

# Lierman, Terry 2005

## Dr. Terry Lierman Oral History 2005

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Terry Lierman Interview  
Conducted by: Edward McManus

December 14, 2005

Mr. McManus: What we're doing is Carl and I are writing the history of the National Eye Institute and some of the chapters are the beginnings, international program etc.—the subjects that we were talking about Friday, the Eye Health Education Program, Intramural Research and so on...

Mr. Lierman: Didn't Tony die a long time ago of a heart attack or something?

Mr. McManus: Who?

Mr. Lierman: Tony?

Mr. McManus: Tony Fisket, from Merck who was pushing for on eye health education program yeah. I don't know, I wouldn't know but this project is an NIH one as well as NEI. NIH has an Office of History that I learned as we were doing this and they have a website and this would probably be put on the website maybe posted in one format or another. But there really are two parts to this project; one is an oral history, so I'm asking a lot of people like Dave Weeks who was back involved in starting the Eye Institute to participate.

Mr. Lierman: What's he doing now.

Mr. McManus: He's still running the RPB, he's getting pretty elderly.

Mr. Lierman: You ought to do that job (chuckles).

Mr. McManus: So then there'll be a lot of oral history, probably 20 people who been involved.

Mr. Lierman: You know Mary Lasker did an oral history at Columbia, I wonder if there's a portion of it that has the Eye in it?

Mr. McManus: I know I have to look closer. I've come across it and I know, it's one of the things that I can do, my office is over in the National Library of Medicine (NLM).

Mr. Lierman: Is her oral history in the Library?

Mr. McManus: No, but the NLM has connections to the site where her material is.

Mr. Lierman: With Columbia. Okay, I just wanted to make sure.

Mr. McManus: And so the oral histories will be available to scholars and other people who come through and want to look at them and do their own projects about how the NIH was run. So we'll have the two things. So in order for your oral history to be available, I need for you to put her name there and sign there. This is a release form from the Office of History NIH.

Mr. Lierman: Am I a donor?

Mr. McManus: Yeah, I'm donating your kidneys (chuckles).

Mr. Lierman: Here.

Mr. McManus: Thank you, when Terry says here, he's not handing me any money he's just handing me some candy.

Mr. McManus: But wanted to ask you a series of questions that relate to your involvement with the Eye Institute. But first—what is your position now?

Mr. Lierman: I am the Chairman for the Maryland Democratic Party. I'm a community activist and a full time volunteer.

Mr. McManus: What were your positions before this, with Capital Associates and the Congress?

Mr. Lierman: My position in the Congress was first I was a Management Intern which Ed McManus helped me to get started with on the Senate Appropriations Committee for Labor, Health Education and Welfare. And then I moved up and became the person in charge of the Health Programs, but they changed the name to Labor Health and Human Services and Educations Appropriations Subcommittee. Then I became Staff Director of that Subcommittee through the good deeds and efforts of Ed McManus and then I became Chief of Staff of the full committee while doing the Subcommittee while doing the health stuff.

Mr. McManus: And when you were a Management Intern, you were really an Intern at the National Institutes of Health.

Mr. Lierman: My first position out of college was an NIH Management Intern and I worked in the Division of Research Resources. I worked in the National Institute of Child Health and Human Development (NICHD), the National Cancer Institute (NCI) and the floundering and not just floundering but just the beginnings office or personnel office of the National Eye Institute (NEI) where they were just transitioning into a new institute.

Mr. McManus: You know this is just on the side, it wasn't on my list of questions. We were talking about the University of Wisconsin and the program that we both went to at the University there, Public Policy and Administration...

Mr. Lierman: Which is now called the La Follette School.

Mr. McManus: And you were ...there, there was sort of a nexus and we played basketball at the Clinical Center gym at NIH with a bunch of people from the Hill, your associates who later turned out to be fairly important. And I arranged to reserve the auditorium at the Clinical Center where we played on Sundays for several months in about 1975.

Mr. Lierman: Excuse me, at the Warren Magnuson Center at NIH.

Mr. McManus: At the Warren Magnuson Center. And I played and you played and who else, Phil Amoruso who was Executive Officer (EO) at the Cancer Institute then.

Mr. Lierman: Phil Amoruso who then became the EO of the National Cancer Institute. Ken Levine who is now a very well known lobbyist in Washington and also became one of the directors of FERC, the Federal Emergency Center—I don't know what it stands for Federal Emergency Research—anyway, FERC. And then a guy name Jim...

