

Exit Interview with Maury Devine, Assistant Director, Drug Abuse and Domestic Policy

Interviewer: Emily Soapes, Presidential Papers Project

December 2, 1980, West Wing, White House

Transcriber: Winnie Hoover and Lyn Kirkland

Soapes: I've got to ask you your exact title because I don't have it.

Devine: It's Assistant Director in the Drug Abuse and Domestic Policy Staff.

Soapes: Now in talking with your co-workers, I have learned a little bit about your programs. We talked about that you had worked specifically in the Parents program and on Southwest Asian heroin. Could you talk about some of the programs of your office?

Devine: Those are probably the two that I have worked on as the primary person. The first one is the Adolescent Drug Abuse Campaign. We began that in January of '79 and got the President's endorsement and grant support behind it and that's a five part campaign. The first part is the marijuana education effort and we came up with a, together, our staff and the Commission on Drug Abuse, came up with a film called "Traffic," a program for consumers. What do you think about marijuana? It is to educate parents about marijuana and what's more important, what they can do about it. So the whole film, and since that film came out, has been very widely received. I think I could say a hundred thousand people have seen it, so this has been something that has gotten a lot of coverage. It is the most widely disseminated film in the history of the United States government and, in fact, the states have requested it...

Soapes: Does that mean like at PTA meetings?

Devine: Sure, PTA meetings, parents groups that sort of say in your local community say need something to kick off a meeting on drug abuse. Marijuana is, you know, the widest abused drug in the nation among adolescents, so we were interested in marijuana. It is a good balance. It talks about the health consequences. It also talks about what you can do about it. You can't raise everybody's anxiety without giving them something to do so that's what that film was intended to do, so that was the first part of the adolescent campaign. That has gone very well and is still ongoing. The second part was a series of public service announcements on teaching children how to say no to drug abuse, a basic consumer skill. We found that is more than scare tactics, more than information about what will upset your chromosomes or whatever. Children are not affected by that.

Soapes: Yeah, that doesn't really bother them. .

Divine: It really doesn't. They don't see things in the future, too. That's a long time, it's distant.

Soapes: What you are doing to your unborn child is not really important to them if you are 8 or 10 years old

Divine: Right, exactly. But more importantly they will listen to a basic list of human skills on how to deal with drug use because they are hit by peer pressure. If they can find a way to say no and still be accepted, they can end up doing very well. So they had Snyder put out a series of television spots, public service announcements on the radio, posters and that kind of thing. Again, a lot of this was a media effort.

Soapes: Yeah, communication is a key effort.

Divine: Right, exactly. So those spots have been aired across the country and they have been very well received. There's a packet and other things of that nature. The third part of the campaign was looking at the private sector and that is something I found that you cannot do as well from the agency's point of view. .

Soapes: Because of the prestige of the White House?

Divine: Because of the prestige of the White House, because of, you know, who doesn't endorse Stu Eizenstat saying "I'd like important heads of corporations in the country to get down on the subject of drug abuse." It is certainly far more effective than you working at an agency level. So we tried to pull..... And a simple phone call would do, and the program on drug fairs we talked about that in the piece..

Soapes: Yeah. Yeah.

Divine: That was a simple phone call that we made. It triggered a whole series of things like drug fairs and public awareness and straight talk on drug abuse, so it was kind of nice like that. We have also been able to get the PTA, the National PTA, the Girl Scouts, the Boy Scouts, the National Education Association, bringing all of these kinds of big people in and they use their networks, their newsletters to get out a certain message on substance abuse. It's really---What I found with drug abuse is if you really bring it to the forefront, you can elevate it to a national priority just by this kind of a visual campaign. The testimony of the staff is that we have accomplished that, which is an indication that [inaudible].

The fourth part of the campaign was to split the class groups, and they have mushroomed across the country. It has been very exciting in that sense. It is parents of a community saying we have a problem and we can't turn to the federal government. That has been the nicest thing about it as far as I'm concerned because I don't think you can have a program that is funded with federal funds to tell parents, here is how you should run your lives. The nicest thing is that it has come from within, comes from the parents themselves. They've said, "We need help. We'd like to

have some technical assistance from the government but we are going to set the penalties, we are going to be responsible, we are going to say we will not tolerate drug trafficking in our communities We are not going to tolerate drug abuse in our schools.” You know it’s sort of some of them again taking control of their own destiny. I think there was a period in this country when we didn’t have that. It just sort of went “Well, fate is taking its toll and I am being controlled by circumstances” The nicest thing that has happened is that they are saying, “Yes, I have control, I have the ability to assume and a responsibility to control my own life and that is why I am successful.” So in that sense....

