

**Interview with Dr. Steve Ryan Conducted by:
Dr. Carl Kupfer at ARVO
April 30, 2006**

Dr. Kupfer: Today is the 30th of April, Sunday and we are at the ARVO convention and I am going to be interviewing Dr. Steve Ryan concerning the book on the history of the National Eye Institute (NEI).

Dr. Ryan: Well Carl, I'll tell you, my recollection is as a resident at Wilmer and you will recall from your time as a Wilmer resident how the residents were the key to the place and Ed Maumenee made you feel as though you were a hero and would tell you anything that was going on. He was very open and I was very fortunate, we had a very—just a highly privileged relationship with a great man. When I really got to know Ed the best about before the National Eye Institute was founded was in my second year of residency because that's when you rotate with Ed, which was in 1967. It was the fall of '67 and at that time part of the tradition was that you drive over for his rounds at Walter Reed, at the Navy and at the NIH. And that was the year as I recall with Ludwig von Sallmann and there were a few clinical associates, you know that were associated with him at the time. And the way I recall it...

Dr. Kupfer: What time in years was this?

Dr. Ryan: This was the fall of '67.

Dr. Kupfer: '67, fine.

Dr. Ryan: So in the fall of '67, Ed had just been the founding President of the AUPO and he described to me as a resident how there was a snowstorm in Chicago—a famous snowstorm where he and some other key chairmen were stranded in the O'Hare Hotel and my recollection is—I don't know this for sure—but it was people like Bernie Becker, Dave Cogan and Frank Newell and it might have been somebody else. But that's what—you know I'm turning the clock back I hate to admit almost 40 years. And he describe the importance of ophthalmology and as you recall, we were very fortunate at Johns Hopkins where at the Wilmer Institute ophthalmology was a department from the late 1920s when Wilmer founded it as the first place to really put research with eye care and education under the one roof. So we got Wilmer tradition while all things weren't departments as you remember in the late 60s and that was an initiative—I think I'd give a lot of credit to RPB and Jules Stein, and David Weeks and the people who worked to get departments of ophthalmology because again in my subsequent life as a Dean, you really know you need a seat at the table as a department chair. As long as you're in the Division of Surgery, you're not going anywhere. And so we had taken this for

granted with our Wilmer-Hopkins traditions a great medical school having a great eye institute, and that wasn't the model around the country. And I think Ed who had been involved with National Institute of Neurological Diseases and Stroke (NINDS) who had been involved with Ludwig Von Sallmann, who was deeply committed to vision research, had just a major focus on the importance of a free-standing eye institute, not freestanding, but an eye institute that was independent with its own line-item budget. To get that eye institute established, the resistance by the overall NIH leadership was phenomenal and he made significant efforts with his friend, Senator Lister Hill who was the head of the Appropriations Committee. So he had a lot of influence as it related to the Senate side, you know, what you had to do. And the way Ed told me the story was that because he had this good relationship with Jules Stein and because RPB had helped him fund the Allen Woods Building and helped him to design the Allen Woods Research Building, which he opened in 1964. And Ed was clear that it was Jules Stein I believe who had the relation with President Lyndon Johnson, and that side of the administration. Because if you're going to overcome resistance by the NIH leadership to get whether it was the 10th or 11th institute—whatever NEI was, there was significant resistance. And the way Ed told me again, this is me as a resident driving back and forth when you said

my first recollections with it. And I just loved being with Ed and you know, as they said he would talk about these things and Ed was to me not only—again I'm so biased I can't be objective, but I think he was the greatest ophthalmologist of his generation—I believe that strongly and I could tell he was the leader of the department chairs at Hopkins because he was a superb medical organizational leader. And when I would hear him just talking to me, I know these are great people he's talking about—the other significant people, but I think there's a reason he was the first President of the AUPO and I think there's probably a reason that he was a significant leader in the effort to get a National Eye Institute.

Dr. Kupfer: Was the AUPO formulated during a snowstorm in the....

Dr. Ryan: Yes. Yes.

Dr. Kupfer: It's interesting because I heard that story also and yet Bernie doesn't remember anything about it.

Dr. Ryan: Oh, my goodness, oh my goodness. I've got some of Ed's memoirs and if you'd like truly I'd be delighted to look it up.

Dr. Kupfer: Oh that would be very good (*both talking at the same time here*).

Dr. Ryan: If that's what we'd want to do. If that would be helpful to you, sure.

Dr. Kupfer: Because that's what would make this history really worth something...

