

## THOUGHTS ON THE PAST, THE FUTURE

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As originally envisioned, the ABMR was established to accomplish several goals:

1. Promote the development of integrated biobehavioral research models.
2. Establish scientific and professional standards of excellence in behavioral medicine.
3. Identify underserved areas of behavioral medicine research.
4. Provide a multidisciplinary forum for review of research findings and their applicability to prevention, diagnosis, treatment and rehabilitation.
5. Disseminate behavioral medicine research findings to national research, clinical and policy making organizations to encourage continued/expanded support for these issues.

It was to be a unique organization, in that the yearly meeting would attempt to address the "state of the art" issues on some specific aspect of behavioral medicine, that would then be conveyed to the federal establishment (e.g. NIH, Congress) and to the research and scientific communities through an annual published volume which reflected the "gold standard" thinking of the best in that scientific area.

In many respects, the ABMR has met the majority of these goals - and has served as a "beacon" for behavioral medicine. The annual volume was (at least, initially) distributed *gratis* to all NIH Directors and to health staffers in all Congressional offices (in addition to the ABMR membership) and made available to the scientific and professional communities through a book series published by local education authorities.

If emulation is the sincerest form of flattery, ABMR can take credit for stimulating other book series in behavioral medicine, health psychology, etc., by other professional organizations. Its very success in this area, however, makes it now "one of many" and whether this still provides an important service to the community should be considered. (I personally would continue to support the series, for entirely selfish reasons).

As a resource to the NIH, perhaps the Academy has been less consistent, albeit lent its support to finally prodding the NIH leadership to select a Director for the Office of Behavioral and Social Science Research, a most important lobbying effort. Whether the Academy has done all it could to now **support** this Office should be considered by this group. Have we, as an organization, volunteered our support? Do we have the infrastructure available to be responsive to requests for assistance? What might we provide that would help Norman in his efforts to promote the "cause"?

As to the Congress, again, are there issues that we, as a group, should be supporting as health care legislation continues to dramatically reshape the landscape? Do we have a "voice" in that process? Although small in numbers, we collectively **could** influence the process, but to date, I don't believe the Academy has addressed this issue. Should we?

Finally, in some of the early papers related to the development of the Academy, I noted a concern for "training" standards. I am not sure we have ever focused on this issue as an organization. It would also appear that there might (emphasis on "might") be some value to establishing closer liaison with other like-minded organizations. SBM comes immediately to mind in that regard.

The Center for the Advancement of Health (Jessie Gruman) tried to organize a session to promote greater collaboration among the relevant organizations representing "bio-psycho-social" issues, but too many organizations participated and potential cohesion evaporated. Perhaps a smaller group could see the value of establishing a "federation" with perhaps shared administrative and logistic support and being able to coordinate efforts on issues of common concern. Certainly, if we are to have political clout in defending/supporting biobehavioral research at policy levels, we need a larger constituency: ABMR has the seniority to represent such an effort, if for example, CAH might be willing to try again, but with specific guidance from ABMR. Do we want to extend ourselves in this direction? As the "senior statespersons" in the field and with our multiple overlapping memberships in these other organizations, we would be in a unique position to accomplish this with assistance from CAH, one of the relevant foundations, or both. The larger question: "Do we wish to devote the necessary organizational energy to this cause?"; must be addressed by the membership.

In its 19th year of existence, perhaps the ABMR needs to spend its 20th year in addressing such questions through the appointment of a "Long Range Planning Committee" that can solicit opinions from the membership and establish specific priorities and action recommendations for the next 5 - 10 years that reflect both the commitment of the membership and the most important issues the ABMR should lend its collective muscle towards addressing in the foreseeable future. Parenthetically the SBM found a similar exercise quite "reinvigorating" and provided specific, innovative "vision" and direction to its leadership and membership.