

**Bertram S. Brown, Oral History Interview—JFK#2, 1/29/1969**  
Administrative Information

**Creator:** Bertram S. Brown  
**Interviewer:** William McHugh  
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**Biographical Note**

Brown was a staff psychiatrist at the Mental Health Study Center, (1960-1961); special assistant to the President (1961-1963); chief of the Community Mental Health Facilities Branch (1964-1966), associate director of the Mental Health Service Program (1966), and deputy director (1967-1970), at the National Institute of Mental Health; and special assistant to the President on Mental Retardation (1962-1966). In this interview he discusses the President's Panel on Mental Retardation, including its formation, competing interests, and the various interest groups represented by the members of the Panel, among other issues.

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Bertram S. Brown—JFK#2

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Second of Two Oral History Interviews

with

Bertram S. Brown

Washington, D.C.  
January 29, 1969

By William McHugh

For the John F. Kennedy Library

BROWN: I was terribly honest. You know, Sarge [R. Sargent Shriver, Jr.] and I are good friends, if you know that I mean. We still have a personal relationship. I get a note from him and I was excited when I heard he was the US Ambassador. And in the sort of travail of a close relationship I just stood up to him—and I said on page 2 to see how wide a sociological, anthropological and so forth—it wasn't. I haven't changed my opinion one iota ten years later. He was a humanist and a dedicated guy. I still admire him very deeply.

McHUGH: Let me be sure of one thing before we begin here. [Interruption] This is an interview with Dr. Bertram Brown. The interview is taking place in Dr. Brown's office at 5454 Wisconsin Avenue on January the 29th. Doctor, you mentioned that in your speaking around the country you referred to *Action for Mental Health*, the report of your commission here. I was curious as to why that commission did not consider mental retardation. Was there a particular reason for that?

BROWN: Yes, in fact, one of the chores that I did for the commission—at least during that June, July, August preparatory period before the President's [John F. Kennedy] news conference, which was in October sometime—I was sort of given the chore to track down why the Joint Commission on Mental Illness or

Health, as it was called (the Mental Health Study Act of '55, which is another name for *Action for Mental*

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*Health*, which was the final report of that Commission back to the Congress), did not include mental retardation. My sources of information to track this down were several. I guess I did a little bit of firsthand historical research. I called Jack Ewalt [Jack R. Ewalt], who had been the executive director or study director of the Joint Commission. At least he was from 1956 to the final thing in '61. But he wasn't the executive director the first year. He told me this story about the first director of the *Action for Mental Health* having killed his wife and committed suicide or some such thing, which I eventually wrote up for a memo.

Also, in the very early days of the Joint Commission of the Mental Health Study Act, '55, the issue of whether mental retardation would be taken up as one of the topics was discussed in the early policy formulation. It was decided that it would not be part of the Joint Commission's effort but be taken up through another major route, that is, the National Institute of Mental Health [NIMH] grant to the American Association on Mental Deficiency [AAMD], which Leonard Duhl [Leonard J. Duhl] played a big role in. So Lennie Duhl is quite knowledgeable.

So there was: (a) the policy decision not to include it; (b) the mechanism of NIMH's AAMD grant, the Technical Project on Mental Retardation or some such name. But what happened is, because of the first flap around the first executive director and whatever happened to him, the liaison never took place between these two efforts.

McHUGH: I see, I see. Now when Dr. Travell [Janet G. Travell] first contacted you and asked you to take the position as executive secretary, she indicated it would be a week to ten days that you'd be working in that job, although I don't think your position was defined at that time. What did you first find out that it might be taking longer, perhaps considerably longer?

BROWN: I don't know the answer [to] when I found out it would be longer. I do know that over the next week or two or three—and I'd have to review my diary notes, which I haven't—the key person I worked with was Dick Masland [Richard Masland], who I'm sure is a very critical person in terms of the history of this thing. It became clear that she just was uninformed or misinformed or partially informed, that clearly it was a job of three months or six months or a year or some indefinite period like that. So within the first week or two afterwards, I realized that was just incidental and inaccurate information.

McHUGH: I see. When she talked to you apparently it was very unclear as to just what you would be doing. At whose behest was she contacting you?

BROWN: My feeling is that she was contacting me on the behest of Sarge Shriver, to be very accurate. However, she was calling from the Palm Springs White

House, which I think you can check whether the President was there, and I do have the feeling that she had discussed me with President Kennedy.

McHUGH: You were told that not much had been accomplished thus far and that they wanted you to get something done, let's say. Now, was the responsibility for

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getting things done, so to speak, primarily that of Wilbur Cohen [Wilbur J. Cohen], at that time, or whose responsibility was that?

