The Global Health CHRONICLES

MALARIA CONTROL: CDC BEGINNINGS

Name: Henderson, Ralph "Rafe" H, MD, MPP, MPH (EIS 1965) Wife, *Ilze Henderson*

Date of Interview: February 3, 2012

Summary of Interview:

Dr. Henderson tells about his public health career at CDC and the World Health Organization. He and his wife, Ilze, who was a tremendous help to him and kept a journal of their travels and work, were primarily stationed in the field working on infectious diseases, especially smallpox eradication. Even though they were not stationed in Atlanta for much of their working years, they came in contact with and became acquainted with many of the CDC people and describe their working relationships.

Notable Quotations from Interview:

On CDC's working environment:

"But it was a very friendly, very nurturing environment, both from D.A. and from Alex, and one of the things that D.A. said to me early on was, 'Look, to get these programs going, you get the best staff you can, and then you give them the freedom to get done what they need to get done. You set them loose, and you give them resources and let them get their work done.' That really was his philosophy in the smallpox days."

On CDC's location in Atlanta:

"…I think that the issue is that unless you're a certain size and a certain weight, you're better off being under the radar. But once you get to a certain size, you better be upfront and fighting, because you're not going to be under the radar, even sitting in Atlanta.

On CDC almost being eliminated:

"Norm [Axnick] said, 'They keep saying that you're protected because you've got the anchor.' The anchor was the Public Health Service Advisers who were 500 or more strong, and they didn't know what to do with them. If they did away with the CDC, they were obliged to do a reduction in force and take all the staff that had rights to bump everybody else off their positions. That was a major constraint in them doing away with CDC, at least that was Norm's take on it. That was interesting for me."

On changes over time at CDC:

"That reminds me of a problem that CDC faces nowadays, and a problem for all organizations, which is that with size comes increasing isolation and increasing bureaucratization. I'd like to think everybody remembers the old days as just being either wonderful or terrible, but you have an unrealistic opinion of whichever way you think about them. But certainly CDC was smaller and much more collegiate in the early days than it can be now. You just can't do it with its current size."

Key Terms in Interview:

EIS officer [Epidemic Intelligence Service]; smallpox; the Organisation de Coordination et de Coopération pour la lutte contre les Grandes Endémies [OCCGE]; Master of Public Policy (MPP); Health and Human Services; Office of Planning and Evaluation; Venereal Disease (VD); Canadian epidemiological services; syphilis; gonorrhea; Global Immunization Program; measles immunization; USAID; Ped-o-jet injectors; staphylococcus; smallpox; rotary lancet; Expanded Program on Immunization (EPI); World Health Assembly; HIV/AIDS; cold chain; UNICEF; oral rehydration solutions (ORS); cluster surveys; variolation; Ebola; lymphatic filariasis;

Key People Mentioned in Interview:

Altman, Larry
Axnick, Norm
Ayers, Joyce
Baumgartner, Leona
Bown, Bill
Brachman, Phil
Carter, Jimmy
Challenor, Bernie
Conrad, Lyle
Copland, John
Curran, Jim
D'Amanda, Chris
Dull, Bruce
Fields, Bernie
Foege, Bill
Foster, Stan
Friedan, Tom
Giradet, Libby
Grant, Jim
Hart, Gary
Henderson, D.A.
Heymann, David
Hicks, Dot
Hicks, Jim
Hopkins, Don
Kasatkin, Val
Keja, Ko
Langmuir, Alex
Lichnevsky, Mike
Linsley, Susan
Loyd, John
Mason, Jim
McNamara, Pat
Millar, Don
O'Mara, Pat
Ottesen, Eric
Reid, Gordon
Roper, Bill
Satcher, David
Schofield, Frank
Sencer, Dave
Shafa ,Ehsan
Shalala, Donna
Sikkens, Coby
St. Jon, Ron
Tierkel, Ernis
Tolsma, Dennis
Wiesner, Paul

MALARIA CONTROL: CDC BEGINNINGS INTERVIEW

This is Karen Torghele and I am at the home of Rafe and Ilze Henderson. It is February 3rd, 2012. We're going to be talking about CDC's earliest days for David Sencer's *Project Genesis* and will cover what the Hendersons remember about people who were involved in that time period. Is it all right with you that we are recording our conversation?

