

Dr. Herbert Kaufman Interview
Conducted by: Ed McManus
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- Mr. McManus: Interviewing Dr. Herbert Kaufman from LSU and his wife Maija will join us in a bit and she has a long history with the Eye Institute and eye research also. Herb and I were just discussing earlier on the way over in the car about some of the earlier history. And I didn't have this as one of my questions but he reminds me that he was at the National Institutes of Health (NIH) as a clinical associate in the late 50s.
- Dr. Kaufman: Yes that's right.
- Mr. McManus: And saw first hand some of the intramural research that was going on at the Neurology Institute.
- Dr. Kaufman: At the beginning, I felt that some of the research being funded was not of the quality that we would really like. I had the nerve to go into the Office of the Director of the NIH and say, "How could you fund this stuff?" He said, "Herb if the opportunity is there, the quality will follow," and that was certainly correct.
- Mr. McManus: Did you work on the eye side? I forget what the name of the, uh, the Ophthalmology Branch.
- Dr. Kaufman: It was the National Institute of Neurological Diseases and Blindness. And I was blindness. And I worked under a Chief, Ludwig Von Sallmann.
- Mr. McManus: Right. And from some of the history that Carl and I looked back on it seems that a lot of the clinical activity for the Neurology Institute Intramural Program was really done in that branch.
- Dr. Kaufman: Oh yes. And the set up was such that I not only took care of patients, as a clinical associate but I spent a very considerable amount of time in basic research working with Leon Jacobs on Toxoplasmosis in animals and tissue culture, and really high-level research, some of which is still quoted.
- Mr. McManus: Right and I knew Leon very well. When do you recall probably the first discussions about the new National Eye Institute?

Dr. Kaufman: I can't recall them very well. I know that the whole idea seemed to emanate from Research to Prevent Blindness, Inc. Jules Stein and David Weeks were the moving forces behind it. They knew that I had been both at the NIH and a trainee of the original training grant program. I'd been a clinical associate before and was the last of the clinical associates that could be at the NIH before residency. And then I became a Department Head, had my own research grants, and established an important training program. So they thought, as a product of the system in a sense, that I might be an ideal person to help testify to its value and push it forward.

Mr. McManus: Do you recall any of the first meetings? Now let's see, the people who—I've talked to Becker and he might have been part of some of the first meetings, but Dave Weeks told me an interesting thing, that Becker was in and out of all of the discussions because he was on the Council and sort of felt a conflict of interest. And then I guess Brad Straatsma was involved in something now we have to talk to him. But I guess you were the two guys who are still around who were there. Do you remember any of the meetings with the AUPO?

Dr. Kaufman: Just in general terms. One of the things I do remember is that there were at least a couple of major department heads at leading institutions that were afraid to support a National Eye Institute because they were afraid that if the effort failed somehow the Institute of Neurological Diseases and Blindness would take the blame. I was astonished that major institutions in ophthalmology would refuse to get behind the effort but a couple of them did.

Mr. McManus: Well I never heard that before. That makes sense that they would do that. Now you know, we do have some of the documentation and certainly Frank Newell and Ed Maumenee and even Dave Cogan were pretty influential. Who would you say were the leaders?

Dr. Kaufman: Oh, I think those were the leaders. Ed Maumenee played a major role with Research to Prevent Blindness. Brad Straatsma was active but much younger at the time. There were only five of us who testified.

Mr. McManus: Who were the five again?

Dr. Kaufman: I think Newell, Maumenee, Straatsma, Cogan and me.

Mr. McManus: And when you were getting ready for the hearings what were the roles that Dave Weeks, and Jules Stein played? And Colonel Quinn, the lobbyist?

Dr. Kaufman: I don't remember Lou Quinn. One of the ophthalmologists who played a real role was Ralph Ryan who got the Lions Clubs all over the United States to write letters to the Congress and to get the feeling of grass roots support for the Institute and that was very valuable. David Weeks and Jules Stein really orchestrated the testimony to make sure that there wasn't overlap and that testimony was coordinated. My role was to talk about how the system, of which I was a product, could really result in basic knowledge and progress against blinding eye diseases and how difficult this was to facilitate as a combined institute. I had testified previously for the budget of Neurological Diseases and Blindness, which if I remember our part was something like \$16 million dollars.

Mr. McManus: Yeah and Dave Weeks had told me that, and I think that this kind of puts down some of the mythology about Luke Quinn who had taken a lot of credit for setting up the Eye Institute and Mary Lasker's involvement and some of the other historical documents. But David said that for several months, he went there and she backed him up that he went full time to Washington and came home on weekends just working on the National Eye Institute legislation.