BROWN: Oh. It was quite clear that Sarge Shriver was carrying the ball on behalf of his wife, Eunice [Eunice Kennedy Shriver], who had full power, so to speak, delegated from the President, and that all the others, as far as I could see, such as Wilbur Cohen, Dick Masland, George Tarjan, Bert Brown were ancillary to Sarge Shriver who, you know, as everybody knows, then as well as now, was a get-it-done sort of guy.

McHUGH: What was the reason that you discovered that nothing much had happened up to that point? Well, what was the situation when you arrived, do you recall?

BROWN: Yes. The situation was the typical situation where all sorts of high level people are contributing, you know, their sharpest thinking for an hour or two and then forgetting about it and nobody was carrying the ball full time. It was just the lack of a consistent, integrative leadership. Dick Masland had been involved; Len Duhal had been involved. I think George Tarjan had been involved and maybe several others who Sarge was calling up for this, that, and the other thing. But in terms of—for example, the task that took, you know, the next month or two was getting out this charge to the panel, which I think is in the back of that final report. That was the first opus and that was, (a) a review of the field, and, (b) you know, the charge to the panel. Many, many drafts were gone through but it needed somebody to, you know, to keep all the drafts going and get the consultants, etc.

McHUGH: Did your duties overlap with Rick Heber's [Rick F. Heber] at all at this time or what...?

BROWN: Not at all.

McHUGH: What was your relationship to him?

BROWN: My relationship is not very clear in my memory. I remember at some point in the early period, when it was quite clear that there was going to be a

panel, that I needed a research director and that I had heard of Rick Heber. He was recommended by Masland, if I'm not mistaken, and Eunice Shriver, so that I invited him in, so to speak, to be the research director. That's the way I remember it, at least at this time.

McHUGH: And you had a problem with his salary. How did you finally solve that problem? You know, you weren't sure you'd be able to meet the salary that he was earning at where he was teaching. Do you know?

BROWN: Oh. There were a lot of minor little administrative problems, like paying people adequate salary and who was going to pay, but in the end when it

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became clear that this was a presidential thing for real, not just a minor family thing, the money finally was gotten, if I'm not mistaken, 150 grand from NIMH and 150 grand from NINDB [National Institute of Neurological Diseases and Blindness]. I've dozens of these experiences since then where the money is co-opted and taken into a special pot and we're able to solve those problems. I don't remember the details but they're solvable problems once it's clear that the game is a go.

McHUGH: I see. Did it seem, generally, that the people involved at first felt that this was just a family thing and were not particularly serious about it or how would you describe the situation?

BROWN: Well, what I described, is that people ranged in their reaction from the—your question is so general that it's difficult to answer. There were those people, say in the National Association for Retarded Children—the Elizabeth Boggs [Elizabeth M. Boggs] type, the Johanne Dybwad type—who, whether or not it was family, the world's most important opportunity had arrived, the sun had come out, mental retardation's day in the rainbow was about to arrive. The fact that it happened to be a family thing was as natural as apple pie because that's what the whole National Association for Retarded Children is about. There were those people who were rather supercilious and nasty about it all—because all this was a hobby of Eunice's and not to be paid too serious attention, on the other hand you can't offend the President—and showed sort of what I would call passive resistance, or not too much interest.

And then there was a third group, which, I think.... Sarge Shriver and Mike Feldman [Myer Feldman]—who was the one I really started to relate to—wanted, namely, the “best brains,” and they didn't know what mental retardation was all about. Here you were dealing with basically people who were to be educated or informed about the whole problem of mental retardation. Is that too global an answer for your purposes?

McHUGH: No, that's a good answer. This was not a department particularly where there was this resistance or that was resisting this on the basis that it was

just of family significance. Were there any particularly important individuals who were....

BROWN: I think there were but I can't remember them at the moment.

McHUGH: Sure, I understand. Now, when you took this job, first you sought Dr. Felix's [Robert H. Felix] advice on it. Why did you happen to ask him whether you should take it?

BROWN: Well, Dr. Felix was my boss and my hero and the authority figure and the director of NIMH, and I was a raw recruit in the commission corps, as far down in the ranks as you can go, the lowest possible level. On the other hand, you don't get calls from the White House too often so he was the natural one to go to at the top. I've often used this now in my teaching experience. The fact that I wasn't sure whether to respond formally, so to speak—namely, this is like an order from your

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Commander in Chief and you've got no choice about it—or whether it would be taken away from me because it was so important that Felix would start handling it. Why did I go to him? Because he was the obvious top brass in my organization where I worked.