Soapes: It is bound to be very uplifting for you and your work.

Devine: We have done, as far as working with parents groups, and providing technical assistance, saying here’s what you can do. . We have gone out and spoken to numerous communities and we are sort of pulling people together, but saying it is not on your hands. We have seen other people, too, about what has worked in other areas, but it is really in your hands now.

The fifth part of the campaign and that is the one we have done less work on than any other area and it is unfortunate because it is important and takes time and that is working with the schools and the school system. We come up with exact curriculum, for primary and secondary schools on drug abuse education, drugs and alcohol but it’s still not as developed as we would like. The schools have taken blasts, lambasted at times, for not doing enough or doing too much and in a sense now they are in that middle road of just somewhat calm and until the parents turn to them, until communities turn to them and say, “We need your help,” they are just going to sit there, That is one area we really need the administration to step in. It is something very promising.

Soapes: Because the principal effort– you have been here how long?

Devine: I have been here two and a half years.

Soapes: And the two and a half you have been here has been through parents.

Devine: In the sense that we have a four part policy campaign, but we haven’t done as much with the schools I mean we haven’t done as much as a five part campaign but the four parts we have been spending mostly with parents.

Soapes: Right, mostly with parents and the fifth is with schools?

Devine: With parents and the media.

Soapes: I thought you were going to say you were “something” two and a half years ago –

Devine: Yes, I came two and a half years ago from the Department of Justice.

Soapes: From the...

Devine: I was in career service.

Soapes: Was it in the Drug Enforcement? [Break in audio]

Devine: I was detailed over three and a half years ago to work on these studies and one of them actually was drug abuse policies and one on narcotics control and I just happened to move into this appointment after that. It was nice when you get an advantage like that.

Soapes: Now were you able to personally develop this five part program or was that something that was in place and you coordinated it?

Devine: No, we had to come up with the whole thing you know [inaudible]The grant supported it. I mean it really has been very exciting from watching the marijuana film, I mean right on down the line, to pushing it wherever it goes and in that sense it has been very helpful.

Soapes: Yeah but as you say that trustee at the White House, I'm sure has a lot of influence. Then is your role, after you set up the five part program, is your role in coordinating it specifically or is it someone else who does who does that?

Devine: No, we coordinate as far as contributing things like the film. You have a choice. You can either play a very active role and say go ahead and do it and get involved in the whole thing or sit back and watch it. Well, I opted for the more active role because it – you can really set the pace. You didn't want, in the case of the marijuana film, some rehash of the fifties...a 1950's reefer film. We needed a more balanced approach and something that is really going to have an effect that wouldn't turn the kids off and then the parents off and then you get the very balanced reasonable approach, so that is what we did on a lot of them and in most of the private sector support we were able to get the Scott Newman Foundation with Paul Newman...Paul and JoAnne. Did we talk about that?

Soapes: No, no, but I know he has done some public service spots, hasn't he?

Devine: That's right. Yes, Paul Newman and JoAnne Woodward have set up a foundation in honor of their son, Scott Newman, who died tragically of an overdose. The Scott Newman Foundation together with the Academy of Public Arts and Sciences, we went out to meet with them I guess about six months ago to say what could we do better. What we came up with, along with the other, was the National Program on Drug Abuse was the Drug Abuse Prevention Award, called the Scott Newman Award. ...a totally new program on substance abuse. It was announced at the Emmy Award Show in September and it will be given at the end of the year, for the year. It's a three year type of program. That's one of the examples of working with the private sector. How can you really get them to go forward, so with the help of NAMPAs, the film industry, we want to institutionalize it, whether we are here or not, they will definitely go on

and so it happens. That is one of the nice things, most of these things will go on because they have been institutionalized, and because of the parent group movement throughout the country – there are six hundred parent groups.

Soapes: How big are they?

Devine: They range in size from, you can have fifteen to some of them are as large as eighteen hundred, so you are talking about a tremendous amount of people whose network is getting information out and being involved in communities. It has been delightful in that sense.

Soapes: Now do you go out and speak to the groups at all?