Dr. Kaufman: David?

Mr. McManus: Yeah.

Dr. Kaufman: Oh I believe that. David was a prime mover.

Mr. McManus: I think that he deserves a lot more credit than has ever been ascribed to him.

Dr. Kaufman: I would agree with that, and I have no memory of Lou Quinn, but I certainly have a memory of David really pushing and organizing and doing everything he could, and I know that Mary Lasker helped behind the scene.

Mr. McManus: And how about Jules Stein again. Was he involved in any of the meetings?

Dr. Kaufman: I remember Jules Stein being involved as a behind the scene prime mover but I always had the feeling that he was acting primarily through David Weeks.

Mr. McManus: Yeah.

Dr. Kaufman: It was Jules motivating David to go do this stuff.

Mr. McManus: The NEI mythology that the staff had was that Jules Stein brought \$10s of millions of dollars to help get the Eye Institute. And it turns out—that's why I was asking you those questions. That it was more the hard work of your group and Dave Weeks. And at the time, the persuasiveness of the arguments they...

Dr. Kaufman: Well, I don't know what political support may have been given to various key people what lobbying was done.

Mr. McManus: Yeah.

Dr. Kaufman: I don't know for sure what Jules Stein did, but certainly the effort and the organization involved in getting us before Congress and arranging the hearings was just absolutely critical.

Mr. McManus: And he did use several times, and I have it documented, his personal influence with Senators and Congressmen and the most crucial being when the bill was hung up and he traveled down to LBJ's ranch and when Johnson was seeing no one, because he wasn't going to run for President again, and he and—it turns out that there was a mysterious person who I identified as the head of the Democratic Party of New York. And he traveled down with Stein so you know there were a lot of chits played on that one. So that, but there was more because of his long-standing relationship and his support.

Dr. Kaufman: But I think that some of those relationships were probably because of the financial support he provided.

Mr. McManus: Exactly.

Dr. Kaufman: And I'm not sure you can separate them.

Mr. McManus: Yeah, you can't. Then there's Stein's interest in other things and he used some of that influence back over that he used for us. When they were trying to select a Director for the institute, what do you think about that?

Dr. Kaufman: Oh, I remember that there was a great deal of talk—one of the whole problems with setting up the institute was the worry about who was going to run it. And the fear was, “If we get this thing and we don’t have a competent director we have nothing.” Some of the people who were reluctant to support the Institute used that as an argument. That is they didn’t know who they were going to have to run it. But Shannon talked to me a number of times but the two finalists were Phillips Thygeson and Carl Kupfer.

Mr. McManus: Now when he talked to you, were you in Jacksonville?

Dr. Kaufman: No, I was at the University of Florida, a young department head. I was department head at the age of 29.

Mr. McManus: I was going to say you had to be pretty young then.

Dr. Kaufman: There was a lot of discussion of potential candidates. Carl had been by my boss at the Massachusetts Eye and Ear Infirmary. Carl was not only on the faculty but he was head of the training grant and I was supported in part by their training grant during my residency while I was there—I had a research grant also while I was there. And the two finalists seemed to come down between Phil Thygeson who of course had started at the Proctor Lab and Carl. I felt Carl had a better grasp of research and what was going on in research, and Phil was much older, with a shorter horizon and knew less about basic research. He was external disease oriented and he had started the Proctor Lab, but Carl was clearly the winner as far as I was concerned and he was selected.

Mr. McManus: Now when the Institute first started a lot of effort had been put into it and you know while it was the early—late ‘60s, early ‘70s and there was a Viet Nam war on. In term of the budget for NIH as a whole, it was tough. And there were some tough times. And there was, there was some kind of test to one of the programs I think it was the training program. The training program was supposed to be reoriented away from clinical training and into basic inter-research training.

Dr. Kaufman: I was heavily involved with that and I was on the training grants committee even before, I served my two terms on the Advisory Council.

Mr. McManus: Right.

Dr. Kaufman: The training grant program as it was in those days was really a disgrace. That is departments used the training money to augment

their clinical training program with very little responsibility or accountability toward really training researchers and academicians. As far as I was concerned, it was not an optimal use of money. I felt that academic training needed to be emphasized and it really wasn't. In other words, departments were given money and sort of the hope was that something good would come out of it but there was little accountability. This it needed to be reorganized and it was.

Mr. McManus: Well, were you on the training committee when the discussions with Carl took place about that. Did he bring that back to the training committee? I guess if they changed the policies he had to have a proposal. But it was an NIH proposal, I think.

Dr. Kaufman: Yes it was an NIH proposal.