McHUGH: I see. Some people felt that as the thing went on that NIMH wasn't making a contribution and even subsequently didn't make this contribution to the work of the panel, and so forth, that it might have made. Were you aware of that criticism or...?

BROWN: Yes. That criticism existed before the panel was formed, during that time the panel was being formed, and through the ten years subsequent. It has some validity, but basically it's the hostility of the mental retardation movement to psychiatry and NIMH that's involved here. You will find those people who were vigorously and knowledgeably appreciative of the fact that it was NIMH that funded the American Association on Mental Deficiency, and it was NIMH that funded Len Duhl and Bert Brown, etc. There were those people who, no matter how much NIMH has done, it couldn't do enough. So, sure, that particular thing is almost a generic aspect of the parochialism of the mental retardation field. Now that's not to say there isn't some validity to it but it was at least, to a great measure, unjustified.

McHUGH: In what respect did you think it had validity?

BROWN: Oh, it had validity that NIMH is a representative field that should have been deeply involved in mental retardation and was only modestly involved in mental retardation; just like pediatricians who should have been deeply involved in mental retardation were only modestly involved, and neurologists, orthopedists, general practitioners, educators, etc. So that psychiatrist in health who might

have showed vital interest in all dimensions of retardation, you know, there were only a few individuals who were interested in some.

McHUGH: Well, was this, say, a function of the low prestige value of work in—or at least assumed low prestige value of work—in mental retardation or were there other....

BROWN: Well, you're asking a very deep question and I can only refer you practically to my textbook article which discusses this in some way.

McHUGH: Oh, is that so?

BROWN: It has to do with, sure, the fact that mental retardation was an unattractive, low prestige, hopeless field and—so that it wasn't as exciting as either schizophrenia or other things. And this was the big impact of the President's panel: to raise its prestige and its interest. Now with change in administrations through Johnson [Lyndon B. Johnson] and now Nixon [Richard M. Nixon], its prestige is sort of going down a bit and the mental retardation field is in trouble again.

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McHUGH: Is that so? I assume that an extension of the rift that seemed to develop between NIMH and the panel was, well, there was a feeling that perhaps the mental retardation people didn't want mental health people to get on their bandwagon. Is that a fair statement?

BROWN: Well, I don't know how much of the history you know, which is a sort of a silly thing for me to say, and it's a little hazy in my mind, but I know there was high drama in my relationship—which was namely that I quit in December. I walked out because when Leonard Mayo [Leonard W. Mayo] was chosen as chairman he went through this period of deciding who the executive director was going to be. I had worked on the panel through June, July, August, September—October was the news conference—then there was the first meeting, I guess, at the White House, sometime around that time, and a second meeting in December at the Justice Department in Bobby Kennedy's [Robert F. Kennedy] office etc. It was quite clear—by which time I had gathered a small staff, namely Rick Heber and Betty Willis and a few others. It was quite clear that Mayo was not going to offer me the executive directorship at that point. He went through all sorts of contortions to offer me an associate assistant executive directorship or this, that, and the other thing. He was under such constraints not to offer me the executive directorship when I was so obviously qualified and dedicated. I'm sure it had to do with hostility to mental health, hostility to NIMH, hostility to psychiatry, and political sensitivity on his part.

McHUGH: Do you feel that this reflected any feeling of Shriver's at all at that point?

BROWN: Oh, yes. I feel that the tension between Sarge and I must have been

building up at that time and since I didn't act like a flunky toeing the line at each request, but rather with some integrity and strength, I'm sure I must have irritated him, although I can't quite tell you how or why. But these are the early tests of soul where I remember not particularly being placating or passive but rather acting like a strong person, which was unpalatable.

McHUGH: I think that's interesting because I think generally speaking, Mayo is regarded as sympathetic to both sides of the question.

BROWN: He was. He was a wonderful guy that way.

McHUGH: But when it came down to this particular brass tacks issue, he went the other way apparently. This brings something else to mind, and that is the question of the balance of the panel as it was finally constituted. Were you satisfied with the balance that was achieved, as between behavioral and biological sciences?

