

Dr. Murray Goldstein Transcript
Conducted by Dr. Carl Kupfer and Edward McManus
September 2, 2001

- Dr. Kupfer: We are speaking with Dr. Murray Goldstein for his views on the National Eye Institute Foundation. Thank you.
- Mr. McManus: One of the first things I wanted to ask Murray was, as we said in the note, to kind of get started is, what was your first involvement with the legislation? As you can recall.
- Dr. Goldstein: Actually, oh, you mean with establishing the Eye Institute? Actually we really practically started the institute in the Executive Meeting. We decided to be completely passive in neither support nor deny the legislation. Part of it was the history of Neurology Institute.
- Mr. McManus: Yeah that was interesting.
- Dr. Goldstein: The Neurologists and some of the lay organizations felt we needed it quite frankly and that as long as it was submerged was the thing that would help us. You know that Mental Health was a very, very good guardian of people just great. There was a need.
- Mr. McManus: I always thought it was about 1960...
- Dr. Goldstein: No, that was—1950 the very early 50's.
- Mr. McManus: But still not that earlier than that, I mean cause we always thought of ourselves as a new institute, then when I look at this stuff, Mental Health and the history of Mental Health or Neurology, we don't look that much ahead.
- Dr. Goldstein: And so it was agreed that (a) ophthalmology was beginning to want the key visual identity as the divisions were breaking out of departments of surgery and becoming identified and it was a perfectly reasonable direction. And so the institute leadership decided we'd just remained silent that if the legislation went through so be it. If the legislation didn't go through so be it and one would continue working. So at the institute level there was no opposition. There were problems at the NIH level where—and I don't have think it had anything to do with pride per say, what it had to have been at the beginning of proliferation. Building 1 was really quite concerned and took the step, that I must say now I don't mind saying that I thought was counter productive, and that was it was just the time that Masland was leaving and I'm sorry, I don't remember if he had just left and or was getting ready to leave for whatever. And the decision was made in Building 1 attempting to recruit a new institute director with an eye research background as though this would quite things down and that they would get Ted. Although of course Ted was not a physician, or not an ophthalmologist, a very basic scientist, a physicist and as far as I know had absolutely no qualifications at all of the direction or the need for an eye institute. And so that's a long answer to your question
- Dr. Kupfer: Now the move to create an eye institute began probably in the mid 60s.
- Dr. Goldstein: Yeah.

- Dr. Kupfer: I remember Murray that a certainly starting in '66 when I became Chairman in Washington I was on the Program Project Committee and it was a deception for several of us that either Neurology had suddenly realized that there were really wonderful research opportunities in vision research and were pushing Program Project Center grants and if you remember you were either getting the outpatient or they were trying to buy off the ophthalmologic community in not feeling that it was a necessity to have its identity and that they would have a good opportunity within the neurology setting and I would really like for you to elaborate on that because that's something that I think plays out a little later in terms of the training.
- Dr. Goldstein: Carl, it's a little hard for me to really recapitulate a time. But from my own perspective and from my own recall, I was personally burdened in my role.
- Dr. Goldstein: And what the stimulus was caused, but I do know that my own attitude at the time was there were two important needs in vision research. One, including the young people in ophthalmology training to take time out, extra time and develop research skills, and of course that's exactly what had happened in ophthalmology and that the same thing had to be done that funds had to be invested, federal pushes needed to be made in the ophthalmological community to set up real research training. And the obvious problem was being researchers. Many of the young people being recruited weren't thinking of even academic careers much less research, and the idea of adding more years to their training was not particularly attractive. But the idea was let's establish academic training grants and we still would be for the push to make them research with a capital 'R'. We were quite sure of that.
- Dr. Kupfer: We'll get to that.
- Dr. Goldstein: The idea was set up academic research grants where the young people would get clinical but advance training. And so that was a push, letting us build a generation—the next generation. Secondly, establishing the idea of a clinical research center. A high emphasis was set so that they were placements with funds readily available to build a research environment. We ran into a lot of trouble. We ran into trouble because committee members had a tendency to accept the guidelines by their appearance and they literally fought against risk fund ventures saying we had to start someplace else. Let's give two-year grants. Give them a chance to get started and then let them go because money was not a very hard issue. Money was always sort of tight, but it wasn't the big issue. And so that was a major push. Develop not training grants, develop preliminary clinical research centers with risk venture investment and start academic training programs.
- Dr. Kupfer: And you said the Program Planning Committee was ...
- Dr. Goldstein: Opposed to that.
- Dr. Kupfer: Opposed to that too. That's interesting.
- Dr. Goldstein: What it was well the Program Planning Committee was a combination of basic visual sciences.
- Dr. Kupfer: I know the Dean from Albert Einstein was the Chair.

Dr. Goldstein: Yes.

Dr. Kupfer: I forget his name.

Dr. Goldstein: Yes.

Dr. Kupfer: He was very conciliatory.

Dr. Goldstein: Yeah, but the idea was, well you know there's no history here—they've got the—why don't they come in with three or four projects first and then the projects can be put together rather than saying, well here's a group with capability, why don't we give them some loose money to explore projects. It was a little contrary to the usual idea of the program project, you see. And so, there was a bit of resistance to it because I can remember meeting with the committee but study section program project committees I think take their research excellence responsibilities sometimes a little heavy without thinking about building. But those were the two drives. Now, was it done at that time because the bubbling of an eye institute? Was it done because Maumenee and other people on the Council you know were making the point, "Hey fellows we have to move on this...?"

