

## National Institute on Aging: New Focus on Growing Old

*Though the leaves are many, the root is one; / Through all the lying days of my youth / I swayed my leaves and flowers in the sun; / Now I may wither into the truth.*—W. B. YEATS, "The Coming of Wisdom with Time"

Yeats's capsule vision of the life cycle and a seemingly transition to its final, worthy phase is one that does not have much currency in America today. As Robert N. Butler, the first director of the new National Institute on Aging (NIA), says in his book, *Why Survive? Being Old in America*:\* "Our popular attitudes [toward aging] could be summed up as a combination of wishful thinking and stark terror."

The creation of the NIA, which officially started life last spring, marks a commitment by the government to give basic research on the problems and processes of aging the kind of visibility and prestige it has not hitherto enjoyed. The NIA now has charge of all the aging research that was conducted under its parent agency, the National Institute for Child Health and Human Development (NICHD), which includes a considerable backlog of approved but unfunded research grants. Major new initiatives will have to await further expansion of the budget, which is being increased from \$17 million to about \$26 million for fiscal 1977.

The third of May was a milestone of sorts—that was the day NIA director Butler officially began his new job, and also the day that he won the Pulitzer prize for nonfiction for his book on being old. *Why Survive?* is a depressing, heavily documented, but highly readable book that probably represents the first attempt to portray the lot of America's aged from every possible angle—financial, physical, medical, social, psychological, and personal—and it is jammed with recommendations for constructive change in every area. Anyone who wants to get an idea of what kind of director Butler will be would do well to read the book.

Butler, who is 49, was not the first person the National Institutes of Health (NIH) approached in its year-long search for a director of its 11th institute, but

most who know him think he was an excellent choice. Asked why he took the job, he said he sees it as a "nice midlife career change," although he had to phase out a private psychiatric practice to do it and settle for what is reportedly a substantial cut in income. (The \$36,000 salary is making it difficult for NIH to find institute directors these days.)

Butler's lifelong involvement with old people is not only professional but emotional. As he recounts at the beginning of his book, he was, as an infant, turned over to be raised by his grandparents in Vineland, New Jersey, where his grandfather was a gentleman chicken farmer. "He was my close friend and my teacher," writes Butler. "Together we rose at 4 a.m. each day to feed chickens, candle eggs, grow oats and tend the sick chickens. . . . He would tell me of his younger days in Oklahoma and I would listen eagerly." The grandfather "disappeared" when young Robert was 7. The farm was lost during the Depression, and Butler struggled through those hard times with his grandmother, "who showed me the strength and endurance of the elderly." The grandfather's death had a lot to do with Butler's decision to become a doctor.

Butler received his undergraduate and medical degrees at Columbia University, and went on to residencies at the University of California, the National Institute of Mental Health (NIMH), and Chestnut Lodge, a private sanatorium in Mary-

land. Even at that time he was making the rounds of nursing homes in Montgomery County, Maryland, which were "dreadful." There he no doubt gathered material for some of the pathetic vignettes that are interspersed throughout his book and conjure up for the reader a sense of frail throngs of elderly hovering in the background, proud, apologetic, ignored, waiting patiently for someone to pay attention.

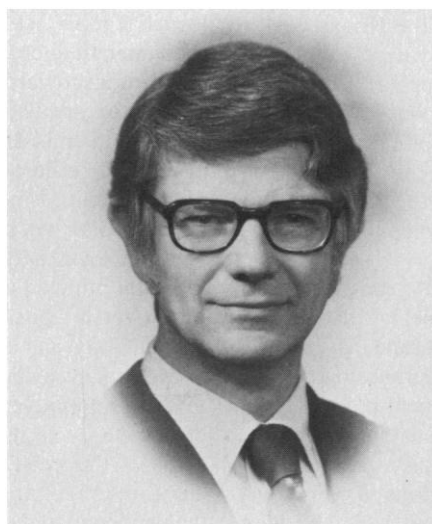
For the past 15 years Butler has been in private practice in Washington, D.C., working particularly with old people. He says there are not more than 20 psychiatrists in the country who are expert in geriatric psychiatry. His life has been full of teaching, writing, and advisory activities as well, and he has coauthored two books, *Human Aging* and *Aging and Mental Health*.