BROWN: I don't remember being particularly dissatisfied. What I do remember about the process is that it started out with a rather exciting mandate, "from the President,"—by which I mean I don't know whether that was Eunice or who else—to get the best brains. That's how people like—what's the name of the Nobel Prize

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virologist?—Wendell Stanley [Wendell M. Stanley] and people of this ilk. It was quite clear to me that this getting of the best brains of this sort, the hard science, neurophysiology, genetic types—Magoun [Horace W. Magoun] comes to mind, was a somewhat symbolic and naïve approach of Shriver wanting to add the Nobel Prize luster and prestige to a problem that was more importantly, educationally, cultural, poverty, familial, anthropological, sociological, child-rearing, child care, and nature. I knew my facts but he knew what he wanted. So I was tolerated. But sure enough, Wendell Stanley and Magoun and all the others contributed very little indeed to the panel and have shown very little interest in mental retardation, whereas getting, you know, excellent psychiatrists on it or excellent sociologists and behavioral scientists and the very best brains in behavioral science was not adequately done.

McHUGH: Was the problem of a relatively smaller number of behavioral scientists, or the availability or visibility of these people operative here to any great extent, do you feel?

BROWN: Well, I don't really know. What I do know that happened, just to finish this point up about the "best brains." We were going to only have twelve and I think it ended up with twenty-seven or something like that. I don't remember how many were on the final panel. You must have the list somewhere.

McHUGH: I do. I have it right here.

BROWN: I'm just sort of curious. But I do know that in the end we felt that we had to have a representative of each of the special interest groups. So it ended up getting all the vocational people, special ed. people, etc., etc. There is a very humorous anecdote after all the panel was selected, it was obvious that one needed a Negro.

McHUGH: Was there much discussion around having a Negro? I think there were some people suggested but nothing was done.

BROWN: Well, it was done sort of more on a private thing: Wilbur Cohen and myself and Shriver and Ted Sorensen [Theodore C. Sorensen]—not Ted Sorensen—Shriver and George Tarjan. But I was assigned the job to find a Negro woman from the South.

McHUGH: And they specified you should find a woman... [Interruption]

BROWN: And we found this speech therapist who was not one of the specialists who had been picked to that date. And I remember the great pride when we came up with this lady, Irene Wright, who was a Negro woman, I think—oh is it Albany, Georgia or something like that?

McHUGH: Now, some people have also expressed the view—I guess it's implicit in the remarks you've made—that there were not a sufficient number of people

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from the field of education on the panel.

BROWN: Looking at the size of the panel, you can decide there's not a sufficient number from any one of the fields. The point is that the fields are all represented in the end, and that was the nature of the process. So I think that you're going to go around and find that the educators feel that education wasn't representative enough, the behavioral scientists that behavioral science wasn't representative. Each of the fields is going to tell you that they weren't representative enough, which is because mental retardation cuts across everything from biology to anthropology. That was a darn broad panel even as you look at it.

McHUGH: Yes, You mentioned this tendency for Shriver to be perhaps anti-psychiatry. Was this anti-Freudianism in particular? Did you get to a point where you ever discussed that with anyone who could.... Or was psychiatry identified with Freud [Sigmund Freud] particularly? Did you have that impression?

BROWN: No. The prejudice against psychiatry was multifaceted and no simple thing. It involved everything from the fact that psychiatry had the responsibility for the mental defective and hadn't done much with it, sort of a to b. A lot of the people who had retarded kids had the experience of getting a psychiatrist and not getting much help or getting sort of the wrong kind of help; down to the general fear and suspicion of psychiatry in general. You know, it's sort of saying like if it's anti-Semitic, what aspects of Jewishness weren't liked. Well, it's a pretty complex thing, and there was no one aspect. It wasn't certainly simply anti-Freudianism, because that's a too simplistic way of describing it.

McHUGH: No. There was some mention that specific individuals were anti-Freudian. I thought perhaps that there may have been some view expressed on that, but I don't want to make too much out of it. Supposedly Mrs. Shriver at one point expressed the view that mental health people in the States had suppressed mental retardation programs. Are you aware of any such view particularly?

BROWN: Yeah. It's part of this same theme that we're sort of pursuing through different facets. There was a general feeling, which exists to date, that mental retardation had been mapped around, suppressed, inadequately supported, ill understood, unappreciated, etc. This was held by Mrs. Shriver, Sarge Shriver, and other people in the retardation field. Ergo, the departments of mental health in most of the states have been the ones who had the responsibility for the retarded institutions. Therefore—excuse me. [Interruption] So, therefore, the departments of mental health had selected retardation. Once you catch on to the general prejudice against psychiatry and mental health all these questions of the sort you're asking are sort of obvious variants on the theme.

McHUGH: I see. But when you speak of the prejudice, this particular prejudice now, you're referring to Sargent Shriver and perhaps Myer Feldman?