Mr. McManus: Was Maumenee was on it then or was it Becker?

Dr. Goldstein: Maumenee was on the Council, now I can't place it in time, but Ed was on the Council. The chap from UCLA was on the Council.

Dr. Kupfer: Brad Straatsma?

Dr. Goldstein: Yeah.

Dr. Kupfer: But that was after.

Dr. Goldstein: Was it after?

Dr. Kupfer: Yes. I think Bernie Becker was the only one, only ophthalmologist.

Dr. Goldstein: Yeah, Bernie Becker, from Washington U.

Mr. McManus: Yeah, we talked to him.

Dr. Goldstein: And so, I can't give you cause because I'm hazy on timing uh, but in any case the decision was made with backing from the Director that we would go this route and try to do in ophthalmology what had been done five to eight years previously in medical neurology.

Mr. McManus: One of the other questions we were interested in asking you is, were there other options in negotiations proposed that you know about to head off the Institute. I'll tell you one that we kind of learned about was that—and maybe it's from one person but I kind of trust the source, it's from Bernie Becker and he said he was offered...and I can't recall who offered it too him, I think it was from Shannon.

Dr. Kupfer: Bernie had written to Shannon saying that he was a little concerned about the level of funding. If you recall Neurology fixed the amount of money for vision research at 15% of the total Extramural budget and Bernie objected to that so Shannon...

Mr. McManus: He should have.

Dr. Kupfer: Pardon?

Mr. McManus: He should have.

Dr. Kupfer: Yeah, (laughter) I thought you had said that.

Dr. Goldstein: You gave gave more authority than even I.

Dr. Kupfer: So, Shannon called Masland and said listen, why don't you see if you can recruit Becker as an Associate Director for Vision and I'm prepared to give him a direct line of funding from my office, NIH...

Mr. McManus: He said that?

Dr. Goldstein: I never heard that.

Mr. McManus: Yeah. Isn't that interesting?

Dr. Goldstein: That I never heard. I would have remembered that.

Mr. McManus: And I'm not sure that it was a real offer. I'm not sure if it wasn't one of those that he thought that's what was being said and something like that close was being said, because I cannot imagine NIH—you know, cause they had such a hard time with the AIDS. I can't imagine them, themselves proposing something like that.

Dr. Goldstein: It is hard to imagine. But let me try to say something. It's my real, real distinct impression. Matter of fact, I'm willing to say it out loud. I am not aware ever of a percent ceiling on vision research or on deafness research that anybody, any where formally, or informally said well, we'll go this far but no further. Quite to the contrary. I had numerous discussions with Dick Masland about why the number of proposals we were getting from vision, basic or clinical were relatively small and why the priority scores were not competitive. If anything, Dick Masland was really, really concerned about raising the level of funding but yet at the same time—he sensed there was a National Council not shall I say reaching too far down on this thing.

Mr. McManus: We all felt that.

Dr. Goldstein: So I can say without any fear or contradiction that Dick Masland as far as I am aware, never, ever even suggested a ceiling because Dick was really quite concerned about the number and quality and so the 15% ceiling figure is hard for me to imagine. You see, I came up with the figures each year quite arbitrarily reviewing the last year of what proportion of our funds were X, Y, and Z. And what was even worse was hearing. Hearing research was miserable, it just wasn't moving at all. And we were very concerned about this. And I've got to say that I don't know where this story started but I'm not aware of it.

Mr. McManus: Actually it's in the Congressional testimony but with no questions asked of the Director of Neurology, but we'll have to go back and double check that.

Dr. Goldstein: And did they say they were funding it 15% or that there was a ceiling of 15%?

Mr. McManus: No, I think there was a goal. But the question was more like, why do you have a goal like this. Well, we'll have to go back and check it because that was said in the ophthalmology...

Dr. Goldstein: Yeah, but remember if the term is "goal" it was an attempt to raise rather than to lower.

Mr. McManus: It was seem as an attempt, as a ceiling rather than as goal. No, that's clear.

Dr. Kupfer: You see Becker was the only ophthalmologist on the council and he was the one who was concerned about it and he viewed it as a ceiling. Well anyway...

Mr. McManus: Yeah. We'll double check that and Becker said it again the other day to me. But, but you're right it could have been a misconception. But you know there's one thing that we learned when talking to John Sherman and Tom Kennedy that was really, made me feel pretty good and I wonder what you thought about it and what your indications from the institute were. NIH fought the new institute but once they decided—once the dye was cast they decided that well, were going to have a new institute so let's make it the best one possible.

Dr. Goldstein: Sure, sure.

Mr. McManus: Is that your opinion?

Dr. Goldstein: Yeah, and by the way I think this is traditional at NIH. You know why, but now that we've got it, it's got to be, you know, one of our stars. I think that's an NIH attitude. Thank God.

Mr. McManus: But I think that's something that we want to bring out because that's good for the Institution and good for the people that are involved.

Dr. Goldstein: Oh, yeah, oh yeah. Well this touches on one of your questions on how did we divide up what it was.

Mr. McManus: Yes, that was my next question.

Dr. Goldstein: Am I really trying to think who personally was the focal point in what was then became an NINDBS for that discussion in the solution. When I think we did, I'm not guessing, I'm trying to recall, is we started the DRG and as DRG was run through the computer because it wasn't only Neurology there vision grants and there were researches, not very many, but there were. And so let's run through the whole NIH portfolio and anything that was indicated as vision, let's identify. And I'm quite sure about this stuff. Then a team was put together to sort through them and what I don't recall was who was from the Neurology team. I just don't remember. I remember at a hearing it was Roger Coyle but I don't remember who it was proceeding that in vision. I'm quite certain it wasn't me, but it may have been—but I don't think so.

