

McManus, Edward 2005

Dr. Edward McManus Oral History 2005

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Interview with Mr. Edward McManus

Interviewee: Dr. Nancy Berlage
March 12, 2005

Dr. Berlage: I wanted to ask you a couple of questions today on sort of your background and your business school background and how you felt that that actually influenced your work with NEI? How that helped or was it useful? What kinds of things you found useful.

Mr. McManus: Well, my post-graduate education was in public administration which was kind of the business school for the public sector. It's called Public Administration, that's what my degree was in.

Dr. Berlage: And that was from the University of Wisconsin?

Mr. McManus: Yes, I went back and after having worked in the Navy for several years—three years and had been at NIH for five or six years. But it was very, very useful because I had worked in the real world. It did validate whatever we did on the planning process when I returned because there wasn't something in my academic curriculum that said you shouldn't do it that way. There was something that said that you should set objectives and set goals and you should set priorities in the general planning activity but nothing, nothing about how to plan for biomedical research other than it is very difficult to plan when you have the uncertainty that pervades research.

Dr. Berlage: And what years were you at ...

Mr. McManus: 1969 and 70.

Dr. Berlage: 1969 and 70? Okay.

Mr. McManus: And so that was helpful and then I took a couple of courses on the legislative process and one of the major books that I read in that course was, *The Power of the Purse* by Fenner and it was all about the appropriations process. And so at NIH I probably at one time was the leading or one of the leading politically oriented people and one of the guys that I got for a job at NIH—and you'll see his name pop up in the NEHEP Chapter, was Terry Lierman who was then worked at the NIH but he got an assignment down on the Hill Congress. He wound up as top staff guy on the US Senate Appropriations committee. He was arguably the most powerful non-elected official on Capital Hill and that helped NIH and helped the NEI. He was sort of my protégé since I got him the job at NIH and then, just as an aside, he's the guy who was elected as the Chair of the democratic party in Maryland 2006 and he ran against Representative Connie Morella six years ago and lost, but he was the one who weakened her such that the next guy who ran against her won.

Dr. Berlage: Um-hum.

Mr. McManus: But those four years—that one year of trade school or graduate school was pretty good and it really, really helped me with the planning and legislation activity.

Dr. Berlage: And what are those sort of administrative courses would you have taken?

Mr. McManus: There were a few courses that I took over in the school of business. One of them was a management course, management of small groups. That was very useful. The management school in Wisconsin was not one of the top 10 or 20, maybe in the top 50, and their management school was tinged a little bit by a democratic management style. So they were kind of a permissive, it wasn't so much authoritarian management, it was permissive. And so this course in small groups, how you get small groups to really get things done and get the best ideas from them. So the planning process at NEI that we created and the whole NIH management structure utilized small groups of scientists to advise management right down to the peer review of research grant projects. The Cancer institute when they did their big blue print plan back in 1970 spent millions back then on consultants to help them. They took one of the top guys from NASA who was an operations research expert and put him in charge of their planning. So there was a tradition at NIH and a precedent in the Cancer planning process to work through small groups of experts to produce plans for an institute. Work through small groups, give them the authority, and try to get the most out of them.

Dr. Berlage: What about budgeting, accounting types of work?

Mr. McManus: I did take a budgeting course. That was from the professor who had been the head of the OMB for the state of Wisconsin. I was pretty good with numbers and I had done budget-related activity at NIH. I was in charge of budget in the Intramural program at the Mental Health Institute. And I was in charge of budgeting, when I was in the Division of Research Facilities and Resources with Kent Smith, I was in charge of the budget office.

Dr. Berlage: Um-hum.

Mr. McManus: So I had a lot of experience in budgeting that was further developed when I became financial management officer of the National Library of Medicine (NLM) before I went to the NEI.

Dr. Berlage: Um-hum, um-hum.

Mr. McManus: And I also did program planning ~~and~~ I was in charge of budgeting and planning at the NLM. At the NLM I took a course in management by objectives, that helped me enormously when I led the planning at NEI.