Although lacking formal administrative experience he has been described as an "excellent politician" in that he knows how to get things done. He has also been called "stubborn and decisive," a "practical realist," and an "activist" who is associated with such organizations as the National Caucus on the Black Aged and the Center for Law and Social Policy, which has been working for the rights of the mentally handicapped.

In person, Butler bears no resemblance to some fast-moving bureaucrats with their brusque manner and politic cordiality. He is gentle, easy-going, has a warm smile—he is, in short, just the sort of person an apprehensive individual might hope to find on his first visit to a shrink. He acknowledges that his book is pretty grim but adds, "my next book is very optimistic." It's to be called *Sex After 60*.

As for *Why Survive?*, Butler says too many books on old people had been sugary and glossed over the hard realities, so he wanted this one to be "reasonably uncompromising." Despite this, Butler has the air of an optimist, something it is best to be in the aging field. Old people, like alcoholics, tend to be given short shrift by many members of the healing professions who consider their problems to be intractable.

Butler has coined the term "ageism" to denote the stereotyping, derogation, and segregation of old people that follows the same pattern as other forms of discrimination. "For centuries humankind went around saying how nice it would be to live long," he says—the alchemists sought elixirs and so forth—"then we achieved longer lives, and immediately this was identified as a problem. . . ."



Robert N. Butler

\*Harper & Row, New York, 1975.

Butler was among those who, early on, believed that research on aging should fit into the continuum of research

on human development embodied by NICHD. But soon it became "quite apparent that the true and necessary expan-

sion of aging research won't occur as part of another institute." Whenever the concerns of the elderly are included in

## For Aging Research the Best Is Yet to Be

The National Institute on Aging, the latest addition to the National Institutes of Health, was signed into existence in May 1974—a decade and a half after introduction of bills to that effect had become an annual event in Congress.

The idea for an institute devoted solely to research on aging has been a distinctly congressional effort with no discernible support from the executive branch. An NIA was among the recommendations of the first White House Conference on Aging, held in 1961, but this concept was eventually transformed into the National Institute on Child Health and Human Development, created in 1962.

Although aging research has been part of NICHD's mission it has never received the attention it deserves, in the opinion of members of Congress and those concerned with the interests of the elderly. Whereas research related to children is getting half the NICHD budget, only 10 percent (about \$15 million in fiscal 1975) went to its Adult Development and Aging Branch.

Therefore, the second White House aging conference, held in 1971, again strongly pressed for a separate institute. In 1972 Congress passed such a bill despite objections from the Department of Health, Education, and Welfare, whose spokesmen claimed that the action would serve no good purpose and would result in fragmentation and duplication of research. President Nixon pocket vetoed the bill, objecting in particular to a provision that would have supplied matching project grants to community mental health centers for mental health services to the elderly. NIH brass, for their part, were not temperamentally disposed to such an institute because it was to be development- rather than disease-oriented and was to contain a healthy component of social and behavioral research, areas not deemed appropriate for a collection of institutes devoted to basic biological investigations. HEW officials also insisted that the line had to be drawn somewhere—after all, a new institute couldn't be created any old time some special interest group wanted it. But Congress had already made up its mind. As Representative Richard Preyer (D-N.C.), quoting Lord Coke, said at the 1973 hearings of the House health subcommittee with reference to line-drawing: "I will stop where any visible inconvenience doth appear." The only inconvenience, apparently, was Nixon's veto. The second time through, the bill, divested of the offending portion about services, was signed by the Watergate-logged President. A subcommittee staff member says the politics of the matter was "really not that tough. The momentum and justification were there."

Major impetus was generated by the 10-year-old Senate Select Committee on Aging which has held wide-ranging hearings on the problems of the elderly and has served as the forum for outsiders, such as the Gerontological Society, to express concerns about government policies. But ask anyone to name the individuals who bear the greatest responsibility for making the institute a reality, and you will be referred to Florence Mahoney, a longtime Washingtonian whose tireless lobbying efforts helped keep the idea

alive. Mahoney became interested in aging research while serving on the advisory board of NICHD, where, it seemed to her, "every time a proposal came in for aging it was turned down." She points out that economic factors alone justify establishment of the institute in view of the fact the nation is pouring \$9 billion a year into nursing homes. Representative Paul Rogers (D-Fla.), chairman of the House health subcommittee, has said that if NIH institutes were named after people, the NIA would bear Florence Mahoney's name.