Dr. Kupfer: But you were head of the Extramural.

Dr. Goldstein: But we had a focal point in Extramural dealing with vision and I think that what I would have done is ask that person and I think it was a lady—short woman...

Dr. Kupfer: Tillis Holloway?

Dr. Goldstein: No, no. It was a woman who later went to Mass Eye & Ear, she was not an ophthalmologist. She was a basic visual scientist. She left us and went to Eye and Ear in some role. But she was the focal point, the program focal point.

Dr. Kupfer: Mary Jakus?

Dr. Goldstein: Mary Jakus. And I would now guess that she was the person who would have been designated as knowing the visual portfolio to kind of serve on the team to look at it. And the only problem that I can recall in this discussion was where does the brain end and vision begin? Well anything that had to do with retina and the eye per say, was clearly vision. There's no issue. Optic nerve, I can't recall this, I'm really guessing about this Carl, and Ed, you know, optic neuritis is a symptom of multiple sclerosis. And what normally happened in those discussions and I think what happened there is what was the objective of the investigator, was he studying multiple sclerosis, was he studying optic neuritis and using an MS model? But uh, yup, let's look at it from why did it do it? And if the guy's doing it from a visual than its vision and if the guy's doing as a neurological disease, it's neurology. When you get the cortex, and the visual cortex I suspect there were serious differences on individual projects. But what generally would happen was if there was a serious difference in opinion to the guys that this was not to be a battle ground. And that if the neurology person couldn't convince—make a convincing argument that this was clearly brain and just using visual cortex as a model of synoptic genesis or something, that if there was any indication, now I can imagine there was a little territorial hurt feelings on the part of the neurology group by saying you've got to make your case, you can't make a case for the eye rather than eye has got to make its case and take it because again it was a part of the Shannon/Sherman business. And so the burden of proof was on Neurology to demonstrate that it wasn't an eye project. Do you understand what I'm trying to say?

Dr. Kupfer: Would it surprise you then Murray if I told you that Bob Berliner was the one who dealt with me concerning this distribution and he said that Neurology had advised him that the new eye institute should have the responsibility up to and including the ganglion cell in the retina but past that the optic nerve and the rest of the brain would remain in Neurology.

Dr. Goldstein: I can't respond but all I can tell you is to me, that's ridiculous. It doesn't make sense.

Dr. Kupfer: It sure is.

Dr. Goldstein: No, How can anybody in their right mind who knows anything about the field say that? That visual blindness...

Dr. Kupfer: Marie Jakus ran a study section on vision.

Dr. Goldstein: That's correct.

Dr. Kupfer: But that wouldn't have been a part of Neurology that would have been a part of...

Dr. Goldstein: It was a part of Neurology but in those many of the study sections were called Institute Study Sections. It was later on that we did more towards that. Because as an example, I would go to study section meetings and sit in study section I would need to turn around and ask questions. It was called Our Study Section.

Dr. Kupfer: That doesn't happen any more.

Dr. Goldstein: No it doesn't. But in those days—because again interestingly the institutes, not only ours, but many of them charged the study sections for information.

Mr. McManus: You know, you also had suggested in one of the questions that you sent back to me about this particular area your verbal was cut off to the program about the ear may be being seen as part of the Eye Institute mandate.

Dr. Goldstein: Yes, yes.

Mr. McManus: Well, I don't see how that would be because there are all kinds of legislation is kind of broad and depending on how you sit and look at it...

Dr. Goldstein: You've got to remember at that time clinically they were offering eye and ear clinical trials.

Mr. McManus: Eye and ear, that's right. You're right.

Dr. Goldstein: Eye and ear were linked clinically.

Dr. Kupfer: And they still are. They still are.

Dr. Goldstein: And so the linkage was already there. There was good linkage, bad linkage, complete, but there was a linkage.

Mr. McManus: Right, but, but the Academy was the Eye and Ear Academy.

Dr. Goldstein: And secondly when one looked at the three clinical areas, there were really four including neurosurgery, but let me just call that Neurology. There was Neurology, hearing, and vision and the idea was well, if you're going—whatever the logic was or is, to spin off an eye institute, there's a tactic that seems logic to spin off an ear institute. That's what you'd think. And the issue that somehow whoever did make that suggestion was well gee, if one was going to spin off, look into the future if there's going to be an eye institute there is going to be an ear institute so why not just start by having an eye and ear institute or vision and hearing institute or whatever comes to your mind. If that didn't end conversation now where it went and how it got stopped, I really can't say. But it, I think it's a part of the culture, that eye and ear—there are eye and ear hospitals, eye and ear blah, blah, blah.

Mr. McManus: Well the two professional societies at that time were working together.

Dr. Kupfer: It still is amazing to me Murray that such an important consideration as to what segment of the Neurology portfolio would go to the new institute was conducted without you, as being head of the Extramural, being involved and not knowing about it.

Dr. Goldstein: Knowing about it yes. But exactly the same thing happened in ear. I designated Roger to be the negotiator and part of it Carl was a logic that there was going to be differences of opinion and that the senior executives ought to not be a part of the debate. But ought to look at the product and be in the position to accept or reject or question. That as soon as you got the Director of Extramural or the Institute Director himself involved then things would have to go to Building 1.