Devine: Right. I get out a lot. Lee [Dogloff] and I will sort of switch off and on. He will take most of the engagements, but certainly not all. [Laughs] But anyway that has been a lot of fun. That's the adolescent sector and I think there has been –

Soapes: How much effect has it had, do you know?

Devine: I think it has had some. The latest high school survey of seniors, there was a ten percent drop in the number of – in one year – I should say increase of high school seniors who considered marijuana to be a risk to their health. That has increased ten percent this year. So if you can get that increasing, you are going to get people to know that something works other than that feeling of it's not like that.

Soapes: Yeah, he and I have talked about an attitude change that he said that he sees very definitely from this work in the last few years.

Devine: I think that is one thing we can bring from this White House, an attitude change, different ways of looking at your life and society.

Soapes: Have you had any kind of resistance? [Inaudible] It sounds like you are getting enthusiastic response and it is hard to think of anybody being against drug abuse, but I'm sure –

Devine: There has been, you know, the drug paraphernalia industry would certainly be one. People who feel like we are focusing too much on marijuana, there is high resistance. And yet marijuana is still the primary drug abused among adolescents and that was our emphasis. Our emphasis was on adolescents at the particular time, so in that sense you get resistance. There has been a resistance to prevention in the past but I think we have moved out of that because drug abuse programs are 12 years old now...10 or 12 years old and there was a reluctance to get into prevention. That is one of the nicest things about this administration that it is moving to prevention as a very viable way to reduce drug abuse and we are not there yet on a national level. We are looking more at treatment and prevention is a fourth and equal element of the drug abuse program. So in that sense if you see prevention move up it's hard to measure and say all these

public service announcements the United Way puts on---, how much has that changed society? You don't know. They are very difficult things to judge, but you know that lot of people feel good when they see an Oakland Raider talking about (I saw it last night) talking about what Girl Scouts, Boy Scouts, what the Cancer Society, what United Way has done. So in that sense you begin to look different.

Soapes: Now, do you get at all into treatment in your work?

Devine: I have done treatment but it has been involved with the Southeast Asian Heroin mission and that is the second part of the program. What has transpired actually is getting involved in direct treatment programs. I feel that is largely the responsibility of the agency to get the money out to the states which administers the treatment programs.

Soapes: Is the mechanism already well set up?

Devine: It is well set up. Now you can review parts of it and it seems correct and in the Southwest Asian heroin initiative there were things that we found that may be better handled this way because it didn't accord us the flexibility should it become an epidemic. The Southwest Asian heroin initiative began this past – I take that back, November of '79, and at that time there were a lot of reports of Southwest Asian heroin coming in through the Iranians that were from the region and they would use that as a kind of bartering, a kind of gold. As people fled from Iran, instead of taking money, they took heroin that they could sell on the streets of the United States and they could live off that for a year or two. So you did have that sort of thing. Now when we cut off travel to Iran at the end of the hostage crisis that cut the traffic entirely, but there was still a large amount coming in from Afghanistan and Pakistan. So there were reports of a big heroin epidemic in the media. Much of it was sort of pushed from government sources. However, you get to a point where you can say we are going to face a new heroin epidemic and people would call and say "what are you going to do about it?" It is only natural that when you raise everybody's anxiety, you've got to come up and say here is what we are doing about it. So we developed the Southwest Asian Heroin Initiative which set up nine working groups. The first important group that met in November looked at domestic impact to determine how much heroin? What is a national epidemic? At what point do you know if we are going to have a national epidemic? Is it going to be used by younger and younger people? Does that mean it is a national heroin epidemic? Do we have certain ways of tracking figures on people that become heroin addicts and when we get to a certain number do we say we have a national heroin epidemic, do we have to marshal certain forces". [Discussion about tape recorder] – So this domestic impact group had representatives from NAIDA, DEA, Justice, Customs, State met on a weekly basis to sort of see "what is this, where are we now, is the media right, are we really close to this problem taking off? And what about our indicators? How are the reports coming in and where are problem cities? Is it a national one, is it across the country, is it isolated just to the East Coast?"

Soapes: So did you set up this – I want to call it a task force but that wasn't exactly what it was.