Dr. Berlage: So all this planning and notion of prioritizing and goals and objectives seems like it was really all of the rage and by 1970 filtering down from the Bureau of the Budget which led to the Program, Planning, Budgeting System (PPBS) and other management by objective based budgeting approaches.

Mr. McManus: Yes, exactly, exactly. And that was useful when you asked me to go back and get some of the history underlying PPBS and its impact on NIH. It is true that the references I was referring to were talking about the defense department more so than NIH.

Dr. Berlage: Defense. Um-hum.

Mr. McManus: There was a whole cadre of those guys in the Defense Department.

Dr. Berlage: Like Hitch and Allen Alain Enthoven from Defense.

Mr. McManus: Right, exactly. However none of the experts I was familiar with concentrated on the biomedical sciences, so we kind of made up our own recipe for planning in biomedical science. Because, if you wanted to go to the moon you could do a specific plan but not so on how to cure macular degeneration.

Dr. Berlage: Right. And MacNamara's big influence was uh, you know, the courses he took. Harvard in the 30s, well that really came out of cost analysis, etc. So how did you actually become acquainted with Dr. Kupfer?

Mr. McManus: Well, uh, I applied for the job at the Eye Institute. Gill Hill you saw the interview we did with him, he was the first Executive Officer of the NEI. And it was kind of the thing at NIH if you were 30 or younger or around there, you could get one of these competitive programs for the government that will pay people to go back to school and he went back, to get a masters degree at Princeton paid for by the government.

Dr. Berlage: Gill Hill did?

Mr. McManus: Yeah. And uh, Carl was shocked that he did that but I mean, it was, a good move and Carl supported it. He had to get a new Executive Officer though and I think Gill had only been at the NEI for two years. Gill had also been the Financial Management Officer or Deputy Executive Officer at the NLM. So Kent Smith was on the search committee for the position of Executive Officer, NEI, you know Hill's replacement. Although I'd only been Financial Management Officer at the NLM for a about two years, he urged me to apply for the NEI position. He had secured approval for the government to send me to Wisconsin for my master's degree in public administration as I had worked for him at the Division of Research Facilities and Resources. He got me into the top three for the Executive Officer position at the NEI even though I was less experienced than a lot of the people who had applied. He was the youngest Executive Office at NIH and was considered excellent. I went over for the interview and Carl was really a kind of aggressive and a go-getter. But he knew what he wanted, and there was just no question about it. And he asked me some tough questions about how I would deal with a lot of these bureaucrats and I gave him the answers he wanted to hear because I felt the same as him about the nonsense in the bureaucratic process.

Dr. Berlage: What was your sense of what he was looking for?

Mr. McManus: He wanted somebody who would get things done and not tell him you can't do it because the rules say you can't do that. He wanted to know how he could do it and still be on the right side of the rules. You know, generally, I mean you can get the job done and not break the law. I didn't really think I was going to get the job as it was the first time I had interviewed for an Executive Officer job. It's the top position you would apply for in those days so, I had nothing to lose. I gave him the answers and we hit it off. However the Head of Administration at NIH wanted to select, the Executive Officer of one of the Divisions of the Bureau of Health Manpower as the executive officer NEI which had come into NIH and then was sent out of NIH. This guy wanted to stay at NIH and he was kind of a protégé of the head for Administration at NIH who was one of the selection officials—one of the two selection officials. He told Carl he wanted that guy to have the Executive Officer job and Carl wouldn't agree. So that guy ultimately ended up at the Child Health Institute as an Executive Officer and I was selected for the NEI.

Dr. Berlage: Then you started again in 19...

Mr. McManus: '73 I think, yes.

Dr. Berlage: '73. And then you jumped right away into Program Planning?

Mr. McManus: Yes. That was interesting to go back and look at how program planning began at NEI. I don't know why we had that retreat, you know. Whether Carl wanted to have a retreat, I don't really remember. I came to the NEI in July and then September we went down to Rehoboth and all the top guys in the NEI were at the retreat and decided upon those principles of management which were kind of beginning of NEI management planning to get everybody on the same page. We agreed upon the Principles of Management to guide future NEI programs and that was excellent.