Dr. Kupfer: Let me just follow up for one second.

Dr. Goldstein: And so very politely said let me be the person who approves, by the way I get to approve it I admit, but fundamentally the person who would judge that the process is fine and that everything was clean and that if there were arguments we could have discussions about it rather than being one of the combatants in the discussions.

Dr. Kupfer: Well then I guess I would wonder the initial proposal that Bob Berliner made, and it sounded like it represented some discussion within the Neurology Institute to stop at the optic nerve. Now, did you know about that as an initial proposal?

Dr. Goldstein: I will address it...

Dr. Kupfer: The reason I remember this, is I thought Bob was making a joke about the ganglion cell.

Dr. Goldstein: It's a ridiculous comment.

Dr. Kupfer: So, I said you must be kidding, and he said, "No, I'm not kidding."

Dr. Goldstein: Uh, it's silly, if nothing else anatomically. So you're really out of function like that, uh—I can't remember that with specificity Carl, but I'm trying to think if Bob Berliner said it, he had to have gotten it directly from Masland because I didn't speak to Bob Berliner in those days. And so it would have to have been a Masland-Berliner conversation. And I'm just going to say knowing Dick that would surprise me. Dick was such a thoughtful guy and a gentleman that Dick originating or even carrying that message, makes it hard for me to accept. Now, I don't think that Bob Berliner made it up but where Bob got that input from...I don't know. He sure as hell didn't get it from me. He would have gotten it from Masland or from somebody that Bob personally turned to.

Mr. McManus: Masland was the director at that time or wasn't that MacNichol?

Dr. Goldstein: Excuse me.

Dr. Kupfer: It was MacNichol.

Dr. Goldstein: No I'm sorry, it was MacNichol.

Dr. Kupfer: And knowing him for whom I have the highest respect, I mean he was an outstanding researcher. His world began and ended with retina. In fact with the rods and cones if you remember, so I can see him not realizing what the implication was.

Dr. Goldstein: The other thing is he was in his entire career politically naive.

Dr. Kupfer: Sure, sure.

Dr. Goldstein: And leaving out the biology from a purely political viewpoint you see. But for a nonsense statement, nobody in the eye field, no clinical ophthalmologist would accept that as a given. I've been focusing on Dick Masland and I'm wrong, MacNichol was already the Director. And he was good, very much a purest and things were right or wrong, good or bad. And I can see him drawing a line without recognizing the implications. I can tell you one thing, I can't recall being in on that conversation. I can't recall that.

Mr. McManus: There were others.

Dr. Goldstein: Excuse me, and one other thing—and since Pierce and I didn't get along and I was very open in debate with him about things. And so if I had known about this I certainly would have debated on it. We had our differences of opinions as to administrative issues and so I would have argued about that because it was a political [unintelligible]. Oh yeah, I can see Bob and by the way did Bob feel that was a good line, Bob Berliner?

Dr. Kupfer: I've been told he didn't know anything about the visual system.

Mr. McManus: That was one of the first experiences we found out how much that Building 1 knew about the neurosciences.

Dr. Kupfer: You tell me what which Institute Director was knowledgeable about neurology...

Mr. McManus: NIH Director.

Dr. Kupfer: NIH Director was knowledgeable about brain and neurology and neurobiology.

Dr. Goldstein: Well I'll tell you they weren't but that there was a man for a while in Building 1 who was very knowledgeable and was that the right hand or the left hand of the Institute Director and that's Carl Leventhal.

Dr. Kupfer: But he, he lost influence when Bob Berliner, left you know.

Dr. Goldstein: I understand that.

Mr. McManus: It couldn't have been Carl Leventhal that made this decision. That made this a recommendation.

Dr. Kupfer: He told me he has not involved in any of this with Bob Berliner.

Dr. Goldstein: I'm just responding because Building 1 had Carl and Carl was a trained in neuropathology and a chemical neurologist and he knew the nervous system, and so they had a focal point there, he knew the nervous system.

Dr. Kupfer: But digressing just a moment, it's been pointed out to me innumerable times, that—it's not true now, but if you go back 20-30 years there was hardly a Department of Physiology that had a neurophysiologist as Chair.

Dr. Goldstein: That's right.

Dr. Kupfer: Kidney physiology, cardio vascular physician...

Dr. Goldstein: That's right. GI physiology...

Dr. Kupfer: GI physiology...

Dr. Goldstein: You know that in 1953 in the entire United States there were 53 clinical residence neurologists in the entire United States alone.

Dr. Kupfer: No, I'm talking about the departments of physiology...

Dr. Goldstein: I'm just saying. The neuroscience at clinical or basic was really...everybody did a course anatomy and that was the end of it.

Dr. Kupfer: But the field was a very exciting field when you think of Katz and Kufer and that whole group.

Mr. McManus: Maybe we'll to the training a little bit later, but just to go on with negotiations. Were you involved in any other negotiations about space, and people, and budget? You know, certainly the scope of the program grants.

Dr. Goldstein: No, the only budget that I was involved with was once the grants were identified was pricing them. But no, all the space and that thing was Executive Officer.

Mr. McManus: Right, we talked to Gil Hill.

Dr. Goldstein: That was Executive Officer business.

Dr. Kupfer: Now you probably recall that what was given to the NEI were the type 5s and no provisions were made and I'm sure Neurology must have had built in some idea how many 1s and 2s would be coming in from these grants as they were...

Dr. Goldstein: You mean new grants, or competing grants?

Dr. Kupfer: Well, competing grants, and we had no money for anything other than type 5s. Did you recall that?