Mr. McManus: Ken Levine was Deputy Assistant Secretary for Legislation for the Department of Health and Welfare.

Mr. Lierman: At that time. Exactly. Under Joseph Califano. And then a staffer on the Senate Appropriations Subcommittee, his name was Jim Moran who is now a member on the House Appropriations Committee and one of the ranking members for all the Appropriations Committee and he's been a Congressman from Virginia for 14 years now.

Mr. McManus: Okay. A friend of mine recently saw him on TV supporting PETA.

Mr. Lierman: Not really.

Mr. McManus: This is very interesting because we were talking about this a little off the record a while ago about the interactions that took place back then and how we were able to facilitate policy development as the NIH unofficially and indirectly through these sort of social interactions, and I'm not sure those kinds of things happen these days. But let's see.

Mr. Lierman: Well, if I can also add something. I also ended up working with Mary Lasker.

Mr. McManus: I was going to ask that question because in the history of the NEI Lasker was very much involved with Jules Stein and that will be in our Beginning's Chapter.

Mr. Lierman: Who was the gentleman who was from England and was blind.

Mr. McManus: John Wilson.

Mr. Lierman: John Wilson. John Wilson got the Lasker award and I met Sir John Wilson, I believe he was, and his wife...

Mr. McManus: Yes, Jean.

Mr. Lierman: Yes it was a terrific relationship and Mary just adored him. And she liked Carl Kupfer of the Eye Institute as well.

Mr. McManus: Well, let me ask you because as supporting data for the beginnings chapter of the NEI Luke Quinn and Tanny Pollster worked with Mary Lasker up on the Hill side and then they were lobbyists. And then I think she worked with you as her Hill person after you were in the Congress. I believe you worked with her when you had a lobbying firm out on Capitol Hill.

Mr. Lierman: She was my—do you want to hear this story, is this an interesting story?

Mr. McManus: Yes I think it will be a good story.

Mr. Lierman: Mary Lasker who was—Mary Lasker became kind of an unofficial adopted mother of mine. She had no children and we got on incredibly well. Mary Lasker was from Ft. Atkinson, Wisconsin, I was from a town that was about 30 miles away born about 70 years after her. Mary Lasker went to the University of Wisconsin, and I went to the University of Wisconsin. Mary Lasker to all possible purposes worked on the modern establishment of the NIH at least and started in the late 30s and early 40s, and my first job was at the NIH and then I ran the budget of NIH for the Senate and she came to lobby me and it was like love at first sight. I know that might sound a little crazy, but it really was. Our paths had intersected so much. So I met Mary and then I left the Hill in 1980 and went on to another job in venture capital. And one day in my office tickets showed up to go to Los Angeles and I gave them to my assistant and I said I didn't order these what are they for? Literally that afternoon I got a call from Mary Lasker that said I'd like for you to come out and see me. This is how Mary Lasker operated, she just did it. And so why wouldn't I go to Beverly Hills and see Mary Lasker for a few days, I mean she was wonderful and all that kind of stuff. So I went to Los Angeles and I met Mary and she said my legs aren't what they used to be, I want you to be my eyes and ears in Washington. And I had had no interest in becoming a lobbyist—is this too much detail?

Mr. McManus: No!

Mr. Lierman: I had no interest in becoming a lobbyist, but no one ever says no to Mary. So I said to Mary I would think about it. And she said to me, well I should think about it and what happened was she said how much would you charge and I gave her a number thinking well a good way out of this is to give her a number that she won't do, and then I didn't say no to Mary. Well I wrote a letter and told her that and I got a call about five days later and literally Mary started giving me directions on what to do and how to do and you know some things to put together. And I said, wait Mary, did you get my letter? And she said well yes, you're working for me. So she called my bluff, she paid me what I asked and you know, the rest is history. It was just a terrific, terrific relationship.

Mr. McManus: That's good because that will follow along with what I talked about in the first chapter in the beginnings of NIH where she was really instrumental. And I wasn't able to talk to Tanny (Nathaniel) Pollster or Luke Quinn, or some of the other people who had worked with her and could know, certainly—Dave Weeks had some positive things to say about her, but it was more Jules Stein who worked with her than Dave.

Mr. Lierman: Well, if you ever want any lengthy insights or comments about Mary, I would be delighted because she's always been kind of my hero and then a saint.

Mr. McManus: Yeah, well I think somebody ought to right a book about her.

