panel the group was broken down into research and services, and you were the chairman of the research?

DAVENS: At the very beginning. This was just a temporary arrangement because I'm not in the field of research. I was asked, for simple purposes of discussion, to chair a group to discuss the general approach toward the research area. This was when we were deciding how to break the Panel down, into several task forces.

STEWART: And it was recognized to be temporary?

DAVENS: Yes. Subsequently, when the decision was to break down into

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the various task forces, I was made Chairman of the Task Force on Prevention, including Clinical Services and Institutional Care. There was also a Task Force on Research, and this was broken down into behavioral research and bio-medical research.. This is an interesting part of the story because of the difficulties which these two fields had in coming to a common meeting of the minds.

In the organization of the Panel, one of the interesting things which might go into the record is a meeting which we had shortly after the initial meeting with the President. We had a luncheon meeting at the Cosmos Club, in Washington. Mr. Leonard Mayo [Leonard W. Mayo], who was the Chairman, discussed the general approach. He was for taking a very broad approach to the study of the particular form of lifelong developmental aberration

which we call mental retardation. The Panel was unanimous on this. This was our first unanimous agreement: that in order to fully understand and to take intelligent action on what to do about a particular aberration in development, it is necessary

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to explore knowledge and to develop new knowledge on what is involved in the development of language, in the development of cognitive thinking, in the development of the brain and so on. So that the report which finally came out, included such things as recommendations on the effect of social, cultural and economic deprivation, for instance, as an important element in retardation. When we began to look into literature in the bio-medical sciences, the behavioral sciences and in education, it was remarkable how many of the studies pointed in the direction that the first five years of life, and I would include the nine months gestational period, are of supreme importance in the development not only of later physical attributes or in avoiding handicaps, such as those resulting from prematurity, from infection, from poisoning or trauma but also this period of life is crucial in the development of a sense of trust, in the development of speech and language, in the development of cognitive thinking and other important areas such

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as constructive, social adaptation.

Thus we didn't confine our discussions to the genetic aspects or specific virus damage to the brains of infants. We took into account the whole environment both physical environment and experiential factors, that form the continuum and dynamic interaction with the genetic endowment. The report has much in it which is, in my view, the forerunner of important programs in the Office of Economic Opportunity, for instance, Project Head Start. One of the members of the Task Force on Prevention was Dr. Nicholas Hobbs from Peabody College. He very skillfully and constantly emphasized the extreme important and devastating effect of social and cultural deprivation and economic inadequacy of severe degree in the early formative stage in life. I don't think that prior this time, being trained mainly in bio-medical science, that I fully accepted and really understood the profound influence of what

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is generally called socio-cultural deprivation. We studied many reports and results of various studies on this aspect. Dr. Hobbs had one of his associates at Peabody College, Dr. Susan Gray, present a position paper which we used. She had been studying for a number of years what could be done to ameliorate the effects of disorganized home life and slum living by special types of child development centers for very young children. Several of the recommendations of the Panel I consider to be the direct precursor of Project Head Start.

STEWART: Was there total agreement to this emphasis, if indeed there is that emphasis in the report, on these cultural, social, economic factors? Were there some members of the Panel who weren't totally enthusiastic with this emphasis?

DAVENS: Yes. I think this is true, including myself at the beginning. But I think one of the most remarkable effects of this year of interaction between behavioral scientists, bio-medical scientists, and educators and others was modification of previously held

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views produced by working together so intensely in the atmosphere of excitement and exhilaration which the Kennedy Administration emanated with tremendous force. There were shifts in view, and there was cross-fertilization. The people in the field of the bio-medical sciences – such as biochemistry and physiology – were prone to put more attention and importance on those factors in the development and production of retardation, whereas the behavioral scientists were apt to place more importance on experiential factors in the environment. I recall mostly from conversation with Mr. Mayo, that one of the greatest crises in the developing of this report was the difficulty in getting the behavioral and bio-medical scientists to agree on the wording of a *single section* dealing with research in the report. Their general point of view was different and of course, they worked separately as task forces: there was a task force in bio-medical research and a task force in behavioral research. But it was the decision of Mr. Mayo that the final section on research be combined.