Devine: I agonized over that term. [inaudible] We had these nine working groups and it is easier to divide them than not and we divided them into nine because – I'm going to preface that first---we started off with experiences at the Assistant Secretary level and above, with Stu Eizenstat, as chair, and that steering group on staff location was to look at a number of factors. They said, "What are we doing now about Southwest Asian heroin so we don't have to start at ground zero and what could we do in the future?" How do you raise attention? Well, one of the list of things that we are doing now is outstanding, but a lot of them we were doing how we have done them over the years and we wanted to pull Southwest Asian heroin out of the whole effort. We set up these nine working groups under the steering groups and these nine working groups – there is one on domestic impact of the use of heroin; there is one on foreign intelligence that gave estimates about crop production in Pakistan, Afghanistan and Iraq; there was one that would look at border interdiction; one that would look at domestic enforcement, domestic law enforcement; one that would look at assistance to Pakistan, some sort of crop substitution, for their enforcement, or their treatment, whatever they do; so there was one that would look at assistance to Turkey because Turkey was the next conduit, particularly for Southwest Asian heroin destined for Western Europe. It would go to Turkey, to the Turkish gate providers, the work force that would go to Germany, and in Germany, because of our military, where we felt it probably was a key factor, and it is the trans-shipment point to the United States. So that was the Turkish Assistance group. We also had a treatment preparation group and that was to prepare treatment teams in the United States for an epidemic if it did occur. We had teams going out from NARC saying "what would you do if Southwest Asia heroin hit the streets? Are you prepared? Do you know what it looks like? Do you know what it is? What is your treatment capacity? Would you be ready for it? So it was sort of a preventive measure. It is not a type of prevention but it is moving the federal agencies. It was an exciting thing because they were at their best, they really were prevent-bound, it was a "get-ahead-of-the-eight-ball" response instead of behind it. In that sense it was a lot of fun. Then we had an overseas personnel group that looked at our U. S. employees overseas; US Customs agents, foreign State Department, and narcotics authorities. They were all aware of it.

Soapes: And did that include some of the military?

Devine: DOD and the military. And then we had the last one we had was the public affairs division to make sure we all came out with the same statistics and that we were not overstating the problem and that we were speaking about not just about the problem itself but some of the things that we are doing. And that is telling the taxpayer that we are not just a conduit for information but we are – the federal government is doing something about this problem and I think we are entitled to that. I think that is a responsibility that we have. So, anyway these groups met on a bi-weekly basis. I sat in on all of them. They had a chairman from an agency, like NAIDA who chaired the treatment separation group, the foreign policy forum chaired by

the CIA, and I sat in on them and the chairman and I met before and set the tone for the policy. The important thing coming out of these groups was there was something actionable and something that would be very tangible and accomplish something. In the case of the Border Interdiction group that was chaired by Customs, they put on a faster track their money that they had to spend on technology so that they have now speeded up the development of the mass spectrometer which is under the Customs support special services so that you can sense when there is unfair narcotics concealed in packages. They have also developed better X-ray things but they have moved it on the fast track. They have also actually moved people from one point to another. One of the biggest things that Domestic Impact has found was that it was limited to five northeast cities. Southwest Asian problem is not----- and I'm not saying that it may not become that----- but at this particular time and I would say right up from June to November, the Southwest Asian heroin problem has been limited to the five northeast cities --- New York, Newark, Baltimore, Washington, sometimes Boston and Philadelphia – people will differ on that, but primarily four or five cities.

Soapes: This year?

Divine: That's right; I'm talking about this year. So our resources, if you find out that it is limited to one area, you don't have to embark on a national heroin epidemic program, because people at my organization say to you, "I've got the money. Heroin, I haven't even seen heroin. My problem happens to be marijuana." So you can target your resources to that particular northeast corridor. So that is really what the group did. They moved DEA agents, personnel training, and agents to the northeast to work on the Southwest Asia. They set up a special action office for Southwest Asia heroin investigation. The Border Interdiction group transferred Customs Agents and border patrol officers to all the airport details and ran regular training programs on Southwest Asian issues, courier profiles, which is, all those kinds of things. The treatment preparation group met with all of the single state agency heads to work on programs such as abuse in all the key cities and said "what are we going to do about it and what can we do now?" Well, they would say we need more money. Well, the money was a little tight in 1980 and we said, "Well, let's try and look at – let's see if there are other agencies or other departments or other programs in the federal government that we could use and sort of pool their resources to help us out." So we looked towards public health hospitals, we looked toward community mental health clinics, we looked to community health centers and these are in every single state and said "Could you help us on this heroin problem?" Could you either pick up some of our clients?" We looked to the VA. We said, "The treatment centers are overburdened. Are there any of those people in the treatment centers that have VA eligibility and could you pick them up?" And they were; they were able to do that. It sets thinking in motion of people trying to look for other ways of – and living within limited funds. It is more creative to me. You can usually dump a lot of money and it will take six months but you can do that, but it doesn't require people that are on site to be a little bit more creative and say, "Let's see if we can call

these people in our own community and see if they can help us out with certain treatments. So that is really