Mr. Lierman: But you know we now have the Mary Woodard Lasker Center for Health Research and Education at NIH, but NIH down plays the name and the history and what she did for that Institution i.e. NIH and its really kind of sad.

Mr. McManus: Somebody ought to write a book. And we have a historian working with us and she'll read this.

Mr. Lierman: Well if anybody ever wanted to write a book what would we call her the first Dame of...

Mr. McManus: The First Lady of NIH.

Mr. Lierman: The First Lady of American Medicine, how would that be?

Mr. McManus: Right, yeah.

Mr. Lierman: That would be a terrific story. A very inspiring story.

Mr. McManus: Okay, one of the things that we've written about in the book that you and I talked a little about earlier was our program planning. We started that in '73 really, when I came on and I told you about some of the antecedents in that I learned that the University of Wisconsin was responsible—were you exposed at all to that program planning?

Mr. Lierman: Well there was a lot of program planning going on at NIH then, but it wasn't—if I can say it wasn't with the clarity and the knowledge that you guys used. Because I was at the Cancer Institute at the time and they had just finished the "War on Cancer" which turned out to be a skirmish frankly, but nevertheless they were doing their program and it was very unwieldy and very complicated. And what I remember about that was that yours seemed very streamlined and it also seem as though people paid more attention to the Eye Institute's method of doing it than they did to the Cancer Institute which was 20 times the size.

Mr. McManus: Uh then...

Mr. Lierman: Well remember I went to the Hill in '74.

Mr. McManus: Yeah.

Mr. Lierman: And I was working in the Cancer Institute while you were studying your program planning thing.

Mr. McManus: I was then going to ask you about Mary Lasker and now we've done that, one of the things, one of the chapters that we write about is the National Eye Health Education Program (NEHEP) and I know you haven't been involved with it in a long time but it really has made its mark like the High-blood Pressure Control Program and the National Cholesterol Education Program and it has a Diabetic Retinopathy Education Program and Glaucoma and Low Vision elements so it has a lot of different components. It is seen in the eye care community as being very instrumental in getting the word out about how important doing something about eye disease is.

Mr. Lierman: Look...

Mr. McManus: I was just wondered if you remember the beginnings.

Mr. Lierman: I do remember the beginnings because it came out of my own personal interest, but it also came out of the interest of Mary Lasker. Mary always said that NIH stands for the National Institutes of Health, not the National Institutes of Research and her and Senator Magnuson who was my Chairman totally agreed on that and I philosophically as a lay person agreed with it as well. So any opportunity that I had as a staff person, there's always that conflict between basic and applied research. And we know that basic researchers want more and the applied's want more.

Mr. McManus: On that, why do you think that was? Because this ties into some other things I'm trying to explain. What do you think was the natural inclination of it? The NIH top management about basic research versus applied research? Where would they come down?

Mr. Lierman: Basic.

Mr. McManus: Very strongly basic.

Mr. Lierman: Very strongly basic. And then it loosened up a little bit and then Harold Varmus kind of destroyed the balance of NIH and it got so basic that it under-funded dramatically the clinical programs and education information programs and I don't think NIH has recovered from that yet.

Mr. McManus: But we should move back to Mary and NEHEP.

Mr. Lierman: So what I put forth every year in the appropriations bill and the reports, and I think that if you went back and read them you would see this, that it indeed put a lot of emphasis and absolutely did everything to take care of basic research but because it was in such a growth time we were able to also add significant amounts of money for clinical, education, information, and outreach programs. And as you mentioned there are many, many programs that started in the late '70s if you think about it.

Mr. McManus: I guess Mary was really the driving force behind those wasn't she?

Mr. Lierman: I'll give Magnuson a lot of credit. Mary and Magnuson I'll say. Because they were both interested. I mean Magnuson used to always say what good is it to do research if you don't get it into the hands of people? That was the first thing. The second thing was this was also a time historically where people started to think about prevention and I viewed, as a staff person, education as a form of prevention. And I think that was—and then when you go back and look at your education eye program the components of that were right up the alley for prevention, education, and outreach. And your program was actually—if I remember correctly, if it wasn't the first it was one of the very, very first ones and I think it was kind of revolutionary as far as NIH was concerned because traditionally the basis of NIH has been test tubes, laboratories, laboratories, laboratories. But when you look at the authorizing legislation of the various institutes an important component of the institutes especially the Cancer Institute under the National Cancer Act, and I think the Cancer Institute when it got started was a mandate to do public education and information programs. And so I took that exceptionally seriously as Staff Director of the Committee and as a reflection of my Chairman it was also a reflection I think of people understanding that we can prevent a lot of these diseases—prevent them—without some fancy medical advance. It's a matter of educating people. And now we know its true, look at hypertension, look at all these different kinds of programs that we have obesity and diabetes and all that kind of stuff, exercise.