Dr. Goldstein: Didn't you get any appropriation?

Dr. Kuper: No not that the appropriation was based upon what was transferred from Neurology what commitments had been made...for instance you probably may or may not remember this but the Neurology Institute made a commitment to Bob Ryan to set up an activity of vision in the Countway Library at Harvard. You didn't know that?

Dr. Goldstein: No, I don't remember it.

Dr. Kupfer: I wonder who arranged that because it was something like a \$400,000 commitment.

Dr. Goldstein: Well, obviously I had to know about it (laughter) but I got to give it to you, that I don't recall.

Dr. Kupfer: And then another thing was, I don't know if you remember Ken Ogle who was at Mayo Clinic? First rate neuro psychophysicist and he was up for retirement and Neurology thought it would be a good idea if someone of his stature traveled over a one or two year period to different eye facilities and sort of see what was going on. This was about 1969 or 1970 and then he developed cancer and died. So John Harris was chosen as someone who would fulfill this responsibility. These two items together were \$600,000 and faced with the fact that there was no money for 1s and 2s I negated the contract arrangements for those two...

Dr. Goldstein: Oh, these were contracts?

Dr. Kupfer: Yes, they were contracts. So, I don't know who orchestrated these but it concerned me that during the days when the eye institute was being developed commitments like that were being made by the Neurology or someone in the Neurology Institute.

Dr. Goldstein: See, Extramural never touched contracts of any kind in those days.

Dr. Kupfer: Right, right.

Dr. Goldstein: And I'm trying to think of how or where those focal points would have fit they had to have come out of the Office of the Director.

Dr. Kupfer: You know, taken in isolation they were good ideas, but within the context of...

Dr. Goldstein: Tough funds, sure. But again, leaving out what the motivations were I think again they were examples of rather unique steps for an institute to take in any field. Well this wasn't commonly done where you would set up using research money for grants, contract expected an archival system or where using research money for visiting a person of excellence. And so I'm just reading that as one example of the Office of the Director wanting to further the develops in ophthalmology or in visual sciences. Now why funds were not made available to continue the activity without having to reach into the department...

Mr. McManus: Well, you know probably—I wasn't there, but it was probably part of the thing to try to calm down and push for a new institute and once there was going to be a new institute, they need to calm down and the push was gone. So, if I had of been sitting in Neurology, then I might not have transferred \$600,000 either.

Dr. Goldstein: Well, the one exception again...

Mr. McManus: Unless the contracts were...

Dr. Goldstein: Well, the one exception again—there was, I can tell you again a certain amount of debate was the idea expressed by Berliner they were going to have an institute. It reflects badly not to have a good eye institute because it would have grown out of Neurology. I think

the only issue for real, that I'm aware of, really were not to give away the because if psychiatry had the intro cortex and vision had the cortex and hearing had the auditory cortex what was Neurology to base the ganglion upon? You know, there was this discussion of how you divide up—once you enter the brain do you start dividing it up into the respective fields? I remember that discussion, how do we maintain the brain? And recognize these specialized functions and I don't know if that there's even an answer to it even today, but perhaps the real answer is neuroscience in the broad sense.

Mr. McManus: Yeah, on another kind of tricky issue...

Dr. Goldstein: Hold it, Carl, am I being responsive to your questions? I'm being biased I am understand that but it's the bias and it's just my memory.

Dr. Kupfer: Yes, yes, that's fine.

Mr. McManus: I have another tricky area that was going on at the time in 70-71 that was changing the training program, 1970-1971. And uh, it was especially probably bad for the Eye Institute because Carl was told by...

Dr. Kupfer: Marsden.

Mr. McManus: Marsden, who seemed to really be sympathetic to getting rid of clinical training and just pursuing research training and so Carl was told to get rid of clinical training. And I wonder what Neurology was doing...

Dr. Goldstein: Neurology was told the same thing, Don Tower was Director. Don and I we were personal friends during that time. Fortunately it was on an intellectual basis instead rather than on personal basis. But he came back from a meeting and said Murray we will close what we call the academic training grants. And we will have only research training grants with a capital 'R'. And so, subsequently we had two debates. Close them as of now or when they phase out over time. And Don made the decision that we would meet our commitments but we would not do any competing for new ones. And Don's logic was that if we didn't do this we would lose training authority and only have research fellowship authority individual research fellows. And so he essentially ordered me and said no training grants. We will meet our commitments and will not accept any competing applications as of now.

Dr. Kupfer: What happened then? The reason I bring this up is that we have heard from several people who had been in Building 1 that Neurology continued to fund clinical training.

Dr. Goldstein: Well, there was an interesting debate about what the clinical training was and this was my—and I was in the middle of that debate. And the issue was that we would narrow it down to whether that year of training would be accepted by the department. In Neurology you had to have a minimum of two years of clinical training and you could have a third year of either sub-specialized training, if you will, or research and the Board would accept that. It wasn't a Board requirement but it was a Board option. And my argument was, if it was a full year of research training, why not? Why did it have to be post residency? As a matter of fact it might be kind of counterproductive to have it post residency. But if a man was willing to stay out for a year of research anywhere in the program we would support him, even when it was post.

Dr. Kupfer: You would support that one year, but what about the time he was in a formal residency program?

Dr. Goldstein: No, that's the year we stopped it and that's where Building 1 and I kept having our debates. Building 1 was saying that as long as he was classified as a resident you can't support him. Irrespective of his responsibilities. And I said why are we hanging up—you mean if it just said post-doctoral fellow and have it saying the exact same thing we could support him? And he said yeah. And I said come on, come on stop being foolish about this.