(Soapes: "Wait one second." She appears to be adjusting the tape recorder. There is a long blank segment on the tape.)

Devine: That was probably one of the areas where we had the greatest resistance, is using the public service hospitals, using the mental health centers because there is reluctance on their part – they shun away from – there is a reluctance to welcome the heroin addict. They look upon the heroin addict as someone who requires care and treatment. We provide neither. We can't help them. There was also reluctance on the part of treatment centers that have historically handled heroin. They felt that public health centers are not trained and the mental health hospitals and the public health hospitals are not trained either. They can't absorb it so there was that kind of resistance but I think we have set something into place now where there is going to be more cross fertilization among those agencies. If the time is almost over to single out the drug abuser as somebody who needs special unique treatment systems and that kind of thing. I say that knowing full well that there is going to be a lot of resistance but that is what we have tried---- to integrate the drug abuser into the general health care system.

Soapes: Similar to the office of –

Divine: Drug abuse is a problem so wide spread that people are thinking it is symptomatic of something else, like alcohol abuse is symptomatic of something else and you had best treat those fundamental problems before you go into - -before you single out to treat drug abuse and this will be over. It is not clear –there are other complications. So that's really, as far as the time, what we are doing. –

Soapes: And do you see the Southwest Asian heroin.....is it a short term thing?

Devine: It was originally short term. We wanted to get – to respond quickly. It started generally in December.

Soapes: What triggered it?

Devine: What triggered the...? I would hate to say that it was probably a combination of mass media and agencies reporting the state of Southwest Asian heroin abuse. I don't know if it was as bad as, and I say that with qualifiers, as bad as the papers led you to believe or some of the agencies. I will definitely notice a definite problem, and it is a problem today and it still continues for the most part, but I would probably say it was agency reports from the Drug Enforcement Administration, first, and, second, the National Center on Drug Abuse because they are - they complain because their statistics are useless alone, and the treatment as well, Whereas the agents on the streets continue to see it. So in that sense –

Soapes: But was there something in Southwest Asia that happened that triggered an increase?

Devine: Sure. There was. In 1979 Afghanistan, Pakistan and Iran produced sixteen hundred metric tons of opium. That is about three times their production.

Soapes: It was just a good crop year essentially.

Devine: We didn't know how that would— it was a fear that you were really raising if it should come to the United States. We only need ten....no, no.... forty tons of opium would satisfy the U.S. market. Again, we're talking about sixteen hundred, which is an awesome amount potentially. It was the potential that triggered the news media. Now there were other factors that didn't materialize, the whole sixteen hundred didn't. In Iran they did initiate some of those violent programs among the traffickers. In Afghanistan, the Soviets and the attacks in the provinces....That does, it did, curtail production, so that's something we hadn't anticipated and so that did cut that sixteen hundred down. As far as what actually come into the US and how much was available in Europe, that's another problem. Europe has a very severe addict problem, heroin problem, and they still have to this day, although the Germans are becoming more successful in handling it.. They have a higher per capita debt for heroin than the United States. So, that's really a brief history of the southwest Asian heroin problem. It was interesting because we were able to pull all the agencies together. They all felt very conscious of moving together on a single directive. We had briefings for select members of the House and Senate that Stu had over breakfast meetings and kept them up to speed on what is going on, alerted them to any changes in areas, among the conference centers from New York, Jersey, Milwaukee, Washington, Philadelphia, wherever, who had particular problems and kept them apprised. We did work with the media and let them in on a lot of things. So in that sense, they have been really the two, and adolescent campaign and the Southwest Asian heroin initiative, that were the high points in setting tones and setting attitudes and setting up trends that I certainly enjoyed. There have been other things, the general overseeing of the budget and working with the agencies on minor differences, but those are some of the popular things.