Mr. McManus: What was your direct involvement in establishing the Eye Health Education Program?

Mr. Lierman: I'm just a small town country boy from southern Wisconsin (laughter). The role I played I guess was that I was a lobbyist or government consultant at the time and Ed McManus and Tony Fisket was at Merck at the time wasn't he?

Mr. McManus: Yeah.

Mr. Lierman: Okay, Tony Fisket came to me and said hey we've got this idea for this program and my reaction was that's like a no-brainer. We should be doing these kinds of things which is totally consistent with what we've done throughout the years for these kind of outreach programs and so I laid out the strategy on how to do it and we arranged the program in terms of what members of Congress would be supportive and how they would be supportive and what we needed. I helped draft the report language to get it done if I remember correctly and we just got it done. There was a lot of interest in it because again this was at the time before Varmus came when he locked down all the basic research stuff to the detriment of patient education, outreach clinical programs. And there was almost a blossoming at the time of interest in prevention and education but Varmus did a pretty good job of sniffing that out of NIH.

Mr. McManus: I believe that generally the way these things are done is that you have long hearings over with the substantive committees about whether this is an important issue or not and whether a law should be written to authorize this. But this law was probably done with very little mention in the House because the House Appropriations didn't like this sort of substantive legislating on appropriated bills and you were able to get it right through on the Senate side in the appropriations without separate authorizing legislation.

Mr. Lierman: Well, my theory on authorizations is that it takes too long, rarely gets done, and is not very effective. So my prejudice was the appropriations bill and to me money makes policy. And so what we were able to do was to get money appropriated for the program, get report language in expressing how it should be used and what it was for and that in its self would establish the program without going through a long, long year or two or three history of authorizing legislation.

Mr. McManus: The reason I wanted to try and bring that out a little Terry is if you're ever doing a case study where you're presenting a course up at Wisconsin...

Mr. Lierman: That would be good.

Mr. McManus: You could use this in the book and some personal narrative.

Mr. Lierman: This is how not to do it? (Laughter)

Mr. McManus: No. How laws are really made.

Mr. Lierman: You know I've always been amazed at people on the authorizing committees would always come to me and say that they were the substantive committee and I used to always just smile and say I know we're just the Appropriations Committee. They knew what I was doing and it would drive them nuts because we could authorize things simply by providing funding for a program. But the flip of that is the agency had to be ready, willing and able to implement what we put money in for. In the National Eye Institute with Ed McManus and Dr. Kupfer, we were able to say we've got the program, we've got the plan, we know we want to do it, we know how we're going to do it, so you didn't fight it at all, it was just a matter of being able to put the money in and then you implemented it.

Mr. McManus: There was kind of a unique relationship—and I think this is more for the oral history than it is for the book—but when you were on the Hill and in Capitol Associates and between you and using the NEI as a model, if something came up concerning NIH you would call me up and say how would this play in the NEI and then maybe extrapolate for NIH or whatever, is that true?

Mr. Lierman: Well, not only is it true. But, number one I always got straight answers—I don't want to make you blush here—but all the things I did at the NEI to a large extent were a result of my relationship with you. Because you were viewed as a person at the scientific roundtable, at the director's meetings on Capitol Hill as a person that had no ax to grind, you simply wanted to do the right thing for the institutes. And that's rare because people usually have this territorial imperative of where they work and who they work for and what they do and they weren't involved. The second thing was, you had not a scientific background but you had an appreciation for the science, but most importantly, you were able to kind of step out and look outside the box and do things that were creative and where the science was going and where it should be going. So it was easy for me, not to mention the fact that you're one of my heroes of my life.

Mr. McManus: (Laughter).

Mr. Lierman: I told you, you were going to blush.

Mr. McManus: In terms of the NEI and your experiences with them over the years—and you've had a lot of experience with all of the organizations at the NIH and with Dr. Kupfer and like that-- What would you say stood out about the NEI programs?

Mr. Lierman: Well number one, I think it was the responsiveness. When asked or requested about information and ideas, no matter how far off the wall they were we always got very upfront answers and a response. Secondly, it was—even though small in size at the time—it was viewed as an institute that was very creative. Third, it was viewed as an institute that was incredibly well-managed and one that wasn't afraid to take risks and try something different.