Dr. Berlage: And what was the general atmosphere like in those early years at NEI?

Mr. McManus: Everybody was pretty much together. Carl was in charge in the Intramural Program as we didn't have a Scientific Director and he was in charge and he was also Clinical Director. So he was very close to the lab chiefs. I don't think other than Biometry and Epidemiology that we had any of the Intramural lab chiefs at that retreat. It was probably good because at this retreat we were concentrating on the other 90% of the Institutes' responsibilities or the extramural grant programs.

Dr. Berlage: Um-hum.

Mr. McManus: In fact early on the Intramural really wasn't part of Program Planning which was unfortunate. We kind of folded it in later.

Dr. Berlage: But how many scientists—do you remember about how many scientists were on staff at that time, approximately?

Mr. McManus: Uh, it was probably about 80.

Dr. Berlage: 80?

Mr. McManus: Yeah, and then when we get up to you know, to 300 or so people and then ~~there~~ probably about 200 of these were scientists.

Dr. Berlage: Um-hum. What do you think was the biggest challenge you faced when you came to NEI?

Mr. McManus: The biggest challenge was the budget which had not grown much. In fact, under Gill Hill, the budget was \$50 million or something like that. Gill Hill said to me, NEI has really done very well. It started out at \$27 million which wasn't much and now they are up to \$50 million. Gill said that the budget probably wouldn't get much better than that. One of my most important jobs was to help obtain more funding for NEI so we could support more researchers. I quickly saw that and helped doubled the budget in a few years.

Dr. Berlage: And did you have a lot of interaction with the scientists?

Mr. McManus: Yes, because Carl was the Clinical Director and Scientific Director of the Institute, as well as the Director. I mean, 90% of his thoughts everyday were about science and the people coming and out of his office were the scientists. So I pretty much was responsible for day to day Intramural administration. If the intramural scientists had a problem, they would come to me and I welcomed them

Dr. Berlage: What were some of the challenges you faced there?

Mr. McManus: Space. That was always the problem. Getting more space and people. That, you'll hear and see in Carl's comments. In fact he said that in his Intramural Chapter. Renovating space and getting space was always one of our main challenges. We at one time when Don Fredrickson was the Director of NIH in the 80s, had an especially serious space problem. Usually the person who runs the space decisions at NIH is the Deputy Director for Science, the head of the Intramural Program for NIH. The Director NIH usually doesn't get much involved in allocating space. The Director, NIH is involved a little in space decisions but I know it was the Deputy Director for the Intramural Program that made all the decisions about space allocations. And so NIH, had a committee that allocated the space for the new clinical center and Carl had been on the committee. We got the worst space possible out of the committee's decisions because it wasn't the committee that made the space allocation decision but the Deputy Director for the Intramural. He decided that he was going to disregard the committee and he sent us a letter saying this is what we were allocated a really small, poorly located block of space. So we went to the Director of the NIH and got him to overturn the decision of the Head of the Intramural Program and give us really good space. That was the first time that the Director of NIH, that I remember, had made the final decisions about space at NIH. We threatened them politically and made some good arguments and who knows which worked best, but we were aggressive and they knew we were serious.

Dr. Berlage: Can you expand on what you mean by you threatened them politically?

Mr. McManus: We said we were going to get the space appropriated through the budget process.

Dr. Berlage: Okay.

Mr. McManus: My friend as I said earlier was head of the Appropriations staff in the Senate and we had gotten positions appropriated. We had a guy on the National Advisory Eye Council (NAEC) who started the Golden Eagle Club for President Reagan. It was one of these clubs where people gave \$50,000 to the presidential campaign or some big number and then have a special entrée with the president or his top staff. The guy who started that for Reagan was the head of an ocular pharmaceutical company and we got him on Council. We told this new Council member that we were desperately under staffed and could he help us. Then, the next thing we know the Director of the NIH calls Carl and said I have the Director of OMB on the other phone and he wants to give you 50 positions, but I have to take them out of the other institutes. Will you tell him that you don't need them or something like that? The Director of OMB of course had been talking to our Council member who had told him we needed the positions so, you know it's (laughter) so it's something. That kind of stuff was not done that much at NIH in those days, but is probably done more now. But we were ready to take this same aggressive action on space.