Mr. McManus: But if they had a grant that had years on it, a neuro grant—those could continue until their time was up.

Dr. Goldstein: If they already had type 5s.

Mr. McManus: Right.

Dr. Goldstein: Prior commitments, we honored all commitments. We didn't stop them.

Mr. McManus: What did you do Carl?

Dr. Kupfer: Pardon?

Mr. McManus: What did you do?

Dr. Kupfer: We phased out didn't have any new...

Mr. McManus: Same thing?

Dr. Kupfer: Hold on just a moment.

Mr. McManus: That sounds like the same thing. That's what I thought.

Dr. Goldstein: There was a commitment there unless you, the grantee did something wrong, you know, wrong during your commitment.

Dr. Kupfer: No we did honor the commitments that phased out. But the reason I bring this up is that...

Dr. Goldstein: They didn't trust me, Carl.

Dr. Kupfer: Pardon?

Dr. Goldstein: Building 1 didn't trust me, I knew that.

Dr. Kupfer: Well, you see—the ophthalmologic community thought that I had not made it possible for the departments of ophthalmology to continue to have training grants. I won't have to tell you how value those training grants were. I mean I had one when I was in Seattle and they were fantastic. But it was always a situation where how do you justify supporting a resident? I had run the training grant at Mass Eye and Ear and Mass Eye and Ear was able to increase the number of residents from 16 to 24 because there was money in this

training grant to pay the resident's salaries. And the only way that could be justified was, well we're a part of Neurology and this is what Neurology appropriated and that's the way it is. We might not have agreed with the hypothesis that giving a person one year of "research training" was going to do anything from a research point of view. And if you remember there was a whole series of articles in the Annals of Internal Medicine showing that unless you have at least to a minimum of three years, forget it—you're not training anyone. Forget it. So the enmity was very, very high and I was trying to figure out why this was. Now, again why the people in Building 1 said well, if you run around the country there was still—not only in Neurology but others...

Mr. McManus: Mental Health I don't think ever phased out their...

Dr. Goldstein: I can tell you another one, Metabolic Diseases. Oh, Metabolic Diseases even after that announcement kept going.

Dr. Kupfer: Yeah, yeah. So, our ophthalmologists saw this going on and thought that Dr. Kupfer was really done us in, and I had very, very poor relations for a while.

Dr. Goldstein: Well, now when you did it in did you permit the argument I was using that I didn't care where the guy was and what he was called but if he was in a full year of research he could get a stipend.

Dr. Kupfer: Well, what, what we did was during the year that he was doing research and we worked very, very hard to get him for two years and some even did it for three years—they were paid on the training grant. That's when I was running a training grant and we just changed it by cutting out the payment during the residency program. Yeah, and that was acceptable.

Dr. Goldstein: Well again, Building 1 was absolutely certain I was saying one thing and doing another.

Dr. Kupfer: Oh yes, I can vouch for that.

Dr. Goldstein: When you were directing Intramural that I was saying one thing and doing another. And they were absolutely certain. But what they didn't know was that Tower had already made the decision. And irrespective of what Murray Goldstein wanted to do Tower was the Director and knew very well that I was doing. And Don made the announcement that we will and we did. Now it didn't have tremendous impact because by then the Departments of Neurology were well established and were going full blast and we would draw away the funds that did not count as a major crisis. It was uncomfortable.

Dr. Kupfer: But there must have been a fair amount of this activity still going on. You mentioned Metabolic Disease...

Dr. Goldstein: Oh, I can tell you Metabolic did.

Dr. Kupfer: But there must have been others...

Mr. McManus: Mental Health.

Dr. Goldstein: Well Mental Health, that's why Bob Felix left the NIH. Bob took NIMH out because—not only that program but because of the community service (?) programs.

Dr. Kupfer: Right, right.

Dr. Goldstein: But there was that battle about...and it was a question of legislation. You see Neurology had legislation commitments.

Dr. Kupfer: Oh yeah, so did Heart and ...

Dr. Goldstein: This was simply an executive decision in response to Congress asking questions, why are you using research money to train doctors and that was a question and giving the appropriate question, I don't argue with NIH's response you know—reaction to it but we did discontinue. We clearly, clearly discontinued. We kept—a number of training grants were stopped completely because they couldn't meet—really meet the requirements and uh, the amount of money for training grants was _____.

Mr. McManus: Well that brings up a good point because one of the things that really kind of passed over in our thinking was this all kinds of fits into a discussion about the early development of the NEI and obstacles and training.

Dr. Goldstein: You came in at a rough time.

Mr. McManus: Yeah, yeah, exactly.

Dr. Kupfer: Bad timing...

Dr. Goldstein: You came in at a bad time. You came at a change in policy. You came in at a change in the money situation.

Mr. McManus: Guns and Butter.

Dr. Goldstein: You know. It was not a good time to build a new organization. Yeah, and you got caught right at the wrong moment.

Mr. McManus: And we were so down below the bunker, and hadn't really thought—because that was Viet Nam war, and all of the problems that they were having.

Dr. Kupfer: Well see my problem with the training grant, even the one year that the trainee would spend in the laboratory was that basically they were high-powered technicians and they really couldn't absorb the concept of research. So what we did slowly was to say okay, if they want to do clinical research that's great, but then they had to do it in epidemiology and biostatistics, and clinical trials and that's what we were building and that's why we were able in our 30 years of my tenure to do 32 multi-center randomized clinical trials.