As for the law, it specifies that the institute should be devoted to basic research in the biology, psychology, and sociology of aging, as well as training for pre- and post-doctoral researchers. The intra- and extramural programs were lifted in toto from NICHD. The intramural program is housed at the Gerontological Research Center in Baltimore.

The NIA's advisory council, made up of biological and social scientists, is an excellent one, by all accounts. According to council member George Maddox, director for Duke University's Center for Study of Aging and Human Development, the council has been slaving, without remuneration, for over a year, to complete a research plan called for by the legislation. The plan, which was to be presented to Congress on 31 May, not only covers priorities for the NIA, but is an overview of all aging-related research in HEW, including biomedical, social and behavioral, and research on service delivery.

Maddox says the early days of the NIA were shrouded by considerable pessimism as the institute was staggering along with no additional money for administrative staff. Things are looking brighter in the proposed 1977 budget which will add about \$10 million to the 1976 budget of \$17 million.

As more funds become available, the largest proportionate increases may be expected in social and behavioral research, which now consume little over 15 percent. NIA director Robert Butler emphasizes, however, that he does not want the institute to be roaming all over the lot in sociological studies. He hopes for projects that will address some fundamental questions, such as the effect of age segregation on attitudes toward older people.

Maddox points out that the people at NIH are uncomfortable about an NIH institute engaging in anything smacking of applied research (one reason the National Institute of Mental Health is no longer part of NIH), and he hopes the research plan will help persuade them of the pervasive relevance of social and behavioral research.

Butler pursued this tack in an address he made before he took over his post: "Perhaps for all too long the biological and physical scientists have thought self-righteously of themselves as being basic scientists with the implication that the softer sciences are not. This . . . ignores the nature of the life cycle, how people live their lives. . . . Indeed, some of the most extraordinary problems we face in society are related to human behavior, and what is more basic than trying to understand behavior?"—C.H.

systems designed for the population as a whole, the aged fall "to the bottom of the barrel." For example, he notes, "geriatrics is not yet a specialty." Only two residencies in the country are devoted to geriatrics, and there is no medical school that has a chair of geriatric medicine. According to a 1970 survey, he says, half the medical schools in the country don't teach geriatrics, and no medical schools require students to visit nursing homes.

The consequences of this neglect are manifested in treatment—many doctors tell old patients nothing can be done or mollify them with ill-chosen drugs, unaware that many drugs have very different effects on the old than the young. Similarly, mental health professionals tend to avoid the old. Butler, who is psychoanalytically trained, says he has never been invited to deliver a paper to a psychoanalytic society on the problems of the aged—this despite the fact that older people are not only capable of change but are often highly motivated to do so because of their awareness that time is running out.

But, despite the recent surge in activism—as personified by the Gray Panthers, an organization that seeks not only an improved lot but more enlightened societal attitudes toward the old—many old people, particularly the very old, remain silent and conveniently invisible.

Butler points out that society tends to ignore the growing influence older people are having on national political life. He says, for example, that Gallup polls from 1964 on showed that a greater proportion of people over 55 than of any other age group opposed U.S. intervention in the Vietnam war. But "they weren't the marchers, and the peace movements were oblivious to a substantial population of support."

Butler says warped cultural attitudes became starkly apparent to him when, some years ago, he was on a Ford Foundation panel evaluating how various groups are represented in public television programming. From the programs, he says, "it was possible to conclude that no one grew old and died in America." In his book, he criticizes the news media for distorting the picture of aging by focusing on "extraordinary happenings: old persons performing rare feats of strength and endurance, 'cute' items on late-life romances and marriages, or creative people who function 'in spite of' old age."

