

religion if a case can be made that more good than harm will come from the inquiry. There has to be a good, or even compelling, reason for violating the constitution, but it can be done.

A year later, in 1960, I was asked to move to the National Institutes of Health to establish, for the first time, an Epidemiology Study Section. This was a very powerful position for a young 28-year-old beginner. This new Study Section was to be established to deal with the small number of research grant applications that were beginning to be submitted to the NIH dealing with the epidemiology of such non-infectious diseases as arthritis, mental illness, cancer, heart disease, and injuries. I had received my Ph.D. in a new field called Medical Sociology just three years prior to this invitation and, while I had been working as a fledgling epidemiologist in a heart disease program in the U.S. Public Health Service, I was not very knowledgeable about the field; not many others were either. My boss at NIH, Dr. Murray Goldstein (who later became the Director of the National Institute of Neurological Disorders and Stroke) asked me to nominate a group of people who could serve on this new Study Section and I began to do research to deal with this challenge. The first thing I learned was that we could not use the word "Epidemiology" for the title of the new Study Section because that word was reserved for the study of infectious diseases only. We therefore came up with an alternative name, the "Human Ecology Study Section". We then selected a truly distinguished multi-disciplinary group of members.

Our first choice was Abraham Lilienfeld from Johns Hopkins University. Even then, he was the outstanding epidemiologist in the country. Then there was William Cochran from Harvard, perhaps the most outstanding biostatistician in the country. And Arno Motulsky the geneticist then at Washington University. Other members included John Fulton (a dentist), William Clark (an infectious disease epidemiologist), Schulyer Kohl (an obstetrician), Felix Moore (a biostatistician), George Reader (an internist) and Robert Shank (an internist and nutritionist). And, because of my training as a sociologist, I nominated my Professor from Yale, August B. Hollingshead (who, as I noted earlier, was beginning to do pioneering work on the link between social class and mental health) and Otis Dudley Duncan, from Chicago, who was working on the relationship between macro social forces and behavior. There were no women or minorities on the Committee reflecting the fact that there were very few women and scholars from minority groups working in this area at that time.

The Human Ecology Study Section, later renamed the Epidemiology Study Section, eventually grew into several large subdivisions. In those days, however, there were very

few applications to review and we took it as our mission to help develop the field. For that reason, we went on site visits very frequently. If a grant proposal looked promising, but inadequate, we went to visit the group to help them do it better. I was on airplanes all the time. It was a truly fascinating experience. We visited John Cassel in North Carolina. He was doing some of the very best work at the time and, interestingly, much of his research is still the best. He was doing a study about the health consequences of people moving from rural places to take jobs in factories. We went out into the hills of western North Carolina to visit a paper mill that was one of his factory sites. We met a remarkable young occupational physician who we later induced to come to Chapel Hill to study Public Health. That was the beginning of Herman (Al) Tyroler's distinguished career in Epidemiology. We gave a young Warren Winkelstein his first grant to study the health effects of air pollution in Buffalo, New York. We supported Lawrence Hinkle's work on stress in telephone workers. We supported research on Seventh Day Adventists to see if their good health was due to nutrition or spirituality. We supported Sam Shapiro's pioneering study of mammography in HIP. We supported Saxon Graham who was studying the link between social factors and cancer at Roswell Park. We supported Bruce Dohrenwend's classic work on mental health. And we supported the work of Sol Levine and Norman Scotch in their study of social factors in the Framingham study. There was at that time a lot of money available and we were able to work hard to stimulate epidemiologic research. Since I was the Executive Secretary and trained in Medical Sociology, quite a lot of that support went to beginning work in social epidemiology.

I recall a time during those years when Dr. Lester Breslow applied to the NIH for money to support the establishment of what he called a Human Population Laboratory in Alameda County, California. His idea was to do research in a large representative sample of an entire county over a long period of time to study what he called their health in relation to their way of living. What disease was he going to focus on? None. He had been influenced by the writings of John Cassel and others suggesting that an appropriate outcome for studies of social factors might be "health and disease" in general and not one or another specific disease. This idea was later eloquently presented in the last paper Cassel wrote before he died. I am referring to his classic contribution published in 1976 in the *American Journal of Epidemiology* called "The Contribution of the Social Environment to Host Resistance" [6].

The NIH was not sure how to deal with Dr. Breslow's proposal because it did not neatly fit into any of the disease-specific institutes. It turned out that there was no institute at the National Institutes of Health that dealt with health. Of course, this is still the case. I was asked for my advice