Dr. Goldstein: Yeah, your institute was noted for all its clinical trials.

Mr. McManus: That's about the end of our prepared questions, but we want to, do you have any kinds of thoughts or comments that you want to leave with us?

Dr. Goldstein: I would hope that the attitude of the book or the report would be somewhat in the mode that Rowland developed. Mainly positive, opportunity, how the institute seized the opportunity, did planning, what its objectives in building were. I don't think quite frankly that we accomplished very much by talking about obstacles, bad things, who said

what to whom, as kind of a justification or a description of what the problems were or as a justification for not doing very well. I was very impressed when I read Bud's letter, there were things to be done, there were things that were—how the institute was ...how the institute was attempting to do it. Every now and then there was a thing about an obstacle, sure. But it was a very positive report on where the growing of a science, clinical and basic and how it would be in a sense there for NIH.

Dr. Kupfer: I think it is important to agree that life is full of obstacles and what really is important and I think that what you're getting at and I agree with you is how does one overcome them and still move on and still respect those with whom one is dealing.

Dr. Goldstein: Yeah, you know...sure.

Dr. Kupfer: The method of overcoming obstacles, I think is important the way that one can deal with people.

Mr. McManus: When in fact one of the things about—one of the reasons I want to have some discussion about the scope of the program is that there were some ophthalmologists who would have been happy if we just had the front of the eye, not even the retina, the cornea and the cataract.

Dr. Goldstein: Sure, sure.

Mr. McManus: And when I came in '73 we had a lot of discussions about that—and uh, especially with Herb Kaufmann. And I think, and I think that I was heartened to hear what you said that it made sense to have the whole visual system just scientifically, as we said and I hope as we kind of develop this that we'll be able to say that to those guys, you know that we had this discussion, Carl took the position, we wanted the whole visual system, and this really worked out for the better of the Eye Institute and look at all we were able to do because of that. And I think that people aren't always ready to agree about that but I think we can do it in a very positive sense.

Dr. Goldstein: Every new institute, every one faces identical problems. When Neurology spun off from Mental Health...

Mr. McManus: Yeah, I was very impressed by that...

Dr. Goldstein: They asked where does the mental health brain end and the neurological brain begin? My God, it's kind of a nonsense question a lot of people said, but it's a real question because you've got to divide up the grants—you know.

Dr. Kupfer: Well, Neurology came in without an appropriation.

Mr. McManus: Exactly.

Dr. Goldstein: Aging.

Mr. McManus: Exactly.

Dr. Goldstein: Don Tower [?] made a decision and I've got to tell you Don and I argued nearly three days about it, about Alzheimer's disease. We really had a battle. Don said Alzheimer's

disease needed to go with the Aging Institute. I said, “Don, come on, we’re dealing with dying neurons. Yeah, it’s kind of symbolic of aging but what are we doing here? Don made a very firm decision to end the debate. Alzheimer’s disease was aging. But I think every responsible institute director, when there is this kind of thing, from day one had to face it. Where does my responsibility end and my responsibility begin?”

Dr. Kupfer: Well, I think this is important that someone should write about the decisions that Don Tower had to make and flew in the face of what you would imagine, I mean I can see the Director of the Neurology Institute saying that Alzheimer’s is definitely an neurological disease.

Dr. Goldstein: The first time ...

Mr. McManus: If I was there it wouldn’t have gone.

Dr. Goldstein: The first time he really, really became emotional on the table was with the first cross-cutting institute was Child Health. It cut across everything. What does a visual disorder have to do with a developmental defect? When does a child lose an eye? Are you dealing with the child? Are you dealing with the eye? You’re dealing with both really.

Dr. Kupfer: Yeah, well you see I’m happy. I’ve always been happy that other institutes wanted vision. When they picked up eh, learning disability due to visual problems, or kids who can’t read, I was delighted that they did that because I didn’t think that it was in the prevue of just the vision science of having to come into developmental problems.

Dr. Goldstein: See, that’s a leadership issue and every leader of a new institute had to face these issues in working with his or her associates and their own instincts. Where do I begin and you end? And NIH kind of made a intelligent decision which I don’t think is working very well now from where I sit and that is you do the fighting. And the idea that one institute ought to be responsible and once it’s a fundable activity let’s then debate who lays the dollars on the table. Uh, but that’s why I didn’t want to assign it. To draw those sharp lines was counterproductive.

Mr. McManus: You know Murray I did have another question and this probably will do a part of the chapter on The Academy of Science’s Institute of Medicine Study on the organization of the NIH. And if we do this right, you know, part of the discussion about the scope of the early program of the NEI ties into that discussion. Just to have an institute with a fully developed scope of the whole visual system and big enough to be scientifically credible and all those things, you know, that kind of addresses some of the concerns that that commission should have had and probably some of the members did have. But what were your thoughts about that—did we—did you, follow that at all?

Dr. Goldstein: I thought that the Institute of Medicine’s report was an extraordinarily bright theoretical look but out of touch with reality. Uh, there’s no logic at all to the organization of NIH, with Congressional whatever, you know. Yeah. Who said it’s logical? It’s our role to make it work. Irrespective of the lack of logic—you know...sure. And so I thought the Institute of Medicine was a little too hypothetical. It isn’t best for both worlds. We do live in reality. The NIH even though it’s changing is an institute of Congress. It is not an institute of the administration, I’m certain of that. It’s an instrument of Congress and therefore put forth as you wish it certainly flows through Congressmen doing what it is

they want it to do for whatever reasons. Yeah, our organization is completely illogical. So.