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One of the amusing stories that I've heard was that I've heard was that during the final crucial stages of writing the draft report for publication, these two task forces were working together to agree on how they would put this together in a *single* chapter. Mr. Mayo, who had originally intended to be at this final meeting, had a long established commitment to be in Istanbul, at a meeting of the International Child Welfare Association. Among other things, he had a long standing promise to his wife to take her to the Vienna Opera and they had tickets to the Opera following the meeting. One afternoon he had a telephone call from Washington, and the line did not work well. He heard a voice which proved to be Mrs. Eunice Kennedy Shriver, and the voice said, "Leonard." "Yes, Eunice." "This is Eunice." And then apparently she couldn't hear him, so he kept hearing only, "Leonard this is Eunice." He really didn't hear much of what she had to say, but he did get a sense of urgency that she wanted him back in Washington. So he and his wife had to forego the Vienna Opera,

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and they flew to New York that night. The moment he arrived, he came to Washington and joined the meeting. It wasn't until three o'clock in the morning that the final agreement was reached for the single chapter on research.

STEWART: That's interesting, and I'll certainly have to explore that.

DAVENS: With Mr. Mayo particularly.

STEWART: And the people who were on both sides of the research.

DAVENS: This would be interesting but don't read them my comment first.

STEWART: No, no. There's no fear of that. Let just back up a bit. Exactly what was the connection and were there any problems in this shift from this temporary organization of the Panel to its final organization? Just how did this transition take place?

DAVENS: This was simply a device which Mr. Mayo used. He wanted to get the general framework of our approach worked out. Rather than split up immediately into six groups we divided into two areas for general exploration of our ideas and our

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approach before deciding how we would break up for more permanent hard work in task forces.

STEWART: Would you want to go into the general process that you, as head of your task force, went through in hammering out the proposals that eventually went into the report? For example, it seems to me someone has said that there was a general understanding that there were to be no costs included in these recommendations.

DAVENS: I don't recall any intent about not considering costs. I don't think we had any preconceived ideas on what the price tag of some of the recommendations might be. As far as my Task Force was concerned, we approached this quite freely from the standpoint of what was needed to apply, as effectively as possible, current scientific information to the prevention of retardation. We approached it pragmatically, and we did not start from scratch. There was already an immense amount of information on the importance of certain types of infection in pregnancy, the importance of

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trauma, of poisons. There was also a great deal of information on the effects of poverty and cultural deprivation. We systematically reviewed the tremendous amount of information with which we were supplied by the various departments and divisions of the Department of Health, Education and Welfare: such as Children's Bureau, the Public Health Service, the Vocational Rehabilitation Administration, the Office of Education and the National Institutes of Health. All of these agencies plus many state agencies and many individuals without solicitation sent us information. The problem was to sift this. We were inundated with reports and ideas on what was important. So most of our time really was spent on trying to select the items with the greatest cost benefit, the greatest payoff, and it was by a process of discussion

among the task force itself and by the process of in-depth meetings with selected consultants from different areas and professional fields that we gradually agreed on the most salient facts for inclusion in the Report. We invited certain

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agencies that had been in the field a long time. For instance, the National Society For Crippled Children and Adults, the National Association for Retarded Children, and many groups of that sort. We invited them to give us their views and their materials. We evolved a process for sharing the editing and selection of the available information. I think the position paper submitted by Dr. Susan Gray at Dr. Hobb's request was particularly useful. The conclusions and recommendations on pages 61 through 65 of the Report were largely drawn from this document.

At that time, Professor James Conant [James B. Conant] had just published a very widely quoted book, *Slums and Suburbs*, pointing out the deficiencies of education in the slums. His material was used. In other words, because of good staff work and because there was so much national interest and because there was so much help from the various federal agencies, I think we succeeded in prying loose a good amount of the best material that was available.

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STEWART: Well, would it be possible to look over some of these recommendations and conceivably recall any that were in dispute of one degree or another among the Panel members?

DAVENS: Yes. There certainly was no dispute about the first one, that the prevalence of mental retardation is significantly higher in those population groups where maternal care is frequently inadequate. Actually, the relationship between poverty, complicated by problems of racial discrimination was well documented. Mainly on the basis of poverty, because Negroes are more apt to be poor, the infant mortality rate is double in Negroes, and their prematurity rate is triple.

Dr. Arthur J. Lesser of the U. S. Children's Bureau called our attention to a study that had just been made in Philadelphia in which it was found a hundred thousand woman living in poverty had had no prenatal care whatever. This, in an affluent land with some of the most skilled obstetricians in the world and the best hospitals for maternity care. Partly as a result of information such as this, our recommendation for the development of

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Comprehensive Maternity and Infant Care Centers (M&I) was impressively translated into national policy and national action in Public Law 88-156 which was the law which translated many of the recommendations of the Panel into action and which was one of the last bills which the President signed on October 24, 1963, less than a month before his death on November 22, 1963. A national program of comprehensive maternity and infant care services

was created. In Baltimore, we're proud that the Baltimore City Health Department had the first project approved.