Dr. Ryan: Yeah, great...great. I'll remember to do that. And then, shortly after when it finally went through, all the politics and you know it was authorized, it was founded—I was going into that stage from 3rd year it will be the Chief Resident at Wilmer, again which gave me access and a close relationship with Ed. Again, I really believe that when there was a long search process to get a Director of the National Eye Institute and I know that when eventually they persuaded you to leave Seattle to come back to Bethesda, I know that Ed was pleased. And I don't think it was just because you were a Wilmer resident (laughter). There was a need for real leadership and then I was also privileged to be with Ed as a junior faculty member as an assistant and associate professor because I was right across the hall from him so Ed and I shared patients and we called each other in, so again it was kind of like the ultimate educational experience for me. But in those days Ed was just so pleased with the way you got the National Eye Institute going because we weren't as you know able in vision to really get clinical trials going. And to me as long as it was NINDB it never would get going. If you hadn't gotten it where we should be with diabetic retinopathy and gotten Denny Davis and Arnold and Aiello and all those guys to do that landmark DRS study I just truly believe that that wouldn't have happened with NINDB. And then again, this is me listening to Ed when I was a faculty member starting to see what you accomplished. And I said this because I was just over in Japan with some colleagues, and they're developing their retina protocol, where, for instance, the first clinical trial is going on, you know in Korea for a particular treatment. There's some excellent, excellent retinal people but

what I said to them was, this trial, like what you did with the National Eye Institute for the DRS was very, very important for the treatment of people, patients with diabetes that when you wanted to change things you changed us retinal specialists because you really made people think and get out of 'I did a case of this' or '10 cases of that,' or '50 cases of this' and all those reports that used to go on at the Academy, so I mean the National Eye Institute and you Carl truly changed how we retinal people thought about everything. We read the literature far more critically, the Academy changed—you know, the practice changed, so I really think where Ed and the other leaders had hoped for with the National Eye Institute was a very rapid accomplishment when you think about it. So I'm giving you some of Ed's reflections I'm giving you some of mine from 35 years ago as a young faculty guy after finishing my residency there.

Dr. Kupfer: Of course then you were very much in favor of the establishment of the NEI on the basis on what Ed had to say and Ed of course knew exactly why it was important too. Ed McManus is very much interested in your role in NEI program planning. And it's something that we did with a tremendous amount of commitment at first to decide what program planning is going to be and then secondly to sell it to the community, which we tried to do and engage the research community to really do the planning. I wonder what you would comment on as to was this really unique, how you would compare to what I'm sure—you are involved in program planning as a Dean...

Dr. Ryan: Sure.

Dr. Kupfer: As a member of a large medical school. And then finally, how does this compare to what goes on in the other institutes, do you have any input?

Dr. Ryan: To give you my perspective and the basis of my response Carl is and where I was in my life, in my career in the mid-70s I was on the study section for four years and that was busy when everything was together before it divided and split us, it did. And so it was impressive to me when you were coming out with the first plan and to know that there was a Council as the second review which did understand program priorities and the reason for it. The second perspective I had was—I want to guess that it was '82 or '83, somewhere in there that I came on the Council with you for a four-year term and like I learned a lot in the study section, the people who came all in the same year with me were Torsten Wiesel and Bill Conner. You can't do better than that. I mean I was the control—I can't say what you would do with it—but I learned a lot and you were going through a program planning cycle and I got to see the very different perspectives of people who contribute a lot. For instance Torsten and Herb Kaufman, you know, guys that were there together and you know how we tried to put something together and develop this document with priorities was significant. And then I guess about 1990 or whenever there was another plan I had the privilege of being a co-chair for you on. The retina program plan. So, I had three different perspectives each of which was valuable, each of which I learned something about it and each of which I used then putting together plans for either the NEI institute and plans for our medical school in terms of the process. In plans for Doheny, just try and get with the faculty and try to say where the future is going to be—like when Wayne Gretzky skates to where the puck's going to be, trying to say where the future and

what the technologies that are going to change the field are going to be. The other practical thing as a department chair for a faculty, we might have the most brilliant ideas in the world but if they're not on the line with the funding agency, you've not only got to question what you're doing but you've got to tie it to a business plan so that you can implement it and allocate the resources in terms of money and people appropriately. So in Doheny, when I was Dean, found the process you had as convening experts, getting the best thinking in the extramural community, and then having the discipline of the process that you and Ed had and using the Council appropriately, and the National Advisory emphasis in terms of what goes on. Because you know you had to lead the national effort in certain ways. It really did take your vision as the Director and it did take your leadership recognizing for instance when you stated that the expertise wasn't there in the community vision wise and epidemiology or in biostatistics and there were certain things that you had to establish to implement a plan. You made that complementary relationship, you know, work. And when you identified molecular genetics as being critical—again, you were out front and not just where we were in vision research but everything I know of the other institutes. And to finish with your comment in relation to the other institutes I was privileged for two years to be on the Director's Advisory Council while I was there with you and Jim Wyngaarten was the Director. I got to know some of the other Directors, I certainly got to hear some of the discussion and I was just very, very proud to be associated with vision research with the NEI because of—to be candid you were way out front than all the other institutes, it was very, very clear to me.