Mr. McManus: Right.

Dr. Goldstein: Excuse me—so is organization of medical services.

Mr. McManus: Right.

Dr. Goldstein: Completely illogical. But so what?

Mr. McManus: That's right because I always thought, well look at medical schools, you know—NIH is organized compared to medical schools, but you're probably right. But with the, they did a straw vote after the first meeting of the members of the first commission and the vote was 15 to 1 to adopt a plan.

Dr. Goldstein: That they're out of their cotton-picking minds.

Mr. McManus: Yeah, yeah well fortunately we changed that.

Dr. Goldstein: Well again, it's group dynamics. Yeah. I happen at the moment, I am the President of the DC Academy of Medicine and the discussion my own Board of Directors comes up with, I just sit there and scratch my head. They get into the issues of the underserved medical population in Washington. Some of the ways they're suggesting that the Academy of Medicine come out with _____. It's a shame not to. They're acting as if the Mayor is a real idiot. He's not an idiot, he's faced with several problems. Well anyway—and so uh... Yeah.

Dr. Kupfer: Can I bring up a very minor point but one that keeps coming up and cannot be pinned down. Somewhere along the line there was a contract given to someone in Harvard by the—interestingly enough, by the democratic Whitehouse, right before Lyndon Johnson decided not to run again, so that would have been about 1967 because Nixon came in '68. They were doing an analysis of the training grant program at the NIH. Does that ring a bell at all?

Dr. Goldstein: Yup, yup.

Dr. Kupfer: Is there any reference to that?

Dr. Goldstein: Clearly I think I may have...

Dr. Kupfer: Because in Bud's book, he doesn't mention that.

Dr. Goldstein: Yeah he mentioned it.

Dr. Kupfer: And uh, I don't know where I got the idea but I heard it...

Dr. Goldstein: It came right off the top of my head, I can remember something here and now I'm just that it sure as hell didn't have any impact on anything. So either it was never completed or it was appropriately filed because it certainly didn't become an issue in any discussions that I can recall. I'll think about it but I don't remember that ever becoming an issue.

Dr. Kupfer: Well, with the Nixon Whitehouse was dabbling in it.

Mr. McManus: Yeah, I think that Ted Kennedy told us about the economist from OMB that were—the guy had the theory about the string and pulling it or pushing it or something and that was an analogy to getting people into...

Dr. Goldstein: Well, there were several issues into play, particularly in the Nixon Whitehouse. Even though it was true beforehand, it wasn't a major issue. The Nixon Whitehouse decided to get control of NIH that it was no longer to be that little thing out there you know, past the Beltway and we don't have to worry about it because it's not very big and not very important. But the Nixon Whitehouse decided to take control and of course with them literally firing Dr. Marsdem and bringing Dr. Stone in that's a wonderful story because they sent our man back to us and we sent the same man back to them that's how Bob Stone became an advocate for NIH and fought for it.

Mr. McManus: Right, right.

Dr. Goldstein: And of course it was under Bob Stone that Carl Leventhal served. Carl was there when Bob Stone was. I remember that very, very clearly. But any way—what were we talking about? The institute directors behind the scenes, direct negotiations with committees, no way around it but it worked.

Mr. McManus: Very well.

Dr. Kupfer: Well, it's very, very different now—so I'm told.

Dr. Goldstein: Well I'm on one of the National Advisory Councils.

Mr. McManus: Which one are you on?

Dr. Goldstein: Alternative Complimentary Medicine.

Mr. McManus: No kidding.

Dr. Goldstein: Very interesting Council. Superb Director, Steve Strauss.

Dr. Kupfer: Oh yeah.

Dr. Goldstein: First Class. First class in every way. And it surprises me how well given his background, of how well he handles this Council. Being an old pro at it I kind of sit back and watch him, seeing him work it and then. And he doesn't manipulate them but he manages them and leads them ...

Mr. McManus: And that's a diverse group, that Council.

Dr. Goldstein: Oh wow. You and I know then that the personal agendas of the Naturopaths, Hydropaths, Homeopaths, Osteopaths—it sometimes gets a little overwhelming to try to meet everybody's or not to meet everybody's needs but to get the group to recognize comments get it together and Steve's a first class director. Me as an old timer, having gotten in '53 when the NIH Director, Shannon was a giant step towards building up

leadership. Being an instructor before him didn't diminish it. He had his own plan. In the history of tradition of the NIH Director's being intramural scientists who gave part of their time he had the lab right next door to his office.

Mr. McManus: Oh, sounds like Varmus.

Dr. Kupfer: Varmus did the same thing.

Dr. Goldstein: It was.

Mr. McManus: Sounds like the same thing come in for four years.

Dr. Goldstein: No, no the NIH Director was always a Public Health Service officer and it was a lifetime appointment—it was a career appointment. Shannon came in it was a career appointment. It was subject to pressure of the President but Jim was the last one.

Mr. McManus: All right.

Dr. Kupfer: Well Murray thank you so much for all the time...

Dr. Goldstein: Well again, heavily biased, my memory is what I want to remember I imagine.

Dr. Kupfer: Well it goes back a ways.

Mr. McManus: Yeah I was very interested to read about your history in the book that goes back to '53 and your relationship with Shannon. That was very good. I never had realized, I knew you went back but I didn't realize it.

Dr. Goldstein: Yeah, James was the Director.

End of Transcript