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Phil -

The Florence Mahoney file.

I think your and Melan's
instincts are right.

Dr

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NIMH Celebrates 40th Birthday

THE growing awareness of the biological bases not only of major mental illness but of a variety of behavioral disorders was evident at a 2-day symposium the National Institute of Mental Health held recently to celebrate its 40th birthday.

The meeting, held at the National Academy of Sciences, was sparsely attended but nonetheless featured a parade of stars in the mental health arena, including Nobel prize winners Julius Axelrod of NIMH and Gerald Edelman of Rockefeller University; health patronesses Mary Lasker of New York and **Florence Mahoney** of Washington, and a variety of prominent researchers and administrators.

The theme of the meeting could have been "beyond the nature-nurture debate." As presentations unfolded, it became apparent the dichotomy implied by the genetics versus environment debate--when applied to anything involving human behavior--is so simplistic as to have become largely irrelevant. The immutability implied by the label "genetic" does not in fact exist; "environmental" applies not only to external influences but to endogenous biological phenomena.

Speakers seemed to be reaching for new metaphors as they described the dramatic advances in the neurosciences and mental illness research since the Mental Health Act was signed in 1946--most having occurred in the past decade or so. Several participants suggested that the study of the brain calls for new dynamic models patterned on evolutionary theory. Speakers also compared the genetics-environment dichotomy to the depiction of light as being a particle or a wave, noting that it represents alternative approaches to studying phenomena in which the two functions are indivisible.

The pervasiveness of biology is showing up in studies of the temperaments of children, according to Jerome Kagan of Harvard University. He reported that fearfulness or "inhibition" is a remarkably stable trait that differentiates some children from those who are outgoing and adventurous, and that this



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characteristic correlates with measures showing that they have a lower threshold of central nervous system reactivity. The distinction holds up cross-culturally --Japanese researchers have found temperamental differences in newborns that predict the characteristics Kagan has measured. It also applies across species. Investigators have found that by the age of 2 months, some cats are fearless, while others avoid unfamiliar rooms and people and will not attack rats.

Kagan said the only cases in which biological measures did not predict inhibition in inhibited-acting children was when the children were under emotional stress or when they (in this instance, girls) had been strongly conditioned by their families to quiet, passive roles.

Variable interactions between the genetic and environmental influences are becoming increasingly apparent even at the cellular level, said Gerald Edelman, who talked about neuronal group selection. There is "great variance in neural structure within genetic directions," he said, showing slides of groups of neurons with identical genetic coding that had developed differently because of differential amplification at the synapses. What this means is that even identical twins, while genetically the same, are different. This line of research might offer clues as to why in a strongly hereditary illness--schizophrenia, for example--one identical twin will develop the disease while the other will not.

George Vaillant of Dartmouth Medical School observed that psychiatry continues to confuse the environmental with the organic, while failing to see "what is dynamic." Longitudinal studies, he said, can often supply unexpected insights into such interactions. He cited, for example, the case of a family of four manic-depressives. A chart of their various episodes of mania, depression, and hospitalization over 40 years revealed that in 12 of the 13 episodes experienced by family members, one fell ill within a year after another one did, suggesting that although the illness is clearly genetic, it has environmental precipitants. In contrast, he discussed a longitudinal study at Harvard of male alcoholics. Although at first glance alcoholism in the "core city" sample appeared to be related to psychopathology and unemployment, the data showed that parental alcoholism--and not broken homes-- was the only valid predictor (other than ethnic background). Thus "an illness that appears environmental is in fact in large part genetic."

As presentations attested, recent findings have put the lie to some widely held assumptions about other disorders. Judith Rapoport of NIMH, for example, told of research with obsessive-compulsive children that strongly suggests that this is not, as was believed, a learned disorder. Rather, it appears that children with this problem also manifest neurobiological anomalies, including dilated brain ventricles, and perform poorly on certain cognitive tests. Clomipramine, an antidepressant, is effective in treatment of the disorder, which suggests involvement of the serotonergic system.

There is also newly emerging information about the genetic basis of obesity. Albert Stunkard of the University of Pennsylvania said that for a long time it looked as though socioeconomic status was the strongest predictor of obesity. But twin studies have shown that identical twins are six times as likely to be concordant for fatness as other siblings. And Danish adoption studies have shown that while an adoptee's body mass tends to correlate with adoptive families



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while the child is living in the same household, 'childhood family environment alone has little or no effect on fatness' (Science, 4 April, p. 20). Yet to be determined is whether this genetic propensity is more a tendency toward fatness or a tendency to overeat. But in this case, etiological findings do not change the solutions, said Stunkard, which are diet and exercise.