RH and IH: Yes.

So first of all, maybe you could tell us about how and when you met, and we can correct that on the website. [*They told me it was incorrect as it is presently described on the Smallpox site*.]

IH: Well, we met in Atlanta, July 1965, and the first may have been at Emory. No, the first was when Rafe and his friend Bernie Fields rented an apartment next to us at Emory Gardens on Clairmont, and so obviously we met them and invited them to dinner. And the second time I think was when there was a wreck on Houston Mill Road and Rafe helped somebody get to the emergency room, and then I met him outside the emergency room, so—

RH: Gee, I forgot about that, but I was coming down to Atlanta after the second year at the Boston City Hospital. I'd done an internship and assistant residency, and that was the typical thing for many of us coming to CDC for the EIS program - to come down at that point - I had already been married, but Ilze was my best choice!

IH: But you were divorced legally!

RH: That's right, so—we had met at that point.

That's an interesting way to meet, a very exciting beginning. So that was after you had finished your internship and residency?

RH: Yes I came in as an EIS officer in July 1965. The usual thing was for many of the folks in that path to come to CDC for a couple of years and then go back, often to an infectious disease residency, and finish up in internal medicine or infectious disease or whatever. But then I got diverted to go to West Africa for the smallpox program, and being there, became so interested in public health that I gave up the idea of going back to pursue internal medicine. With Dave Sencer's support, I took degrees in public health and public policy at Harvard under a Public Health Service Career Development grant.

When we entered the EIS, we were permitted to apply for those assignments that were available. You could go to the field or to a headquarters assignment. There was the

opportunity for signing up for the smallpox program, and I thought that would be interesting. I had a long-term interest in international health, and that seemed to fit. You know, I was just two years after being divorced. I was single, I had not become involved with Ilze at that point, and so it sounded fine. And D.A. Henderson, who was recruiting for that, assigned me to follow Larry Altman into the field to be a technical consultant for the French public health organization, the Organisation de Coordination et de Coopération pour la lutte contre les Grandes Endémies (OCCGE), based in Bobo-Dioulasso which is in Upper Volta - now Burkina Faso. But I hadn't realized that D.A. and Alex Langmuir had some differences of opinion about the use of EIS officers going into the smallpox program, and, of course, we coming into the program had no idea about anything going on between them. But what I did know was that when I was selected. Dave Sencer, who was then the director of CDC, said, "Rafe, your allegiance will be to me and the Centers for Disease Control, not to D.A. or the EIS" (the EIS being Alex at that point). He wasn't so explicit about not to D.A. or not to the EIS, but was explicit about "Look, I'm taking care of you…," and so that was who I directed my request to when it came to a Career Development Grant.

Bob Balwin, Rafe Henderson, Janet Anderson, Bob Dyer, Laura Yergan, February, 1972

Provided by Dr. Henderson

Being in Lagos, seeing that I needed for sure to get an MPH degree if I wanted to go into public health, but also being convinced that management skills were the key to doing anything in public health, it was clear I'd better get some training in both those

areas. And so I said in my letter to Dave that I would like to get a two year grant, do an MPH the first year and then look for appropriate management training in the second year. If I was able to go back to Boston where I had done my undergraduate and medical school training, I was sure that I would have a better chance, knowing that environment, to select a good opportunity for management. I thought maybe the Harvard Business School would be an opportunity, but I would figure that out during the first year of my MPH. And on that basis, Dave approved the grant, and the deal was that for two years of support by the Public Health Service, you would pay back three years. That was a no brainer for me since I was very interested in that career path. And so, in fact, Ilze and I came back from Lagos to Boston in 1968 for the academic year '68-'69, which I did at the Harvard School of Public Health.

IH: '69, we came back. July of '69 we were in Geneva debriefing with D.A. on the smallpox program.

RH: OK, you're right. The academic year '69-70. From your journal, as always!

You kept a journal?

RH: Yes, Ilze's journal is our joint memory!