Dr. Berlage: Well connected.

Mr. McManus: Yeah. And we were willing to use it.

Dr. Berlage: Um-hum.

Mr. McManus: However if possible we didn't want to be too rough and tumble politically because of NIH. If you're a senior person at NIH you're really a part of the management team of the whole place. It's kind of a unique management structure in the government. The rest of the government is authoritarian; when the Secretary of HHS calls and wants something done he thinks that he has the power to get it done. The Director of the NIH doesn't work in that kind of authoritarian structure.

Dr. Berlage: So, it seems like NEI sort of shook things up a little bit.

Mr. McManus: Yes.

Dr. Berlage: And um...

Mr. McManus: And probably in the end we did it too much and uh...

Dr. Berlage: And why do you say that?

Mr. McManus: Well, in the end—you know, we were used to getting things done, going our own way when nothing else worked out, going with NIH when it served our purpose. The situation was changing though especially in the last several years when Harold Varmus became Director of NIH.

Dr. Berlage: That was when? Around?

Mr. McManus: Probably 1996, '98. He was looking for people to all play together and you know to get on to his agenda. There was one issue in particular that we probably could have handled better. Varmus wanted to do a brain initiative that top people in our field thought was not very good science. This was really a political initiative. However Carl and I both agreed that the best science is the best politics so we didn't participate with Varmus on this brain initiative but we probably should have. Politically it would have been the thing to do and wouldn't have cost us that much scientifically. But we were used to getting our own way.

Dr. Berlage: So what do you think was the response to NEI in the '70s and the '80s when you were shaking things up in terms of the leadership, the other NIH leadership.

Mr. McManus: Oh, very good because when we wanted that space the arguments that we put in our letter were respected and sympathized with by others at NIH. They respected those arguments and maybe the political part of it didn't matter at all.

When Bernadine Healey came in the early '90s she made Carl the temporary Deputy Director of Science for NIH which is, because Carl's main priority was with clinical research which she wanted to emphasize also. This allowed Carl to elevate clinical research in the NIH research agenda. The fact that he was generally accepted as the acting head of the intramural program at NIH reflected positively on how he was accepted as a leader at NIH. Carl was pretty well accepted in that role and did a good job. There were other ways that you could tell how you were doing by who gets the senior executive service bonuses and awards at NIH. Carl and I would get those more than most of the other institute Directors and Deputy Directors. NIH didn't have to give us those awards and bonuses. They could not do it and you'd never know why. But they usually put us up front and center in this competition.

Dr. Berlage: What about the other Institutes?

Mr. McManus: Did they get those?

Dr. Berlage: No, I mean in terms of how did they respond, how did they respond to NEI?

Mr. McManus: They would come and ask us how did you do program planning. The new Directors of Arthritis, Aging, and the Heart and Lung Institute Deputy Director came and inquired about how to conduct strategic planning and how do you do these "collaborations" with industry? How are you working with the WHO, you know they would come and seek your advice. And remember the other thing too is that NIH has a group of the top people in government not just in the OD, NIH but in the Institutes. So if you got a bonus or you got the distinguished Senior Executive Service Award, that was the vote of that broad scientific leadership at NIH, not just the administrative types in personnel.

Dr. Berlage: So what, what are the skills or qualities or characteristics that you think were most important for your success?

Mr. McManus: I think, you know, I was pretty good with numbers and analysis, so I probably would have done some kind of planning or budgeting function in my career I work pretty well with people so I was on lots of the NIH committees where interpersonal skills are important. I thrived in crisis management situations and annual appropriation cycles are replete with crisis as your budget is potentially \$0 every year because you have to justify it on an annual basis. So, being in a place in the government where there is a lot of crisis and a lot of movement and a lot of action was probably good for me because I did take some chances and was aggressive.