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BROWN: I think Mike Feldman had a much more intelligent laymen balanced view about it. He became, for example, quite fond of George Tarjan. If there's any critical figure, I think it's George Tarjan, who after all was a psychiatrist and very close to Eunice, you know, sort of a supportive father figure and well respected, clearly dedicated to mental retardation. And it was hard to balance one's anti-psychiatric views against George Tarjan's role in retardation. Well, George and Mike Feldman became friendly. Mike Feldman and I became friendly. So I don't think he had any particular prejudice. But he had the job of representing the President, and therefore he had to balance off the Brown's, Tarjan's, and Felix's in the mental health field against Sarge and Eunice in mental retardation. He was doing the political task as opposed to what his personal views were.

McHUGH: Was there any particular feeling about Tarjan that he was representative of an older, large type institution, or was this a problem at all?

BROWN: Well, some of the retardation people felt that George, as the superintendent at Pacific State Colony, you know, didn't represent perhaps the most advanced educational community approach. I would say yes, but it doesn't ring any particularly big bells with me. You see, if you speak to any one person on this panel, you will find him saying things that are either professionally or personally critical—not that they may not still respect them as people. But Ed Davens [Edward Davens] will talk about somebody else that wasn't public health minded enough because Daven's field is public health. And the community education or Special Ed guy will feel that Tarjan was too medical and psychiatric and biological. And Tarjan will feel that the education guys don't realize the role of biology and genetics. The complexity of the field is such that every one person, say on the panel, will feel the other one is quite limited in his view.

McHUGH: I see. I think you yourself mentioned that you supported Dean Miller [C. Arden Miller] as a choice because of his importance in medical education. Do you have any recollection about that or how your....

BROWN: Dean Miller?

McHUGH: Yes. I think at one point.... And then I forget which school.... Well, this was when the panel was being chosen. I think you were.... It's mentioned in there. If I could find this it might help a little bit. It was at the large meeting you had at Sargent Shriver's. I think the first one, at the Peace Corps.

BROWN: Yes. I remember the meeting and the setting because his office was empty and it was sort of colorful there. He had just come back from Nigeria or something like that.

McHUGH: Well, I thought it was the first day. Well, it's perhaps not terribly important. I believe you wanted him chosen as a person who could have some

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influence in indicating the importance of mental retardation in medical education.

BROWN: Oh, when Dean Miller was discussed I made some of my first remarks pointing out the medical profession for its weakness in medical retardation. Now I wasn't supporting.... Obviously, the way it reads here, on page four of the thing, I just gave my spiel about, you know, my personal background, which I think I had mentioned: namely, that in medical school at Cornell when I wrote that paper on mental retardation, that I couldn't even get anything in the Cornell medical library and had to go to the Academy of Medicine. So I wasn't supporting Miller so much as

supporting the fact that the education of medical students in mental retardation was incredibly, grossly deficient. That's the point.

McHUGH: Okay, very good. If you see any other items that you wanted to comment on that first day, you might.

BROWN: Well, let me just flip through it. You see, as I look at it, I see that much work had been done by Masland, and Duhl, and Goldstein [Murray Goldstein], you know, in terms of, obviously preliminary contacts about lists of names of people. Goldstein's still around, and I think, is he is still associate director of the Neurology Institute [National Institute of neurological Disease and Blindness].

McHUGH: They worked on a draft. What draft was that?

BROWN: I think these were early drafts. All these things were early drafts of what ended up as the charge to the panel. And these charges to the panel—and there were dozens of them. I think I have a briefcase full of them in some form somewhere around in my.... Arranged from almost the same sort of thing as the final panel report—you know, reviews of the state of the art of the field—to what the charges to the panel would be. That's what the drafts were. Let me ask you, have you interviewed Len Duhl?

McHUGH: No, we haven't.

BROWN: Certainly he'd be one of the more interesting ones in terms of the genesis and the 1955 issue.

McHUGH: Yes. We hope to be able to interview him.

BROWN: One of the things that comes to mind that's quite interesting that I don't know the relationship, and I wonder about it till this day, is that Wilbur Cohen's role on that child task force for President Kennedy is sort of a background and backdrop to this whole effort. Namely, the proposal for the National Institute for Child Health and Human Development, which eventually came into being, had been thought of even at this time. And here the relationship of mental retardation to

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the whole issue of child health and pediatrics was a theme that was part of the Kennedy task force lead by Wilbur Cohen. Ten years later it's still unresolved—these issues.

McHUGH: There was some resistance to that institute, I believe, on the part of Dr. Shannon [James A. Shannon].