Butler himself has a clear vision of what old age can and should be all about, enriched by what appears to be extensive reading in classics ranging from Pindar to Tolstoy. "Much of what we think

## Senate Acts on Pathology Institute

In a rather nice example of congressional responsiveness to the people, the mighty U.S. Senate has swooped in to resolve an organizational and political dilemma at the Armed Forces Institute of Pathology (AFIP), the outcome of which many people feared would result in the disintegration of the institute's civilian component.

The move was in response to alarm voiced by pathologists across the land at plans of the Surgeon General of the Army to sever AFIP's ties with Universities Associated for Research and Education in Pathology (UAREP) on 20 June. UAREP is a private organization that has served as a financial intermediary between the institute's American Registry of Pathology (ARP) and professional societies that support it. Professionals both within and outside the government feared that, although Surgeon General Richard Taylor's stated intent was simply to clean up arrangements of questionable legality, the effect of his actions would be to severely damage the value of AFIP as an international resource and turn it into a narrowly military institution (*Science*, 13 February). The institute's registry of pathology contains the world's most exhaustive collection of pathological cases and specimens and is a center for research and teaching for both military and civilian pathologists.

But now the Senate has come up with a way to circumvent the whole problem, thanks to the initiative taken by Senator Edward M. Kennedy (D-Mass.), chairman of the Senate health subcommittee. In late May Kennedy introduced and the Senate passed an amendment to the military procurement authorization bill that establishes the AFIP by congressional charter. The amendment authorizes the creation of a private corporation to run the American Registry of Pathology. It will have a board composed of representatives of the societies that contributed to the 26 pathology registries, and will be allowed to enter into all the contracts and agreements that hitherto have been arranged through UAREP.

In addition, the amendment stipulates that the institute can at any time have six "distinguished scientists" appointed to administrative positions at the institute. This is in response to the complaint that Taylor's housecleaning efforts included stripping nongovernmental personnel from any administrative authority.\*

Finally, the amendment expands membership of the AFIP's Board of Governors, which is now made up of the surgeons general of the Army, Navy, and Air Force, to include top officials from the Department of Health, Education, and Welfare and the Veterans Administration as well as a former AFIP director and the Assistant Secretary of Defense for Health Affairs. The assistant secretary is to serve as chairman, taking over from Taylor.

The amendment has been approved by the Secretary of Defense and the Secretary of the Army, and also by Senator John Stennis (D-Miss.), chairman of the Armed Services Committee. With this support it is likely that it will survive scrutiny by House members when it gets to conference.

Army Surgeon General Taylor appears to be satisfied with the proposed arrangement. He says the main legal problems had to do with the mixing of the duties of privately supported and government personnel within the ARP. As far as he can tell, all the statutory problems are resolved by making ARP a nonfederal corporation.

Passage of the amendment should be cause for considerable rejoicing. A staff member of the Kennedy committee says the committee has received a "phenomenal" amount of mail from people concerned about the fate of the pathology registry, and he estimates that half the members of the Senate have been contacted by pathologists from their states. It should also be a relief to Colonel James L. Hansen, director of AFIP, who has been the man in the middle of the dispute for many months, and who is said to have feared reprisals if he took a stand on the matter.—C.H.

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\*Critics feared this development would eventually drive top talent away from the AFIP, which currently employs some world-renowned experts such as Lorenz Zimmerman, chief of the registry of ophthalmic pathology, to whom the Germans recently awarded the first annual Ernst Jung Prize for Medicine, worth \$70,000.

of as aging today," he writes, "is actually disease and illness, and not a part of fundamental physical aging." Arteriosclerosis, for example, is found in all age groups. Senile dementia is a grab-bag term applied to a condition that can arise from vascular or neural disorders, or from easily reversible conditions such as poor nutrition or lack of mental stimulation. Many diseases of the elderly result from deterioration of the immune system, a deterioration that may be forestalled. But aging itself "is not a disease." If optimal physical and social conditions were achieved, writes Butler, "we should see for the first time that flow of human life from birth through death truly called aging." Old age would then be "a gradual and fairly predictable decline toward eventual death."