Dr. Berlage: You were a good manager of crisis.

Mr. McManus: Well, I think you can get away with being aggressive, if you're in that kind of a situation. Rather than if you're just in some place worrying about making a mistake. Sure I made lots of mistakes but that gets lost in the shuffle if you are taking care of a crisis. So, when I was in the Library of Medicine, even if it was an old organization the Director was a hard charger, had a reputation of bringing young people in and changed medical libraries unbelievably. I mean he did all this technology innovation with the Lister Hill Center. We had thousands of computer terminals all over the country in 1970. That was Cummings who did that and so I was a lot better off over there. He was just kind of a crazy guy, he ~~just~~ wanted things done and there was a crisis every day. And I was much better off over there than I was over at that Extramural Program of the DRFR. I had to have—be in a place where there was just a lot of action going on. Then you can do innovative things. Whereas in a lot of the government you simply can't. I would have never made it in the place where I was at when I was at the Internal Revenue for four months. I was in the Navy for 3 ½ years. One of those years was in a civilian contracting office, so I saw that. And I was in the Department of Commerce for a year, 11 months then I left. I didn't even wait for my promotion. So I would have not made it there. And Carl would have never made it in another government organization other than NIH. I think we were somewhat alike in one respect.

Dr. Berlage: So, I was just going to ask you in regards to Dr. Kupfer what attributes you think made for his success.

Mr. McManus: He was an outstanding scientist and clinician in clinical research and he was exposed to a great tradition of clinical research people who helped to give him his vision for where the Eye Institute should go. And he'll say that Dave Cogan who was the head of ophthalmology at Harvard and came here when he retired at Harvard, and gave Carl a lot of his vision for eye research. So he had tremendous vision for where eye research should go and he had great confidence in that vision. He liked new ideas and wasn't afraid of them. You run into a lot of people who are.

Dr. Berlage: Well, my experience now with Dr. Kupfer is that he's also, he seems to be very good with people and also has a keen sense of humor and...

Mr. McManus: Yes. He did a great job at that first retreat. He has an authoritarian streak but he's used to dealing with scientists and respects their ideas and knows that they know a lot more about certain areas than he does.

Dr. Berlage: Well, do you think—you just said he knows how to deal with scientists. What does that mean do you have a...

Mr. McManus: You don't tell them what to do. You know, you try to..., what did he used to say? Their job is to do the research and it's my job to make sure they have the tools to do it. Don't let the road blocks get in their way. They try to buy a piece of equipment and somebody would say we can't buy this; we have to put it out for bids. Our job was not to tell them they can't do it unless you write 50 pages to justify why you need a piece of equipment. And we would try to get two or three sentences out of them about why that piece was the only piece that could do their job. If they wanted a piece of equipment and it was the only thing that could do the job and they give you enough so that you could then put all the extra bologna need to justify their purchase request.

Dr. Berlage: And what did your sort of political activities involve at NEI?

Mr. McManus: Well, I encouraged the organization of our Community to support NEI appropriations. I'd ~~try to~~ do it in a way that wasn't lobbying because you can't lobby if you're a government employee. So, to accomplish this organizing you need to have interested people on the outside. You have that almost built in because you have a lot of people who wanted grants and they have to know about your programs. We used the Advisory Council members as the core of our outside support because they were very knowledgeable about NEI programs. The Council through its strategic planning involvement understood and had agreed upon priorities for the NEI and, as leaders of the research community, were in perfect position to be active politically. One of them in particular, Charles Schepens from the Schepens Eye Research Institute in Boston was particularly effective. I encouraged Schepens to start the Friends of Eye Research which was a group of ex-Council members. They hired a lobbyist and he, Schepens used some of his own money but faltered because of the lack of money. They were fairly effective and supplemented the RPB. The RPB had lobbyists in town and they were somewhat effective. But then I encouraged Steve Ryan to start the Alliance for Eye and Vision Research and he hired Terry Lierman to be their lobbyist. So, that's right it was pretty political (laughter). And I went from NEI after I retired to work with the Alliance on a half-time basis. Steve was trying to interact and direct the Alliance, but they needed some day to day direction and he just didn't have the time. The organization needed and I did that. After 3 ½ years I doubled the budget of the Alliance so that they would have enough money for a full time Executive Director and a full time lobbyist and then I retired from that position also.