BROWN: Yeah. See, here we have an NIH getup with a vertical setup: Neurology,

Cancer [National Cancer Institute], Heart [National Heart Institute], and along comes Child Health which has elements in every one of the institutes. There's Child Health aspects in Heart, Neurology, Cancer. And it's a hundred and eighty degrees, as they say, at a different cut. It makes no sense, in this sense, so Shannon and Felix and Masland and all the rest of them were sort of against it. And the people who were really backing it were those who felt that (a) children and (b) such topics as mental retardation, weren't getting a fair shake.

McHUGH: How was that finally resolved though? I mean, who was instrumental in resolving that?

BROWN: The National Institute of Child Health and Human Development? I think Wilbur Cohen and Mike Feldman and Ted Sorensen I think. In other words, the administration leadership per se, and their people who work with Congress, finally prevailed over Shannon. I remember sitting many a time in the next year or two and getting these intimate insights in Mike Feldman's office, which have now tragically come to pass, which essentially said—I'm paraphrasing now, not quoting, but it captures the feeling. Mike would say, "Bert, someday the executive is going to take control over NIH." Of course, you see, from 1950 to 1960, this fantastic growth era, there was the golden age of Fogarty [John E. Fogarty] and Hill [Lister Hill]. Congress ran the show during they sleepy Eisenhower [Dwight D. Eisenhower] years. And it was quite a job for Sorensen, Feldman, Ribicoff [Abraham A. Ribicoff], the Secretary of HEW [Department of Health, Education, and Welfare], and others to take actual control of NIH, because the President's budget was the least important item since it was Congress that really increased and changed the budget. This began to involve things like Jerry Wiesner [Jerome B. Wiesner] and the Office of Science and Technology. Well, eventually the Executive indeed did take charge over the NIH and its growth slowed down and now at the present time has stopped.

McHUGH: Well I imagine there's a lot....

BROWN: If my passion shows through, you'll have to excuse it.

McHUGH: That's quite all right.

BROWN: In fact, it's regressed this year under the current President.

McHUGH: One of your jobs early was to develop and promote social science people. What kind of success.... Were you satisfied with your success at that?

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BROWN: I wasn't satisfied with my success, but that was in part because I knew what I wanted symbolically or ideologically speaking, but I didn't know the people well enough at the time. So I was like a man with a mission but without the men to plug into the mission. That is, I knew I wanted behavioral and social

sciences, but I didn't know the names of the critical sociologists or psychologists. I was dependent on others.

McHUGH: I see. Who in particular were you dependent on?

BROWN: I think Len Duhl at the time and then turning to Felix and others.

McHUGH: You mentioned at one point that on the first day that you prepared a draft with Masland which would be used by Mike Feldman as a screening device. What were you referring to? Was that to limit the number of people that would be on the panel?

BROWN: Do you remember where I refer that?

McHUGH: I only know that it's in the first day somewhere. Let's see.

BROWN: Unless it's on page seven where we referred to the draft. And I think it was quite clear that a working piece of paper was needed and that that working piece of paper would have, you know, what areas are to be covered and the types of people that one would want on it. And that's the only thing I see here.

That first day, as I look at it, it's only three typed.... It certainly has.... You know, almost each sentence is pregnant now with things that happened later. Like for instance eventually Mr. Rosenberg [Bernard Rosenberg] was mentioned on the first day, and shows up four years later on the President's Committee on the Employment of the Handicapped. He basically had some New York Democratic contacts, so sooner or later Wilbur Cohen was going to get him on some committee. He was quite a nice guy in the end, but I think the difference between Mike Feldman's high standards and Wilbur Cohen's political pragmatism are evident right here. Mike Feldman was really acting for the President in that even though he might have to have a broad number of representatives, he really wanted very outstanding people. Whereas, Cohen's approach obviously was more, "You need a layman. Let's get the layman who we owe the most to," or, you know, the best patronage guy. It was sort of intriguing.

McHUGH: That item that I was referring to is on page four in the second—end of the first paragraph here on that first day.

BROWN: Oh. I don't think I meant anything more than that the draft would be a helpful piece of paper to put things together with, rather than a vague, amorphous discussion.

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McHUGH: Oh, all right. I see. I thought.... I understand. I thought perhaps that it would be used to limit the number of people in the meeting.

BROWN: No, I don't think so.

McHUGH: You mentioned clearing certain matters that Mike Feldman thought that all that would be necessary would be, he could call in the Surgeon General and the thing would be taken care of. What was the Surgeon General's role generally in this?

BROWN: I guess that was Luther Terry [Luther L. Terry] at the time. Terry's role was a passive, cooperative one. At the early days he was neither helpful nor harmful, you know.