Butler is also concerned about learning how to help people die properly, but he has warned that belief in the "right to die" is in danger of being yet another cop-out. It is important to "understand how often the right to die is really an issue and the extent to which preoccupation with the right to die is . . . a way of avoiding more effective diagnosis and more effective care maintenance."

Despite the increase in societal interest in matters pertaining to aging and death, Butler does not believe that creation of the NIA came about as a result of new enlightenment. He believes it is a purely practical reaction to the "explosive" growth in the elderly population. People over 65, now numbering 10 million, will number 30 million by the year 2000, and will constitute an unprecedented 25 percent of the population. Over-85-year-olds are now the fastest growing age group. And Butler predicts

the demand for health and social services will rise even faster as the current generation of old people is replaced by generations that are better educated, more politically sophisticated, and more demanding of their rights.

Butler, who has a whimsical turn of mind, believes strongly in serendipity. He notes that the greatest cause of mortality among wild animals is dental disease because they lose all their teeth and can't eat. Now, if the wild animals set up their own aging institute and found a way to prevent dental caries, this would be heralded as a momentous breakthrough in aging research!

#### Wider Applications

He sees great potential for spinoff of NIA research to other age groups—discovery of how cells age could be applied to cancer research (cancer cells aren't programmed for extinction after a certain number of proliferations, as are normal cells), and, in the behavioral field, think of the benefits to all "if we gained a profound understanding of the nature of grief."

Butler stresses that all research at NIA must be interdisciplinary. He sees no need to duplicate what is going on in other institutes (a fear voiced by critics of the NIA proposal), and he expects the NIA to engage in cooperative research with other institutes such as the National Cancer Institute and NIMH. Among his particular interests are investigations of changes in drug sensitivity manifested in older people, and of how people make adjustments to retirement. (Actually, Butler doesn't believe in retirement at all—he thinks work, education, and leisure should alternate throughout life.)

Among his most immediate plans is to add women and, later, members of ethnic groups to the group of subjects in the Baltimore Longitudinal Study of Aging. The Baltimore study is a major activity of the Gerontology Research Center in Baltimore, which now houses NIA's intramural research program. It was started in 1958 with a cohort of 600 men, ranging in age from 20 to 96, who spend 2½ days at the center every 18 months and receive extensive clinical, biochemical, physiological, and psychological tests. Researchers have found that this type of study yields far more accurate knowledge about the aging process than do cross-sectional studies in which members of different age groups are compared.

Butler hopes the day will come when treatment of aging and the aged will not have to be segregated from that of the rest of the life cycle. "Hopefully, after some decades, the body of knowledge in principle will be absorbed [by the health professions] and geriatrics will become self-liquidated."

For now, he says, "the very fact we have the NIA is in itself a momentous step. Given half a chance, this institute is going to be the best in the world studying the mysterious, fascinating, and implacable process called aging." Butler says demographers predict that the year 2030 is going to be the "big moment in terms of the demographic revolution" when people over 65 in the United States will number 50 million and the population (it is hoped) has stabilized. "It is historically an important event that this nation has committed itself to this magnitude and broad a mandate long before the real crunch."—CONSTANCE HOLDEN

## FDA: Review Panel Faults Commissioner's Defense of Agency

Who is running the Food and Drug Administration (FDA)? The agency or the drug industry it is supposed to regulate? No one knows for sure, and if the latest in an endless series of FDA investigations is any indication, no one is going to find out very soon.

A panel of highly regarded scientists

and lawyers has just concluded an investigation of an investigation of FDA with a recommendation that there be another investigation. Only the panel chairman, Thomas C. Chalmers, dissenting from his six colleagues, says another investigation of specific allegations of drug industry influence would be a waste of money.

The FDA perennially is subject to allegations that it is servant to the drug industry, and those allegations are forever being looked into by some group or another. In fact, there have been more than 20 formal reviews of agency operations in a little less than 40 years.

The most recent anti-FDA onslaught of consequence came on 15 August 1974 when 11 FDA scientists—to the surprise of the agency leadership—testified before the Senate that they were harassed by agency officials—allegedly pro-industry—whenever they recommended against approval of marketing some new drug. As FDA Commissioner Alexander M. Schmidt said later, "The announced subject of the August 15 hearing [wheth-