Dr. Berlage: Well how important in that regard to you think that some of the other work that did for example like with the Lions group in terms of generating sort of a broader public support outside the Washington community and outside the ophthalmology community.

Mr. McManus: When you read the NEHEP chapter you'll see that that's part of the whole strategy. We, Carl and I, didn't want to waste a lot of resources at first doing eye health education. But there was the high blood pressure campaign which was probably the first big national NIH health campaign run by the Heart Institute and Cancer had some health education programs. These activities spent up tens of millions of dollars. We didn't want to do that because we had a budget of \$100 million or so and didn't want to spend \$5-10 million dollars of that on health education as resources were scarce. But, ~~but~~ we saw that this political game was changing from one that where one or two ophthalmologists like Maumenee who might have some patients that were Senators or Congressmen. Once Maumenee arranged a 25% increase in the budget because of one operation he performed on a Senior member of the Senate Appropriations Committee. Now in the 80s and the 90s appropriation increases were more likely to happen based on broad public recognition of the disease and broad public pressure to do something about it.

Dr. Berlage: Can you state again for me how that political game was changing, from that sort of face-to-face relationship to...

Mr. McManus: To, to more broad public input into the political process as the NIH budget received more scrutiny, got bigger, more people competing, politics became more open. It had to be more than just Mary Lasker. Mary Lasker gave every Senator and Congressman on the Appropriations Committee \$100 or something like that according to the Dave Weeks interview. Also, Jules Stein knew a few people when he headed up Universal Studios, but then it got to be a big game much broader with the National Cancer Society, the Heart Association, all these people writing thousands of letters. It became much more based on public input. Rather than Mary Lasker being the big 10,000 pound gorilla we had the Juvenile Diabetes Foundation (JDF) representing tens of thousands of people making their views known to Congress. We recognized that and changed with it. I served on the Board of Prevent Blindness America trying to make them more of a consumer advocate for the NEI similar to successful advocacy efforts run by the Juvenile Diabetes Foundation.

Dr. Berlage: And do you think that that was a positive development?

Mr. McManus: Sure much more democratic. They still struggled. I tried to get the International Lions Clubs to become advocates also and I'm still working on them. The Lions in the past did a lot to help create the NEI.

Mr. McManus: I never used the other side of the tape when the tape went off I just stopped the interview. (laughter). Anyhow the Lions wrote those 100,000 letters for Congress in support of the new NEI in 1969 and I'm trying to get them to be part of a big advocacy campaign to increase NEI funding. I'm still on their international committee and they have a new campaign to raise, we hope, a half-a-billion dollars. They're going to expand their mandate and advocacy is one of the major things I'm trying to get them to do. So I can even see them if they're successful, giving funding to Steven Ryan's Alliance that has a budget of a half-a-million now.

Dr. Berlage: I think that you just, you said that NEI is still having a little bit of trouble cultivating advocacy...

Mr. McManus: A big consumer advocacy group ...

Dr. Berlage: And why is that?

Mr. McManus: Because the blindness groups, you know if you're blind there's not much you can do to treat a patient so unlike juvenile diabetics, blindness groups are not going to search for a cure or something like that. In breast cancer support groups can advocate for better treatments. The blindness groups are more worried about Braille education items and like that. The Retinitis Pigmentation Foundation is the closest organization we have to the JDF or National Cancer Society and I have gotten them somewhat interested, however there's only a couple of hundred thousand of people with that disease. Many visually impaired people are all pretty old, and so not very active politically. I thought about starting a macular degeneration group myself just because I think it's something that would work. Breast cancer, prostate cancer and Parkinson's disease advocacy efforts have done real well. We've had some help from the Juvenile Diabetes Foundation because diabetic retinopathy is the second leading cause of new blindness but, I worked real hard with them but you know their first love is with the Diabetes Institute, which it should be. I spent a lot of time with Prevent Blindness America and it hasn't worked out well in terms of advocacy for the NEI. I realized when I retired and I was on their board that I would have had to go take the whole organization over to get them to advocate for NEI and I didn't want to do that. But I probably could have made them into something. The Lions have been of some help because we convinced them to take part in vision and blindness as their major program. Now, if we could just get them to write a lot more letters and take on more advocacies. They're pretty decent to us maybe that would work. But, you know they're doing pretty well, I just think that they could do better. And the Alliance for Eye and Vision Research has done pretty well and that's one I put a lot of my time into.