Marc Schuckit, an alcoholism researcher at the University of California at San Diego, related that the alcoholism story is very like the obesity story. Only in the 1970's did Scandinavian adoption studies confirm that a vulnerability to alcoholism is highly heritable. Now Schuckit is looking at a high-risk group--sons of alcoholics--to try to locate predictive factors. He has found that while they do not differ biologically or psychologically from controls prior to taking a drink, the sons of alcoholics get less 'high' according to both subjective and objective measures such as body sway. They also show more rapid decreases in cortisol and prolactin, two chemicals that rise with alcohol intake. But, as Schuckit indicated, even if a chemical 'marker' for vulnerability to alcoholism is found, the mental health system will always be intimately involved with treatment and prevention.

As these speakers made clear, biological etiology does not automatically imply primary reliance on biological treatment interventions. In Alzheimer's disease, for example, Gene Cohen of NIMH related that psychiatric treatment can make major inroads on accompanying symptoms such as depression and delusions. And Gerard Hogarty of Western Psychiatric Institute and Clinic in Pittsburgh reported results of a 'family psychoeducational study' showing that high relapse rates that afflict schizophrenics despite drug therapy can be avoided with carefully orchestrated family therapy.

Speakers at the meeting waxed enthusiastic about the current 'golden age' of brain research, advances in imaging technology, refined biochemical measurements, new families of psychotropic drugs, and the increasing sophistication in diagnosis. Herbert Pardes of Columbia University College of Physicians and Surgeons quoted Lewis Thomas to the effect that 'the decades ahead will almost certainly revolutionize all our earlier notions about the brain and the mind that it operates or that operates it.'

But as psychiatrist David A. Hamburg, president of the Carnegie Corporation, pointed out, mental health must be addressed at all levels--from the cell to the organism to populations--and warned that some social sciences are being as badly ignored today as genetics was 40 years ago. So nature versus nurture is beside the point. The relevant questions have to do with which levels of inquiry will produce the most fruitful results.

Photo: Gerald Edelman: Neurons vary within genetic directions.

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A most superior candidate for the Presidential Medal of Freedom:

Her name is Florence Mahoney. This year she will turn 100.

She and the late Mary Lasker were the major force behind the build-up and ascending prominence of the National Institutes of Health during the administration of President Harry Truman, and subsequent administrations. Mrs. Mahoney's elegant, antique-filled home on Prospect Street, just across from the Georgetown University campus, became the 'headquarters for one of America's most unusual lobbying operations, with the unpaid firm of "Mahoney and Lasker" as its chief protagonists. She and Mrs. Lasker badgered Mr. Truman, until he is alleged to have said: "The only way to keep these ladies out of my office was to get the NIH off the ground."

In the time of the Truman Administration, as a direct result of Mahoney and Lasker's tenacious efforts not only with President Truman, but with members of Congress as well, the following took place:

1. The National Mental Health Act was passed.
2. The National Heart Act was passed, and the National Heart Institute came into being.
3. A significant name change took place: The National Institute of Health became the National Institutes of Health.
4. The National Institute of Dental Research was established.
5. Construction of the Clinical Center was begun.
6. Land was purchased to expand the facilities of the NIH.
7. The National Institute of Mental Health became a reality.

8. 8. The National Institute of Neurological Diseases and Blindness and the National Institute of Arthritis and Metabolic Diseases were established.

In the 1970s, Mrs. Lasker gave most of her attention to expanding the war on cancer. Mrs. Mahoney devoted herself to two of her passionate causes, one, the creation of a National Institute on Aging, finally achieved in 1974 and, two, the pursuit of her fundamental conviction that basic biological research needed as much attention as more targeted efforts to discover cures for specific diseases – which, of course, required additional funding, to which she directed her tireless labors.

Mrs. Mahoney is universally regarded as the ‘godmother’ of the National Institute on Aging, and in honor of her work, the Institute established the Florence Mahoney Lecture on Aging which entices the most eminent and influential doctors in that field. Mrs. Mahoney is an honorary member of numerous medical and scientific professional societies. She is a personal friend of more biomedical scientists than most of the doctors in that arena..

She was a close and devoted friend of Presidents Truman, Kennedy, Johnson, and Carter. For each of them she was a persistent lunar force, appealing to each President for more and more support for NIH. Her political and scientific allies included Senators Lister Hill, Warren Magnuson, Pepper and Hollings, along with John Gardner, Carl Menninger, Jonas Salk, Bob Butler and countless others.