But in any case, during the MPH year, I tried to look at what the Harvard Business School provided, and they provided a very monk-like 18 months to complete your MBA in which no wives were allowed. That didn't fit my perspective of what I wanted at all, and at that time the Kennedy School of Government Master of Public Policy (MPP) program was just opening up. My MPH year was the first year that they had started, so the second year I was interested in was their second year of operation, and I applied to them. They first turned me down because I was too old. They wanted people that were right out of college or right out of medical or law school who would do sort of a joint degree of MD/MPP or the law degree and an MPP, and I had to work pretty hard to say that I wasn't too old, and that this was just exactly the right time in my career and what I needed for the training. And they eventually let me in. Then I had to do remedial work over that summer between the MPH and the MPP degrees because I didn't have advanced calculus. I had just a regular kind of undergraduate math introductory course, so I had a self-instructional course in calculus that I took during the summer.

Dave arranged for me to work in Washington that summer because he thought I needed some grounding in what went on in the legislature. He had a friend in the House Education and Welfare Committee. He was the chief of staff, and I think during that year, either the parties changed or something, because it wasn't a Democratic majority that was there when I arrived. I went to whoever it was in the Committee, and nobody had expected me. It quickly emerged that Dave's friend had just died of a heart attack

and was no longer there. So the Republican staff took me on and provided my introduction to Congress. Which was fine. It didn't matter, Republican, Democrat, because the issue was to find out how the process worked. I spent probably a couple of weeks there and then I got a call from Dave, who told me I had better go to an assignment with the Health and Human Services folks in the Public Health Service.

I worked for a guy who was dealing with the transition of the neighborhood health centers which had been established by the Office of Economic Opportunity (OEO) to the Public Health Service. That transition was very much seen by the health centers as a threat to their independence. They were organized in terms of getting the community involved, mainly in disadvantaged neighborhoods. They were a very innovative and very highly-respected radical kind of institution. But now they were being taken over by the much more bureaucratic Public Health Service. So it was an interesting time to be there. I didn't particularly enjoy that, but it was a good experience, and the same for the House Committee work. It wasn't particularly a fun thing to do, but it was very educational.

Ilze and I were in Georgetown living in an apartment that a friend had—

IH: Townhouse, fancy townhouse.

RH: Townhouse that a colleague at the Harvard School of Public Health had a connection to—either his mother or his wife's mother or something. She was out of town during the summer and we were able to move into the townhouse, so we had that as a Washington experience as well. So that summer was about dealing with learning a bit about the Washington bureaucracy and in the evenings trying to do my calculus to qualify for the fall at the Kennedy School. That was an active time, but it was again Dave Sencer who had orchestrated that experience.

Then, when I was at the Kennedy School, their concept really was forming and training people to deal at the upper echelons of government and policymaking. Their big message was 'okay, you make policy, but it's going to go nowhere unless you know how to implement, unless you get it done'. Many of the staff had experience in the Kennedy administration and they felt that had been one of its failings. Wonderful ideas but not so good on implementation. But their idea for the MPP graduates was that it would be an executive branch sort of career that one would go into, not sort of struggling in the depths of the Public Health Service.

So when I was considering what I should do afterwards, Dave was very explicit in saying, "We want you to do what is best in your career interest, because we think it's going to be good for the government and the rest of it. You don't have to come back to CDC. Look anywhere in the government and we will support you in that." And he said,

"When you look around, I think you'll want to come back to CDC." And I don't know quite what the dynamic was.

Either there wasn't that much attraction in Washington or I didn't feel comfortable with that environment, which I suspect is the case, but I did choose to come back to CDC. And Dave said, "Look, I can't give you much right now because there isn't an opening, but I'll put you in the Office of Planning and Evaluation, in my office, and when something opens up that's reasonable, then we'll look at that."

And indeed, I had about a year, maybe a little less, in Dave's Office of Planning and Evaluation, which I absolutely hated. That was going to Washington quite frequently. It was writing position papers. I almost thought that I was in the wrong career! And then, indeed, there were some changes and Don Millar, the Director, was promoted to the next level as the Director of the Bureau of State Services.