STEWART: Wasn't there some opposition by the Social Security Administration of this matter of the regional genetic counseling service? Do you recall anything about that?

DAVENS: Well, which recommendation?

STEWART: That's the second one, under prevention.

DAVENS: In retrospect all the recommendations made by my Task Force, this recommendation probably had less firm foundation. Genetic counseling is a very difficult process. The extent to which

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even the most skilled, tactful, diplomatic, scientifically sound genetic counseling is heeded by parents, by young married people, is yet to be determined. Some geneticists thought that this recommendation was a few years ahead of its time. Perhaps some of the genetic counseling services which were subsequently established were not of very good quality. However, out of the early experience has come much more sophisticated and practical approaches to this. In my own department, we are in the process of setting up a modest genetic counseling service.

STEWART: I didn't mean to ask that you go over these one by one. This one on accident prevention is certainly going pretty far afield.

DAVENS: From the spirit with which the Panel approached the study, it was not far afield, because this was the decision taken right at the start that we would take a broad approach. The scope of the matters covered took into consideration any environmental or experiential or genetic factors which influenced the optimum development of the child from the very start. I think you must know that there's an increasing number of head

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injuries and accidents to young children, who have sustained head injuries which cause lifelong mental retardation. This can happen at any age.

STEWART: I wasn't disputing the conclusion, but it would seem to someone just looking at this without any real knowledge of how the study was put together that they were going pretty far...

DAVENS : I think a lot of people were astonished at how broad the approach was.

Perhaps one criticism I did hear of the report when it was first issued is that too much attention was given to social and cultural deprivation. However events have proved that not enough importance was given to this and, in my view, the programs to combat social and cultural deprivation must be at least on the same scale as the space program. I believe that Project Head Start which is an “innerspace” program has been very successful and will have an important long range effect.

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STEWART: Are there any others that stand out?

DAVENS: The National Association of Retarded Children was particularly interested in the recommendation calling on “State governments to lift all present restrictions barring retarded children with physical handicaps from services available to other crippled children.” The State Crippled Children's Program were started by the Social Security Act, Title V Section 2, in 1935, and at that time many states defined crippling as physical handicaps in a narrow sense. Many of them failed to include children with mental retardation. Maryland was one of the states which had a broad definition from the outset and any child who is physically handicapped for whatever reason and also has mental retardation is included. The recommendation of the Panel had a great deal to do with a trend among states to broaden their definition of handicapped children to include retardation.

STEWART: Where did the idea of a Domestic Peace Corps come from, do you know?

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DAVENS. I would like to think that it started, in our Panel, specifically in the Task Force on Prevention but it is such a logical, rational and timely idea that I suppose it must have had numerous other sources which is usually characteristic of any important idea whose time has arrived.

The basic concepts of the Peace Corps came to national focus in the Kennedy Administration and certainly influenced the Panel. Moreover, Dr. Nicholas Hobbs, who was a member of our Task Force on Prevention was closely involved with the Peace Corps since he designed many of the testing methods to select the young people who joined the Peace Corps. Also Mrs. Shriver was a consultant to the Panel, and it is my impression that both VISTA, Volunteers in Service to America and Project Head Start, at the very least received a strong impetus from the report of this Panel. I think there was fairly complete agreement on most of our recommendations.

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The recommendation on teratogenic agents, i.e. drugs that affect the fetus before it's born, was a factor in achieving the needed reforms in the Food and Drug Laws. One of the most appalling things that came to our attention was the inadequate emphasis that had been given

in the past to the effect of drugs on the developing organism. Most of the standards, the studies, and the dosages had to do with adults. The entirely different physiology of the premature infant and the very young infant, the difference in their body size, their kidney action and lung action had not been taken into account.

STEWART: What about the presentation of the report to President Kennedy?

DAVENS: This was a most dramatic occasion, and I'm sure that none of the Panel members will forget it as long as they live. We met the original requirement of presenting the finished report to the President a year after our formation. We presented it to him in the Cabinet Room on October 16, 1962. He came in about 10 o'clock in the morning, and all of us were struck by his

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rather somber demeanor. He was in an entirely different mood than at the meeting a year previously when he gave us our marching orders. He did not smile or crack jokes in his usual fashion; he was very polite and reserved. He obviously had read the report, and had been briefed on it. He discussed the recommendations intelligently; he discussed his pleasure at the extensiveness, and the favorable comments that he'd had from the five foreign missions. In short, he talked in a most informed way for two hours about the ninety recommendations, the content of the report, and the steps that he, his staff, the White House, and the Budget Bureau had already taken to develop appropriate legislation. But there was something about his mood which just was so different that most of us could not help wondering what was the underlying reason.