Mr. McManus: Or maybe even a legislative one.

Dr. Kaufman: And I don't remember the details on how it came about but I was a little bit of a squeaky wheel, that is I didn't want to get all the other clinical department heads angry and after my scalp but I felt that funds were not being used the way they should be.

Mr. McManus: Right. On the program planning, which came about—let's see, you were on Council two times?

Dr. Kaufman: Yes.

Mr. McManus: I think maybe one other person was on two times but I can't recall the name.

Dr. Kaufman: Jay Enoch I think.

Mr. McManus: Probably one of the ophthalmologists.

Dr. Kaufman: I don't know.

Mr. McManus: Yeah, maybe—maybe not. So you—we're going to do a chapter on research. What are your thoughts on clinical research?

Dr. Kaufman: It is the "National Institutes of Health" and not the National Institutes of Basic Science. I think the biggest danger is the loss of physicians in that translational research between the laboratory and the clinic. I think to relegate physicians to clinical trials is not enough. And you know there are prejudices, for example—the

Eye Institute refused to recognize that refractive surgery was a legitimate area for research. And it *is* a legitimate area of research.

Mr. McManus: Absolutely and it has revolutionized eye care.

Dr. Kaufman: Yes. I remember once in a flip moment Carl looked at me and said, “Herb, myopia is not a disease.” It is a disease.

Mr. McManus: Well actually, that was the thought of a lot of people...

Dr. Kaufman: Yeah, I know it was.

Mr. McManus: Quite a few years ago.

Dr. Kaufman: Some of the early refractive surgeons were buccaneers but the Eye Institute did support the pilot study.

Mr. McManus: But the World Health Organization did not even include refractive error in problems of blindness and visual disability.

Dr. Kaufman: That’s amazing.

Mr. McManus: They didn’t do it. And so Carl and Leon, mainly Leon, and I just got them to redo their definition. The numbers are enormous. It makes vision which is something like 19th in world eye problems, to move up around 3rd.

Dr. Kaufman: Isn’t that smart!

Mr. McManus: So, maybe we didn’t have it right at the beginning but all of us were involved in that and certainly...

Dr. Kaufman: It is an example of a problem, like presbyopia and cataract surgery, that is important to people, but given little attention at the time.

Mr. McManus: It was part of the culture.

Dr. Kaufman: Yes.

Mr. McManus: I mean it’s unbelievable that all you had to do was go to some of those countries and see the kids who can’t see and the glasses aren’t available.

Dr. Kaufman: Some of the ophthalmologists involved in those early days were unscientific opportunists.

Mr. McManus: That reminds me of a conference that we had, Congressman Johnson was there from Johnson, North Carolina and we were discussing radial keratotomy. It was at Building 1. Fredrickson, the NIH Director, came down in his white coat and tried to put some sanity in the discussion. But you, and I don't know what contacts you had but you talked about intraocular lenses and said that you if you look at the cost effectiveness of intraocular lenses versus eye glasses you may be surprised. And everybody kind of laughed but you were right.

Dr. Kaufman: Yes. Because you see I talked to the patients.

Mr. McManus: You were right. It was cheaper...

Dr. Kaufman: I mean in terms of the quality of life and vision.

Mr. McManus: Even just straight dollars and cents. Once somebody finally did calculated how many times you have to change glasses and exams. And when the price of intraocular lenses came down it was—there was no contest.

Dr. Kaufman: In spite of some oversights, eye research and medicine have clearly depended on the Eye Institute and it's made an *enormous* difference. And Carl's leadership has, but he's been just wonderful. We'd be no where near where we are now without it.

Mr. McManus: But you know I think there's a great opportunity now for a new set of contributions, and I think if you're meeting with Paul, that will great. I think you're pushing for clinical research and you know, now is the time.

Dr. Kaufman: I'd like to see him.

Mr. McManus: Because all these centers are going the other way. I mean when you guys were starting I think there was a big incentive to go into clinical research.

Dr. Kaufman: There was enough money. There wasn't a real incentive but you had a reasonable shot. The funding rate was such that you could look forward to a career in it with a reasonable hope that you could fulfill your career. Nowadays the funding rate is such that a good clinician researcher may be lost from the field because funding for him is so precarious. I mean when you talk about these small differences in priority mean it's gotten tougher and tougher for good translation research to get through. Losing one grant may drive a clinician-researcher away from research and into clinical

work because Departments of Ophthalmology cannot provide funding.

Mr. McManus: All right Herb is there anything else you'd like to add?

Dr. Kaufman: No I think it's great. I think you're wonderful to do this.

Mr. McManus: Well, we're looking forward to it.

End of Interview