McHUGH: You worked much more with Dr. Hundley [James M. Hundley], I think, was the assistant, one of the Assistant Surgeon Generals.

BROWN: Right. Assistant Surgeon General for plans at the time. I recall at a later point at a great big conference we had at Airlie House at some point that the Surgeon General spoke up for NIMH as opposed to the mental health point of view, getting Eunice quite upset, if I can remember.

McHUGH: One of the things that was an issue early on, which you mentioned, was Sargent Shriver's desire for a "moonshot" type of effort. I was just curious whether the resistance to this was very deep. When he visualized a "moonshot" type effort was he referring to more than—apparently he was referring to more than pulling existing materials together. Is that your impression?

BROWN: Yeah. I think I understand Sarge's thinking at the time, and it has to do with a particular view of mental retardation. It's a little bit like one's view of fever: namely, if you really have a sort of a deep feeling about fever, that it's caused by infectious agents and that somehow you could by a five year effort capture the nature of infectious agents and get the universal antibiotic and the universal vaccine, you sort of feel in your guts that a moonshot'll do it. If you feel about mental retardation that it's something organically, biochemically, genetically has gone wrong with the brain and if you really get at it you'll find the universal biological answer and stop most of mental retardation. This is what Sarge Shriver had in mind. On the other hand, if you feel that fever might be a manifestation of two thousand different ideological agents tied with two thousand different bodily systems, and as soon as you figure out one type of fever a new type of fever is going to show up, and there's fever from cancer as well as from pneumonia, the idea of a moonshot for fever is stupid. My feeling about retardation—Sarge and I still differ here—is that retardation is like fever. It's caused by God knows how many different ideologies and God knows how many different combinations, varying from poverty, malnutrition, hunger, genetics, pediatrics, etc. So the resistance of

moonshot from my type of person came from the sort of feeling that there was a very narrow grasp of the nature of retardation on the part of Sarge Shriver.

McHUGH: And Lederberg [Joshua Lederberg]. did he quit over this issue? I know that this was something he disagreed strongly on, but that anything could be accomplished by any such target-oriented research.

BROWN: Well, Josh and I... Josh is now on our national Advisory Mental Health Council, and so I got to know him at that time. No, Josh, I think, disagreed only in the sense that he had a particular view about the research process, or the nature of research: that research itself can't be targeted this way; that new knowledge is an infinite complexity that comes in the erudite, sophisticated, and applied ways; and that the answers to retardation would come from a whole host—that there was no such thing as programming science. I don't remember him quitting. I remember him being coerced to join the panel. That I remember.

McHUGH: Well, he quit or came very close to it. I had the impression that he actually left but that may be incorrect.

BROWN: Well, he never took his name off. So I don't know if he actually left. And even if he didn't show up at the meetings....

McHUGH: I thought that you had commented in here that he'd left to the great disappointment of Shriver, and that he expressed a lot of disappointment. Well, enough of that. Now one of the decisions that was made was to combine in the final report the findings in both biological research and then behavioral sciences. Was there any particular reason for doing that? I mean, could that have been done differently? Could they have been done separately, or...?

BROWN: What, combining biological and.... Repeat your question.

McHUGH: They decided to combine the findings of both behavioral science and biological science in the report rather than, say, issuing separate reports. And apparently there were a lot of disagreements on certain recommendations depending on which point of view you represented.

BROWN: Well, I think there should have been one final report rather than separate reports. That's all. It doesn't bother me. I mean, I can't answer that because I think it was natural for there to be one report. I think there was some subjugation of the behavioral to the biological, but I guess that was my theme all along.

McHUGH: One of the problems that to a certain extent—some people found Dr. Cooke [Robert E. Cooke] a controversial person to work with. There was some concern about I think what was called his "grantsmanship." What was that? What did that refer to?

BROWN: Well, I'm not sure. Cooke was, of course, a controversial person because he was so terribly close to the Shrivvers, so terribly close to the Kennedy Foundation, so terribly authoritarian and autocratic in his manner. So he not only had his opinions, but he was also close to the throne. And when you have people of the ilk of H.W. Magoun and Wendell Stanley and others who feel they're just as distinguished a scientist, or physician, or educator, as he is, it's difficult to work with him. He also had gotten many grants from the Foundation and then eventually from the government, for Johns Hopkins, so that there obviously was a self-seeking imagine in it.

McHUGH: What was your own impression of the work that the Foundation had been doing? You mentioned that they gave you all of their records, records of the Foundation. Were there any particular surprises in that, do you remember?