At she nears 100, what happier and more relevant choice can President Clinton make than awarding the highest laurel a civilian citizen of this nation can receive to Florence Mahoney, as she nears her 100th birthday. And what a rostrum she gives to the President as he cites and honors this amazing woman who for over 60 years has been fighting for the same cause as President Clinton,

the legacy of health care and research to benefit not merely those now living in this free and loving land, but for generations of Americans yet unborn.

One day, it is to be devoutly wished, millions of these citizens will salute President Clinton for his indispensable determination to lessen the blight of disease and increase the spread of health care during his time of power. Perhaps the award of the Presidential Medal of Freedom will also illuminate long-delayed public recognition for a lone woman, who without public status or public power, did so much for so many who never knew her name.

atching grants to the states to provide general public h services. Within the existing over-all \$50-million al authorization, increased from \$2.5 million to \$5 on the appropriations authorization for grants to ls of public health.

Community Health Services. Extended for one through June 30, 1966, the existing program (PL 87- of grants to states, local communities and nonprofit e organizations for studies, experiments and demon- on of new methods of out-of-hospital care.

Total New Authorizations. For all four programs, l a total of \$117 million in appropriations author- ns over fiscal 1966-68, as follows (in millions of s by fiscal year):

	1966	1967	1968
inizations	\$11	\$11	\$11
ants Health	7	8	9
c Health	1	50	—
munity Health	1	10	—
Total	\$18	\$79	\$20

usly authorized

Health Research Facilities

he Health Research Facilities Amendments of 1965, 1984—PL 89-115) extended and expanded the exist- ogram of matching grants for construction of health ch facilities at medical schools, universities, hospi- nd other institutions. The existing program, with a illion annual authorization, was scheduled to expire end of fiscal 1966. HR 2984 authorized appropria- for construction totaling \$280 million in fiscal 1967- ongress voted a further extension in the 1968 Health ower Act. See below.)

addition, the 1965 Act provided a three-year 1966-68) authorization for the Public Health Ser- enter into research contracts. Since 1957, the PHS eceived temporary research contract authority from ge inserted in annual appropriations bills: HR 2984 this authority into the basic PHS organic act. No vas set on funds, which were expected to increase million in fiscal 1966.

nally, HR 2984 authorized appointment of three onal Assistant Secretaries of Health, Education and e. Another was authorized later in the year in the Quality Act of 1965 (PL 89-234), bringing the total n.

pansion of the health research facilities construc- ogram was requested by President Johnson in his health message. He also asked special authority struct and operate specialized national or regional e research facilities, but this was denied by the and in the conference version of HR 2984.

e Health Research Facilities Act (PL 84-835) be- aw in 1956, under a \$30-million annual authoriza- Congress in 1961 extended the Act until June 30, nd increased the authorization to \$50 million a PL 87-395). (*Congress and the Nation*, Vol. I, p. 143.)

Study Group Praises NIH

A special Presidential committee concluded in 1965 that the activities of the National Institutes of Health (NIH) were "essentially sound" and that the NIH budget was, "on the whole, being spent wisely and well in the public interest." It reported that NIH-supported research, which accounted for 40 per- cent of all biomedical research in the United States, was of "high quality." The committee warned, how- ever, that unless organizational and procedural changes were made in NIH's operations, "substantial problems will arise in the future."

The 13-member committee, appointed by Presi- dent Johnson in 1964, was composed of scientists, industrialists and educators and was chaired by Dr. Dean E. Wooldridge of the Thompson Ramo Wool- dridge electronics firm.

The report said that NIH's "most important organizational need" was in the area of policy and planning. To meet this need, the committee recom- mended creation of an advisory Policy and Planning Council to operate at the level of the Director of the Institutes. It also recommended that the autonomy of the separate institutes, such as the National Can- cer Institute and the National Heart Institute, be "diminished" and that the authority of the Director be "increased." This re-balancing of authority, the report said, should also occur with respect to the Director's "access" to the "higher councils of the Department of Health, Education and Welfare."

Procedural changes, the committee recommend- ed, should be aimed at enhancing the responsibility and authority of executives of universities conducting research under the auspices of NIH.

Provisions. As signed into law Aug. 9, HR 2984:

Amended the Public Health Service Act to extend the existing program for construction of health research facilities for three years, from fiscal 1967 through fiscal 1969, and authorize appropriations totaling \$280 million for grants for the program.

Authorized the Public Health Service to enter into contracts for research during fiscal 1966-68.