Don was EIS a couple of years ahead of me and took over for D.A. Henderson in the smallpox program when D.A. went to Geneva. He became the Venereal Disease (VD) Division Director replacing a very old-time person, Bill Brown, who was trained, as they were in those days, basically as a dermatologist. The dermatology/syphilology specialty was one that was a combined specialty, and it wasn't until Don Millar came into the VD division that you began to get a transition from dermatology/syphilogy to epidemiology/infectious diseases. And I think actually I was appointed Deputy Director during the transition, a period in which Don was the dual Director of the two units. Again, that was an interesting time in the history of the VD Division because, just at that juncture, there was the authorization for CDC to move beyond syphilis and get to look at the gonorrhea problem. It had become a major epidemic, and that required a very large shift in the thinking of the whole way that VD was being done at the Federal level. That opened the door to sexually transmitted diseases and later, just after I left, the AIDS epidemic hit.

From '72 to '77, there was a major shift in what the VD investigators did, how we looked at case management, how we thought about these other diseases. The entire medical staff at headquarters level was transformed from being dermatologists to being epidemiologists.

Jim Curran, now the dean at Emory School of Public Health, was one of the young epidemiologist tigers there, and he was working on the medical complications in women from gonorrhea and I think, maybe, also from Chlamydia. A lot of other good people came in including Paul Wiesner, who followed me as Director, and Ron St. John who left CDC to become head of the Canadian epidemiological services.

So that was a very productive period, and I'll tell just one anecdote about Dave at that time. We had recruited as a Visiting Scientist a young guy (our age at the time!) from Australia, Gavin Hart, who was very knowledgeable about sexually transmitted diseases. The Australian system had been, I think, far in advance of ours as had been the U.K. system. We were really stuck for a long time just in syphilis as far as the government was concerned. These other programs had moved much more realistically beyond that in confronting the larger sexually transmitted disease epidemics. Gavin was very creative, and he was concerned because when he visited the health clinics, he found a cultural gap between the physicians who were dealing with the sexually transmitted diseases and the patients coming in. The patients were speaking their own lingo, and the docs were not necessarily aware or understanding all the stuff that that implied. Gavin decided that he needed to get some sensitivity training for the physicians. He thought that a good way of going about that would be to have a glossary about given slang terms and what they really meant. And I only found out about the whole project when I was called— (laughs)

IH: Glad Don Hopkins is not here. We'd never stop laughing. Seriously.

RH: Dave called me in and he said: "Rafe, the print shop called me up and showed me this." There was the print shop showing Dave this glossary of obscene terms! I don't think I ever saw the actual printout.

IH: We have a copy I think.

RH: Do we? Okay, well, Dave said, "Look, if Congress ever gets a hold of this, they're just going to absolutely cut off our funding," and I hadn't a clue it was being done.

But there was no recrimination at all. It wasn't, "You idiot!" It was mainly, "Look, I have a problem because if it gets out of here, it's going to be in a problem for CDC," and it wasn't so much blaming me for not knowing it had been done or of criticizing the actual effort but to say, "You know, we can't go forward with this just because of these other things," and so I felt very foolish, but not in any way blamed that I remember.

I can picture that meeting. Ilze when did you start your journal?

IH: October 1966.

And when does it stop?

IH: Never. It hasn't.

RH: Goes on and on and on. We're just—

IH: Yes, I'd like to stop it, but I'm addicted to it.

That's wonderful.

IH: Well, it is, but it's really a log, you know; now it's a log, and I have—for each year I have a book, whereas here in '67, it's like February 3. We were in—Rafe was in Yaounde, Cameroon and I was in Lagos, and Jim Hick's wife Dot and I had just done shopping in the only store in Lagos. Jim was your—

RH: Administrative Officer, yes.

IH: Yes, he went to Cameroon, and I had coffee with a couple of people, whereas I should've really written down a lot more.

RH: For example, I think that was the instance where we were all coming back from a regional meeting in Yaounde and we were flying on these French Caravelle jets and coming back to Lagos and there's a lot of thunderstorm activity in Lagos. Coming down was kind of rough, and as we were coming to land, as was often the case with these jets, something came loose.

From the plane?