BROWN: No. I found the Foundation had done prior to the mid-1950's (1956-1957) mostly custodial charity giving of the most undistinguished sort, though maybe badly needed, and after that had, you know, supported this, that, and the other research effort mostly by how effective the personalities were in it, rather than in how effective the research effort was. So it was a typical family foundation.

McHUGH: You mentioned the closeness of Dr. Cooke and the problems of his authoritativeness. In what way was that evident, that he was authoritarian?

BROWN: Well, just his manner and his style, which is to come out with pronouncements in committee or group meetings, which at times would be difficult or grating or irritating to, say, behavioral social scientists, or psychiatrists. He wasn't above anti-mental health, anti-psychiatric innuendos, or anti-behavioral science innuendos. Of course, he had two retarded children at home, so there was a deep emotional involvement.

McHUGH: You also mentioned the, well you mentioned that...

BROWN: Let me ask you a question. I realize that the exercise we're in is exploring—you know, oral history, getting as close to the facts and the experience and the nature and some judgment and perspective, and things balance off. But in participating in this exercise brings to mind a friend of Stewart's [John F. Stewart], who you ought to meet, Dave Musto [David Musto], who's a psychiatrist and an historian, you know, the chap we have on our staff, for it seems to me the thing that Dave had done by being an historian and a psychiatrist—and it's terribly important to the field of history—is to point out that many of the things that happen in an historical exercise have to do with the psychodynamics and personalities of the people as opposed to the substance. So that when you really.... The true answer to your thing, and I'm not sure how comfortable I

can be in expressing it, has to do with a psychiatric perspective on Bob Cooke that would illuminate more about this panel than all the discussions about pediatrics and psychiatry, etc. Again this is a matter of sort of delicacy and ethics. The dynamics of him having two retarded children lead to such things as being a real fighter for genetic counseling. You

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would maybe study this thing from now to doomsday, and until you knew about his problem with his kids, you wouldn't understand the genetic counseling issue. On the other hand, his relationship to power, which is also another psychodynamic issue, has to do with why he was so irritating to the other who also.... Well, all I'm saying is that as a psychiatrist interested in history, it's hard not to answer on this most intimate level, and how appropriate is it? That was a long question.

McHUGH: Yes. I know this is a problem. You mentioned interestingly the issue of genetic counseling. I'm not trying to avoid your question. I don't know, I don't think there is a simple answer. As you say, it's an ethical problem.

BROWN: But it's also a historical scholarship problem. In other words, here you are interviewing a psychiatrist whose thoughts about this.... I mean, if you would interview many of my friends—and all of these people are still my colleagues and friends, Dr. Heber—you might get some psychological things but they wouldn't be predominantly thinking in terms of psychodynamics. So unless your question is a specific one about a fact or what happened or what the discussion was.... That's one thing, but you ask me in what way was Bob Cooke authoritarian, the nature of the answer flows out....

McHUGH: Oh, I thought in a particular instance that something happened.

BROWN: No. Well, that may be a lack of—not rapport exactly because I think that's good—of communication.

McHUGH: You mentioned that you felt that Eunice represented her brother and also her father [Joseph P. Kennedy, Sr.]. I was wondering, was there any way in particular that.... You mentioned him as the power behind it all. Now was there any way that that was particularly evident to you, do you recall? His influence or his interest?

BROWN: The father's interest? Oh, these are more intimate anecdotes that I really heard secondhand or firsthand from George Tarjan, and you'd get those anecdotes better from George than you would from me.

McHUGH: Did you feel that the people were well chosen for the particular task forces that they were on?

BROWN: Yes, I thought.... I had no strong feelings about that. If you'll remember now—and I don't know how much you have—since I left in December, and I wasn't called back until the following June, I guess it was or something like that, I was out of that six or seven months. I had very peripheral contact. Of course, you can say I was either fired, or I quit, or I left, or I left because Mayo took on both jobs as both chairman and executive director. I wasn't involved so much during that task force period. I was involved mostly in that last lap of rewriting the report they submitted.

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McHUGH: Do you have any reflections as to why he took both jobs particularly?

BROWN: He was unable to find an executive director who bridged all the philosophical, technical, ideological, and substantive issues. Ergo, the same issue that I discussed in the first few days of how to find a chairman, and Mayo emerged as the chairman, was the same social group dynamics that emerged from him as the executive director, taking both jobs. If you took a pediatrician type, that wouldn't do; if you took a Rick Heber type, that wouldn't do; if you took a Bert Brown.... So that's why he took it—because they were unable to find the person who would meet everybody's needs. And he was unable to resolve the issue. [Interruption]

[END OF INTERVIEW #2]

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