Authorized the President to appoint three additional Assistant Secretaries of Health, Education and Welfare (for a total of six). Abolished the existing office of Special Assistant to the Secretary of HEW for Health and Medical Affairs.

Health Training Aid

At the request of President Johnson, Congress in 1965 enacted amendments to the Health Professions Educa- tional Assistance Act, extending two old programs and establishing two new programs to aid schools and students of medicine, dentistry and other specified health profes- sions. The legislation, like the original 1963 Act, was designed to increase the number of students in these pro- fessions as well as improve the quality of their education. (*Congress and the Nation*, Vol. I, p. 1148.)

The bill (HR 3141—PL 89-290) authorized a new four-year program of scholarships for students of medi-

preoccupation of public health activities, leaving chronic diseases and disabilities the major unsolved problems, particularly in a population with lengthened life expectancy. Another factor in the shift was recognition that there had been a large increase in the use of chemicals, air pollutants, water pollutants, etc., and that there was a clear link between these environmental developments and the incidence of disease.

Increased Use of Grants

4. A major change in the PHS method of operating was a switch to widespread use of grants for all purposes, without which it probably would have been impossible for the PHS to expand its activities so rapidly. Before 1935, the PHS had operated wholly through its own facilities and employees. It did not have power or funds to make grants to the states, private institutions or groups. The exception was a brief period during World War I when Congress authorized grants to the states for a cooperative program of venereal disease control.

In 1935, Title VI of the Social Security Act set up the first modern PHS grant program, designed to strengthen state public health facilities. Under this program, the Surgeon General of the U.S. (the head of the PHS) was authorized to distribute \$8 million a year (later increased) to the states to help them develop general public health facilities and services. The next step was the National Cancer Act of 1937, which, among other things, authorized the PHS to make grants to individuals and institutions for cancer research. The following year a long campaign by Surgeon General Thomas Parran for action against venereal disease ended successfully when Congress passed the Venereal Disease Control Act of 1938, which authorized a new grant-in-aid program to help the states bring venereal diseases under control.

A major step in the evolution of the grant technique came in the Public Health Service Act of 1944, which consolidated into one law all existing federal laws on the PHS. The 1944 Act authorized the PHS to make research grants for the study of any disease or condition, not just for cancer studies as was previously the case. In the same Act, a new grant-in-aid program similar to the ones for general public health services and venereal disease control was initiated to help the states combat tuberculosis.

Still another key step in development of the grant approach came in 1946 with passage of the Hospital Survey and Construction Act (Hill-Burton Act), authorizing \$75 million a year in grants to public and private nonprofit agencies for hospital construction.

With enactment of the Research Institutes Act of 1950, which provided broad authority for grants for training, Congress completed the creation of a framework of legal authorities permitting the PHS to make grants for four basic types of public health functions: (1) disease control and provision of health services by state and local authorities; (2) research; (3) training of public health personnel and health specialists; (4) construction of hospital facilities. Operating within this general framework, as enlarged or supplemented on numerous occasions in succeeding years, the PHS sharply increased the proportion of funds spent for grants in the postwar period, as indicated in the following figures:

Grants for Various Purposes			Direct Operations	
Fiscal Year	Amount	% of Total Spending	Amount	% of Total Spending
1945	\$21,786,997	33.2%	\$43,797,316	66.8%
1964	\$1,273,852,000	74.0%	\$447,245,043	26.0%

Remaking NIH

5. The heavy postwar emphasis on research led to a restructuring of the National Institute of Health, the research arm of the PHS. The NIH was originally created in 1887, under the name Hygienic Laboratory, for bacteriological studies related to communicable diseases. In 1912, its research was authorized to cover more than just communicable diseases. In 1930, the name was changed to National Institute of Health.

Until 1937, the NIH carried on research of various types through its own personnel and in its own facilities. In 1937, Congress passed the National Cancer Act, creating within the NIH a special National Cancer Institute to which special funds were to be channeled for cancer research. The new institute was specifically authorized to carry on its own research and training of specialists and also to make grants to individuals and institutions for research. An advisory council for the institute also was created. The creation of the Cancer Institute represented a new departure in two ways; first, as explained above, in the use of the grant technique for research; and second, in the concentration of research and training efforts against cancer in a single unit within the PHS with the objective of mounting a coordinated program against the disease.

From this beginning, there came into being -- either by acts of Congress or by administrative action of the Surgeon General -- a whole series of additional institutes (resulting in the change of the name in 1948 to National Institutes of Health), each designed to coordinate and centralize efforts to combat one or a group of related diseases. On two occasions (National Heart and Mental Health Acts), the acts authorizing creation of institutes also authorized funds not only for research and training activities, but also for grants to the states to set up clinics and disease diagnosis-and-treatment programs.