Dr. Kupfer:

One minor point I'd like your opinion on. Is we've interviewed some of the Council members and there was a perception—and I think it was based upon the fact that some of them have been on Board of Directors of NGOs or other companies where they had the power to hire and fire and change the remuneration or whatever. They viewed me as being someone who yes, I listened to what they had to say but no I wouldn't take everyone's advice (chuckles). And I don't think they ever realized that. You were interesting when you said; I will stress the National *Advisor*. But we weren't dealing with an organization that could hire and fire and all the other things that some of these people were in to. Did you ever have that perception that I sort of bulldozed things through?

Dr. Ryan:

Oh, I think that you were a strong leader and I wouldn't use the word bulldoze and I'm not being particular over words. I think you need a strong leader and I think that a company that I'm on the board of now, Allergan, they have a very strong Chairman and CEO, David Pyott. It is a very, very strong Board that does have this about it. To me you always want the strongest possible CEOs. It's all about leadership. At the end of the day it comes down to one person and that's who is the CEO of the organization. You're the CEO of the NEI and I thought that you used my experience in four years to council most appropriately and I thought I was always impressed, but again in my year there were real places that Bill Conner could contribute with his expertise and business and you knew how to tap that expertise. And similarly you knew how to balance what I gave you, Torsten and Herb, two very strong personalities. So as I remember we didn't have too many shrinking violets on the Council.

Dr. Kupfer: No, and I didn't want that.

Dr. Ryan: That's right, we had a strong people and there could be disagreement of opinion, but after all at the end of the day it's your decision. You're the Director and I think everybody understood and respected that. And that's my—you might hear different, but that's what I heard.

Dr. Kupfer: That's interesting.

Dr. Ryan: That's right.

Dr. Kupfer: I never thought of the Advisory Eye Council as being other than advisors.

Dr. Ryan: That's right. That's what it is. By Charter, right?

Dr. Kupfer: Right. Exactly.

Dr. Ryan: By Charter—by Charter. The governments...it's advisory.

Dr. Kupfer: And then Ed wanted to hear your thoughts on what role did you play in organizing political support for the NEI through organizations like the Alliance.

Dr. Ryan: Well, I was privileged and my first meeting this morning was—still being President of that organization, which I enjoy, and then my recollection is that it was either 1992 or 1993 at the Academy meeting and it was the last year of Bruce Spivey. As Bruce was going out as EDP and Dunbar Hoskins was coming in. And we had three founding organizations which were ARVO, the AUPO

and the Academy. We also had David Weeks at that first meeting when you have the AUPO, you have the RPB and you have all those relationships and those relationships with the NEI, outweigh the Department chairs. So those were the key constituents, but to me Carl, again not flattery just facts. What made it work was that you welcomed it. And that you saw but within the government by definition you have to go with what the administration position is. Whether that's the President of the United States, the Secretary, the Director of NIH—that is the position that you have to take with the Congress. To me in my years with that and my own years later in the Department, it was absolutely so apparent that the NIH was a creature of the Congress. It wasn't the administration that was building the budgets it was the Congress and the champions in the Congress. But you couldn't go around the Director or the Secretary and that's the way it was set up. So we thought that here if you found it to be helpful that it would be a way that we could try to mobilize advocacy. And we started that and we did with a friend of Ed McManus, Terry Lierman who had been the Chief of Staff or whatever the right position is for the Senate Appropriations Committee under Magnusson and had great contacts and had Capitol Associates. And like any small voluntary organization we went through the bumps of the road, and questions on how do you keep your voluntary organization. So you hold together because there had been previous efforts to develop these advocacy groups. We now, I'm proud to tell you, have 55 organizations. We have virtually all the major industry partners we've got all the optometric organizations, the organized ophthalmology organizations. FFB and we keep this thing going. And we were fortunate that when we went for Margaret Donahue at Capital Associates that your good friend and colleague, Ed McManus stepped in post-retirement to help us out and held it

together and Ed held it until we now have an Executive Director, James Jorkasky, whom I think is doing a fabulous job. We have John Porter who was the Chairman of Appropriations Subcommittee for the NIH. John is an advocate on Capitol Hill—I mean he opens the doors for us. We had him on the phone for an hour and a half this morning advising what ARVO should do and the Academy should do. How we should relate to Elias Zerhouni, how we should relate to Chairman Barton in reauthorization. When you've got somebody on the inside like John, you can't get any better in terms of advocacy. So, but again, I just am so pleased that you and Ed and all that great team because when you think another thing that you did was build a great staff and the extramural community was so fortunate because you did have people that would relate to the individual PI who would advocate for the R01 grant which you properly emphasized, was the key, I think, advantage over some of the other institutes at NIH. So we're very privileged and proud to advocate for what we think is the best institute at NIH and that's because you built it that way, Carl.

Dr. Kupfer: Thank you for your time.

End of Interview