Dr. Berlage: How do you convince them? Charm?

Mr. McManus: Convince?

Dr. Berlage: How do you cultivate, convince the Alliance—a group like the Alliance for example?

Mr. McManus: Well, the Alliance is made up of people who are already interested in this problem. You just have to convince them of the pay off of working with others so that they can be more effective as a group rather than singly.

Dr. Berlage: Um-hum. Okay, I'm going to back track a bit and um, you've referred to—a lot the leadership at NEI management of NEI being basically you and Dr. Kupfer.

Mr. McManus: And Julian.

Dr. Berlage: Who else would you...?

Mr. McManus: And Julian Morris. He picked up the planning responsibilities definitely. We didn't have any staff meetings. I don't know if Carl will put that in his ruminations. But we certainly started with that first retreat where we had major policy discussions with senior staff of the NEI. We'd get together on occasions if there was really something to discuss. We wouldn't have communication meetings because we—except some of the Intramural lab chiefs—we're all on the same floor. I mean we stacked people on the same floor in Building 31 until they were coming out of the ceiling. We all had to run across each other and that was Carl's philosophy. He worked at the Howe Laboratory with Cogan in Boston. They all had to have their lunch together and being in close proximity to each other all the time. So there was a lot of collaboration in Boston and people were sharing ideas. In terms of leadership I also should assign a lot of credit in the NEHEP chapter to Judy Stein and Rosie Janiszewski because they did a great job on that program. And Julian hired them and actually ran that program in the beginning. Julian was the first staff member I think that Carl hired and was a very valuable guy and he had a fellow working with him, Terry Gillen who was excellent also. And we've always had good people in Extramural, including Bill Raub, who was Deputy Director before me. You never knew he would be the Deputy Director and Director of NIH later on. I had brought him into the NEI and had worked with him over at the Division of Research Facilities and Resources, Carl was able to attract really good staff to run the Extramural Program so everybody he had were outstanding and many went on to better jobs.

Dr. Berlage: Um-hum.

Mr. McManus: Those managers Carl and I brought in were important to a smoothly functioning management team of NEI, making sure that things ran well. Carl made sure these new managers agreed with his philosophy so that things ran well.

Dr. Berlage: Um-hum.

Mr. McManus: Bill Raub would have been the most outstanding new manager we brought in. He was a very good program planner and absolutely agreed with Carl's philosophy.

Mr. McManus: So Julian, Bill, Ron Geller who was also the head of Extramural Programs and George Brooks who was the head of Extramural when I came in 1971, were all very good managers. Dr. Jin Kinoshita deserves a lot of credit because he really did a great job in managing the Intramural. In clinical trials Rick Ferris should get a lot of credit. And Harold Kahn the first chief of OBE was very effective as was Fred Ederer, his replacement.

Dr. Berlage: Um-hum, okay. One of the things as a historian that I think about a lot is the reality of doing one's work everyday. And so I'm wondered if you could just give me a picture, you know, of what a typical day might have looked like for you. Coming to work as Executive Officer at NEI.

Mr. McManus: Well...

Dr. Berlage: What would you have, what would you...

Mr. McManus: And also I was Deputy Director.

Dr. Berlage: And Deputy Director.