Aside from the Cancer Institute, institutes created in this way were: the Mental Health Institute, authorized by the Mental Health Act of 1946; the Heart Institute, authorized by the Heart Act of 1948; the Dental Research Institute, authorized by the Dental Research Act of 1948; the Institute of Neurological Diseases and Blindness, authorized by the National Research Institute Act of 1950; the Institute of Arthritis and Metabolic Diseases, authorized by the National Research Institute Act of 1950; the Institute of Allergy and Infectious Diseases, set up by administrative action in 1955; the Institute of General Medical Sciences, authorized by 1962 legislation; and the Institute of Child Health and Human Development, also authorized by the 1962 legislation.

It should be emphasized that while a great deal of the research of these institutes (and of other divisions of the NIH as a whole) was directed toward finding immediate cures or preventives for the specific diseases named, much of the research also was theoretical and fundamental, designed to advance basic knowledge in the biological sciences, and only very tenuously connected with the possibility of immediate cures.

Among other things, the proposal transferred to the Public Health Service the Office of Vital Statistics, which was previously in the Census Bureau. The plan as a whole and the transfer of Vital Statistics to PHS became effective July 16. (For debate, attempts to block plan, see "Social Security" chronology for 1946, p. 1239.)

Mental Health Act. The House March 15, by a 74-10 standing vote, passed the National Mental Health Act (HR 4512). The bill authorized creation of a National Mental Health Institute within NIH to conduct and coordinate research and training in mental health problems, both through its own direct activities and through grants to groups and individuals for research and training purposes. Also authorized were grants to the states for development of mental health services. The measure was endorsed by the Administration and also had the support of the American Psychological Assn., American Psychiatric Society, National Committee for Mental Hygiene, American Legion, National Congress of Parents and Teachers, and General Federation of Women's Clubs. Support on the House floor was bipartisan, but a few Congressmen opposed the measure on the grounds that the Federal Government was financially worse off than the states and that grants to the states would increase federal control over state activities. The Senate passed HR 4512 with amendments June 15 by voice vote. The conference report was agreed to by voice votes of the Senate June 26 and the House June 28, and the bill was signed into law July 3 (PL 79-487). In addition to funds for research and training and research and training grants, the bill provided \$7.5 million for construction of the building for the new Mental Health Institute and up to \$10 million a year in grants to the states for mental health services. Although authorized in this legislation, the National Mental Health Institute did not actually come into being until 1949.

Hill-Burton (Hospital Construction) Act. On Jan. 10, 1945, Sens. Lister Hill (D Ala.) and Harold H. Burton (R Ohio) introduced a bill (S 191) authorizing \$75 million a year in federal grants to the states and to local non-profit sponsors for the construction of hospitals. The bill was intended to update and enlarge the hospital plant of the nation, which had grown obsolete and inadequate because few hospitals had been built during the depression and war years. On Nov. 19, 1945, in his health message, President Truman had called for a hospital grant program similar to that in S 191, though without endorsing that specific bill.

tures of all federal agencies for medical and research and related activities in fiscal

Agency

Dept. of HEW	
National Institutes of Health	\$ 742,
Other Public Health Service	
Units	124,
Other HEW	30,
Total, HEW	896,
Defense Department	108,
Atomic Energy Commission	96,
National Aeronautics and Space	
Administration	65,
Veterans Administration	45,
Agriculture Department	41,
National Science Foundation	35,
Other	3,
GRAND TOTAL	\$1,292,

Of the total, \$1,179,900,000 was for the of research, the remaining \$112,200,000 search facilities.

SOURCE: FEDERAL BUDGET, FISCAL 1966

Senate -- S 191 was passed by voice Senate Dec. 11, 1945. Before passage, the Senate a series of amendments offered by Sens. James F. (D Mont.) and Robert F. Wagner (D N.Y.) to liberalize the provisions of S 191; also reject amendment by William Langer (R N.D.) forbidding hospital aided under the bill from excluding because of his race, color or religion. Hill the Langer amendment (which, like the other amendment was killed on a voice vote), said administrative hospitals were best left to the states.

During debate, Hill said no witness had during previous hearings to oppose the bill's and the following had endorsed the bill in Council on Medical Education and Hospitals; American Medical Assn.; American Public Health Assn.; American Hospital Assn.; Catholic and Protestant Assns.; U.S. Public Health Service; A