Mr. McManus: How about later on? I don't know if—we probably won't talk much about the Alliance for Eye and Vision Research, I think that's your name, I think you've had that name for the organization.

Mr. Lierman: I did.

Mr. McManus: Do you remember when that was created and do you have any comments about that?

Mr. Lierman: I think Capitol Associates and this is a little un-humble, was probably one of the first firms in Washington that didn't just work on individual clients but what we built was coalitions. It was my experience in coming from NIH and then working on the Hill. I know why people want to make—what's the easiest way to get someone to make a decisions? You show up with 15 people from all different organizations and backgrounds, all agreeing. So as a staff person on the Hill, my work was done for me and the Senator didn't see a lot of risk in it. So, I took that same theory when I went to Capitol Associates. And you know I started the FDA/NIH Council, I started the National Coalition for Cancer Research, we started the Alliance for Eye and Vision Research, it was simply a matter of getting everybody around the table and saying look, instead of these 11 organizations or 7 or whatever it was going off and doing their own thing, why not speak with one voice? And when you speak in one voice in politics, it's a loud roar rather than a meek whimper as one voice is at a time. Because you're basically doing staff for the work and for the member they're covered because the professional groups, the non-profit groups and the academic groups are all sitting at the table saying we agree on this, this is our common agenda so that was my belief and that's one reason why I think we were so successful as a company.

Mr. McManus: This was probably seen as positive by you at the Alliance that started out with about 160, 170 thousand dollars and now it has about ¼ of a million dollars, and about 55 members.

Mr. Lierman: Wow.

Mr. McManus: Maybe 20 of them companies.

Mr. Lierman: Wow.

Mr. McManus: So it's really—you started something (laughter).

Mr. Lierman: No, if you were not there it never would have happened—but if you could bring academia, industry, and professional and patient groups together at the table, you're doing the work for everything because you're sifting and all that's left is what people agree on and you take that as an agenda to the Hill and it's an easy sell. Who runs it now?

Mr. McManus: Steve still is—Steve Ryan, and Jim Jakorski is the Executive Director.

Mr. Lierman: Steve Ryan was a terrific advocate on the Hill.

Mr. McManus: Right.

Mr. Lierman: He wasn't afraid to play the game of politics. I mean he went to fundraisers with me, he helped to create events, he testified well, and he was friendly and open and very responsive. He was very helpful.

Mr. McManus: He liked the politics. Now is there anything else that you want to add about your remembrance about the NEI and relationships with NIH as it relates to the NEI?

Mr. Lierman: I guess that I would just say that the NEI, and when I was working on the Hill it was tiny. And when I started there, Bob Cross was the part time personnel officer, for heaven's sakes, of the NEI, so it didn't even require a full time personnel director then, is to how small it was. I think from its inception. Frankly, I'll give Dr. Kupfer and Ed McManus credit for this. They created a really vibrant organization that regardless of the size, people really paid attention to it. And I think that's quite a tribute from a management and a scientific standpoint. Secondly, I think if you look at the science and the programs that came out of there, they had a not just national but international impact because of the things they did overseas as well. And it was really a terrific program and I missed the era of that.

Mr. McManus: And it's interesting that the new Director, Paul Sieving is really a clinician but also sort of a basic scientist. Although more of a clinician and Paul really likes the Eye Health Education.

Mr. Lierman: Does he really?

Mr. McManus: I think it's a very good thing to have there and it gives him a little different exposure to science.

Mr. Lierman: Well you know what's odd is that the narrow-mindedness of people like Varmus who just talked about basic research all the time? They didn't understand the politics of where the money and how the money gets there. I was one of the people who started its drive to double the NIH budget and we then did double it and it was terrific. And we accomplished that and I guess we finished it in 2002 or something like that. But part of the reason for the education programs, the outreach programs, was visibility. That to me made sense. If you just had basic researchers hunched over labs and there's no visibility and it's boring if you take a site visit of a lab, there's nothing there. But if you have the excitement of education outreach and thousands and thousands of people benefiting from these programs, the off shoot of that is visibility and visibility leads to support and support leads to more money and more money leads to more research, basic and applied. To me this was always like a real natural, but a lot of people just didn't get it like you did Ed and I was always amazed by that. So, it was very, very short-sighted.

Mr. McManus: Thank you very much Terry.

*End of Interview*