Mr. McManus: Generally you would have some kind of a meeting during the day with an NIH committee or the Executive Officers who met once a week. Directors of Institutes met once a week and Deputy Directors met once a week. So, usually you would have one of those informational meetings and Carl didn't like to go for the Directors meetings because this information he really could obtain by having a reporter going to the meeting who would record info and pass it back to him. But you'd go to those meetings for an hour or two each day or you'd be on some kind of NIH committee, you know like deciding upon the SES bonuses or a search committee or on some problem that came up that needed to be dealt with by several institutes. So, you could safely say a couple of hours a day you'd be doing some NIH committee business also you would probably have some kind of crisis in the Intramural which happens a lot in research. Either they'll seek Carl out because he spent half his time over in the lab or at the clinic where he saw patients and conducted his own research. When I came in usually he would be there. He would probably start about 8:00, I'd get in by 8:30, quarter of nine and he would have been there and would generally leave about 9 to go to the clinic. Also you would always be working on a budget whether you're starting the one 18 months from now or the current one. You have the budget that you're operating under and then you have one that's working its way through Congress. So, that was the thing that I liked. I would spend an hour or two with the budget officer. We always had excellent budget officers, and I would always give it a high priority. And I would have whatever problems somebody had laid on Carl's lap with the Intramural such as getting their renovation job done or buying a piece of equipment or helping them hire somebody. There would always be something with the Intramural and that would be another hour or so. Then I'd come back and usually there'd be a lunch meeting at NIH and then at the end of the day Carl would come by and we might have a budget document or some other things that I had to discuss with him. We'd spend an hour or so going over events of the day. About one day a week we would sit down, spend about three hours on the Extramural Programs with the extramural staff. They would have a thousand grants that they were working on. They would want to take some action, give somebody some extra money, or something like that. At the beginning the meetings were right in our place in Bldg. 31 and when the Extramural Program moved over to a separate place we would hold the meetings at their location. We would go over all the decisions that they wanted to make. So Carl would be involved in all the decisions affecting grant awards and payments of grants. We had this process where we would go through all of them when they were just being reviewed. Then he would go over what the staff planned to present to the National Advisory Eye Council. They all had to be presented to Council each grant for approval. He made sure that he was there for these entire grant meetings and led the discussions. He might have spent a lot of time over in the lab but when Council met three times a year he devoted a day and a half looking at all those grants for each Council meeting. He was part of all of those other discussions I talked about with staff so he really knew the science. That was great because he handled the science at these meetings. Now I could carryout my management job and ~~te~~ get him involved in management only when he had to be.

Dr. Berlage: Um-hum. What a great way to keep your finger on the pulse of developments.

Mr. McManus: Yeah. And you know, as I said, he had a vision he followed. He didn't have to ask what you wanted, he pretty much knew how the program should be. If you didn't do what he wanted he'd challenge you, so that's how it was.

Dr. Berlage: That's interesting.

Mr. McManus: Yeah.

Dr. Berlage: So, is there anything else that you can think of that came to mind during our discussion that you'd like to bring up right now?

Mr. McManus: No, just to make sure that we bring in the other members of the team like Bill Raub, and I've already talked about Julian twice as I did it with the NEHEP ladies. I'll do an interview with Jin Kinoshita and you'll see the Rick Ferris' interview, I don't think that's been typed up yet.

Dr. Berlage: I don't think so.

Mr. McManus: Yeah, that will be important for the clinical trials piece. And you'll begin to see these other people emerge. Gill Hill gave credit to. They were all good people and did a decent job but not necessarily noteworthy including myself until we came to the NEI. Carl found us and made us better than they were.

Dr. Berlage: Um-hum.

Mr. McManus: And then the different budget officers, they were all very good.

Dr. Berlage: Just out of curiosity, did NEI people socialize together?

Mr. McManus: Some of the Intramural folks did, and Carl certainly did. Carl tried to socialize some especially with the Intramural people. But other than that, not really. I lived 20 miles away from NIH, so I didn't. It was a big thing for me to commit to so my wife and I did not. But we did once in a while with Carl especially with international groups. That's about it.

Dr. Berlage: Okay.

End of Transcript