I remember having lunch afterwards with Dr. Louis M. Hellman and several other members of the Panel. At lunch we discussed what was there about the President's manner, what

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was it that was so different? And we tried to pick the adjective that best would describe his mood. We finally settled on the word, "grave;" he had an air of great gravity about him. We thought no more about it until a week later, in the Baltimore Morning Sun, I discovered what there was on his mind on that occasion. At 7 o'clock that morning he had received the news from his staff of incontrovertible evidence that Russian intercontinental ballistic missiles had been sighted on Cuba and the Cuban crisis was on. I think it is most remarkable that a man could have the composure, the self-control, the self-discipline to sit down and discuss a rather technical problem so remote from this overwhelming issue. I've never forgotten it and I think it tells a great deal about the quality of the President.

STEWART: Do you recall any of the areas of the report that he was particularly interested in or that he wanted to discuss more than others?

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DAVENS: Yes, I think he was interested in promoting behavioral research and in getting a partnership between the federal government, the states and localities so that the key issue of comprehensive continuous care – what the Panel called “establishing a fixed point of lifetime referral”, could be solved. I think he liked the report, I think he felt the recommendations made sense, and he wanted as many of them as possible to be applied. Also I've had the impression that since his death, his sister, Eunice Kennedy Shriver, has devoted a great deal of effort to avoid overlooking any of the recommendations and seeing to it that they were implemented.

One of the most important recommendations called for a vigorous program to deal with “a problem so massive and so embedded in our society that it requires a massive solution,” namely severe social and cultural deprivation which has the net effect of manufacturing retardation. Project Head Start intends to interrupt the cycle of poverty, by getting at the

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crucial early stage in the development of the young child so that character can be formed, so that there will be ability to communicate, to socially adapt, to have motivation for learning so that these children would not become drop-outs, and finally so they would have necessary skills for jobs in a technological society later.

STEWART: Is there anything else on your list?

DAVENS: I think one final point might be that most previous presidential commissions or panels and their reports have been issued and then discussed, and perhaps, subsequently, steps would be taken to translate some of the recommendations into national policy in budget and laws. To my knowledge, this is the first time in history that this matter was done *coincidentally* with the development of the report. As we approached the middle of the year, the Bureau of the Budget and key officials in HEW were kept very well briefed on the direction of the report, and the probable recommendations. The legislation, in particular Public Law 88-156, the maternal and child health and mental retardation

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amendments of 1963, was already prepared at the time the report was presented, so that the usual lag of several years which occurs between the time that a commission reports and the time this is translated into legislation was eliminated. This was at the express wish of President Kennedy. This corresponded to what he told us on the first day, and it also tied in with the style of hard work and the sense of urgency that we have the capacity, we have the know-how, so let's get on with the job and do it.

STEWART: Did you play any role in the passage of the legislation.?

DAVENS: Yes, but only as I'm involved in other similar legislation. One of the most prized possessions which I have in my library is one of the pens that President Kennedy used to sign Public Law 88-156, which was signed, as I said previously, about a month before his death.

STEWART: Okay, let me just quickly check here and see if there's anything else. How about the White House Conference on Mental Retardation? Do you recall anything which took place in

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September of 1963?

DAVENS: I recall one small item which might be of interest. There were some pressing matters which prevented President Kennedy from coming out to Virginia to address the group, so his address was given from the White House by telephone broadcast. The young woman who had helped the White House Staff in preparing the talk, listened for one phrase that she and some of the rest of us hoped that he would use, but apparently he was afraid that it might be misinterpreted. The phrase was, "The Right of Children to be Well-born." This was meant, of course, in the sense of all the recommendations of the Panel: good maternity care, good nutrition and good early childhood education and good environment, generally. She didn't know if this phrase would be left in or not and when the President spoke and uttered that phrase, she was overjoyed.

STEWART: I imagine. Okay, is there anything else you can think of?

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DAVENS: I don't think so, except to say with regret, that the whole aura of excitement, of exhilaration, the sense of accomplishment in dealing with problems such as human development is not as keen as it was when President Kennedy was alive.

September 25, 1969

[END OF INTERVIEW]

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