Soapes: The Southwest Asian issue is interesting as a microcosm problem. It came at a certain time and it looked like, rather unlike the economy, which is an ongoing thing. Is there anything specifically that you have learned from managing this that you think could be applied later in other drug abuse programs?

Devine: It is an ideal way to respond quickly, to get agency consensus, and to bring them in at the assistant secretary level or above and you have the administrative drug enforcement, the Commissioner of Customs, the head of the National Center for Drug Abuse and the Assistant Attorney General for the Criminal Division. You have that level. The Assistant Secretary of State for Narcotics matters, and then the other agencies like DOD, and bringing in a very high level, assistant secretary level or above, preferably.

Soapes: Is the higher the better?

Devine: Yes it is. Really the higher the better, and if you have got that kind of ---their support-- and those working group people, you know who they are, are really representing them in certain groups, it will work pretty well. Most of the working groups are only five or six people, which is pretty interesting, and you know you can get something done with five or six.. As long as they feel we are not going backwards, we are not going to reinvent the wheel – what would like to do, and what can we do in a six month period. What do we need to do that and how would you go about doing it? Where will it go and how fast will it go, and that kind of thing.. It is more action--- It is very pragmatic. It is very appealing, actually, for someone who wants to manage a program and you can do it from here because it is something the agencies cannot do, and that is really what--- you hate to duplicate here what the agencies are doing. I am violently opposed to doing that sort of thing. .

Soapes: And you have got a number of agencies you are working with, each one makes sure it doesn't overlap, yet they need some sort of leadership, or coordination might be a better word.

Devine: That's fine. I've had a grand time. I really in that sense – I mean those are the kinds of things you have a specific accomplishment. We've gotten the support of the Administration all the way through. Those two particularly, the Adolescent Clinic and the Southwest Asian heroin initiative, the President has had regular status reports and every time he has said absolutely, go right ahead, no problem. That is an important element also and Stu – anytime anyone needs it, he will come up with support.

Soapes: I would think that would be vital.

Devine: It is because, as a matter of fact, most of the Southwest Asian heroin initiative came under his direction----all the press releases and all that.

Soapes: Yeah, yeah. How much effect does it have – say for somebody like----- we read a couple of weeks ago that Mrs. Reagan wants to be involved in the drug abuse program.. How much good does a name like that up front actually do for the program?

Devine: I think it is absolutely essential if you want a program really to progress in a fast and effective method. When you have the kind of ----- The higher up you are as far as importance, – I think it is only natural, you have competing priorities and I thought that was a very good sign. As a matter of fact, I think it was kind of nice to see even her statements about substance abuse and drug use prevention and the old traditional approach. Many of the things were from the whole adolescent effort and to me that was very pleasant to see, because it is a dynamic field.. You can change an attitude of substance abuse and you can restore to people their thinking that I have control of my own destiny. I think that is probably the most essential thing you can give to them.

Soapes: Will you be continuing this sort of work?

Devine: I'm not sure. I serve at the pleasure of the President.

Soapes: Yes, I know, but even if you are not in this administration, in the next administration, is this something you would want to continue working on?

Devine: I think it has – there are a lot of other untapped opportunities, so I am just sort of going to see those untapped opportunities in the field.

Soapes: Thank you. It was a pleasure to talk to you. Let me ask you, if we can do follow up interviews in another three, five, seven years, how would we best go about finding you? Do you have an alumni association that you keep up with your address, or is there some way that you could be giving a permanent address of sorts?

Devine: Yeah, sure. I can give you both my parents' address, that is 9204 Althridge Lane, Panama Canal, 20504 and I can also give you Middlebury College.

Soapes: Middlebury in Vermont?

Devine: Yes. I just think it is fascinating. I really am. I am always a little leery of sitting down and talking to tape recorders, but it has been so nice not to have to put the tape in. [laughs]

Soapes: It's been very good to talk about and, of course, you have something exciting to talk about that you obviously enjoyed working with and you have gotten results from and...

Devine: Yes, you are not going to solve this drug problem over night and you don't see all of a sudden it is over. There are accomplishments, there are small successes, but a series of them would be cumulative and there may be an end some day.

Soapes: I would think that when you are dealing with a social problem you would have to look at it that way. Again, thank you for talking to me.

Devine: Thank you. I really appreciate it.