RH: Yes, the plane. Inevitably, no matter where you went, something always seemed to drop! But what happened then was that there was a set of eating trays that were put in the overhead rack, the trays for the very front seats which didn't have fold down trays. And the strap that was holding those trays in was not correctly fastened, and when we came down, the trays fell out and hit Jim Hicks on the head! And people were very upset, and the stewardesses came around and sort of fanned him and loosened his collar and loosened his belt. Then we landed, and Jim got up to leave, still a bit dazed, and his trousers fell down!

IH: Whereas all I had in the journal is that you got back on February the 5th and it says, "Rafe is back!" with a pretty big exclamation point, and I didn't put down anything about that but I do remember it.

That's a great story.

IH: Well, Jim had other adventures.

RH: Such as having terrible diarrhea and getting into an argument with the Lagos customs about some art he was bringing back, and he somehow was short-tempered and he found himself very quickly in jail. It was not a good scene.

But let me take the Dave Sencer story a little further. Okay, so Dave got me into the VD Division, and that was a very productive time, but he'd also said to me earlier on that after I had done my training, I really needed to come back and do something

domestically and not go international right away because he said I'd lose my domestic credibility. I'd just be seen as an international person. So in following that advice, I thought I would not get a chance to go back internationally for a while.

So there we were in the VD Division, and after five years, things were in pretty good shape. We had made a major inroad on gonorrhea, and in fact, that was another episode that was of interest. Early on in my tenure there, we decided that we needed to make a bigger splash about the problems of gonorrhea, because there was just enormous morbidity being suffered, especially in women, that was unrecognized and not really well addressed. So we decided we would go to the Secretary of Health and Human Services - up one level from CDC - and make a presentation. And we did it very well, and of course, it happened is as it does in Washington, once people say it's a problem, and "We gotta do something about it," well, everybody has to do something about it. So CDC was told to cooperate with all the other Departments who wanted to get into the act (especially if funds and recognition were involved). It was a real nuisance to deal with and I think we lost as much as we gained in terms of moving forward with things, but again, it was an interesting Washington kind of experience.

But then, quite unexpectedly in November '76, Ilze and I got a call, in the evening, I think. Dave said, "How would you like to go to Geneva?" ─ something about involvement with a sort of a WHO immunization program.

There was not much explanation, but it was enough for me to say, "Wow, gee, I'd like to go!" ─ the World Health Organization and the rest of it. And we went. I went for sort of an interview at WHO to see if I would pass muster in I'd say January or February of '77. (It was probably January).

And I didn't realize that there was a lot of U.S. political pressure being put on WHO to accept me. D.A. Henderson, who had been in Geneva running the smallpox program, had decided he'd had enough by '77. He was pretty fed up. He had an unsympathetic Assistant Director-General who was giving him a lot of troubles. He'd done a lot of work and was pretty tired after a very extraordinary decade there, and so when he decided to leave, the U.S. and CDC felt that they wanted to have a replacement there at WHO, that that was an important position. Bill Foege and family had just recently come back from India. He would've been a logical choice to do that. But Bill was not really wanting to go right back again to an international assignment. And so I think I was probably second in line for that. I didn't know of anybody else who was asked, but anyhow, when going to WHO, while I thought I might've been recruited on my merits, I think I was recruited because the U.S. had a very strong influence saying, "You better take this guy." But in any case I was recruited, and during that same week's visit in January, bought a car and rented an apartment. By March, Ilze and I were in Geneva.

IH: Well, you came back after that first visit I think couple of days after Dave was fired.

RH: That's right because Ilze was at a party that they—

IH: The Sencers gave a party.

RH: That's right, the Sencers gave a party. You tell the story.

IH: On a Friday. I think it's in the oral history, and I remember differently than Dave does, but anyway, I remember that it was a CDC party, dinner sort of, and I don't know exactly what the reason was, but then Dave walked in. He'd just flown in from Washington. It was a Friday evening. And I remember he walked in and he told the story that - who was the guy?

RH: Hale Champion.

IH: Yes, that he'd had a meeting with Champion, and as Dave was walking out the door, Champion said, "By the way, you're fired." But Dave said that it didn't exactly happen like that. I mean that those were not the words.

RH: But that was the issue: he had just come back off the plane finding out in that abrupt way that he had been fired, and then here's this party that's going on in his house. Everyone else is sitting around enjoying themselves, and so that was tough. Yes, that was the event. Then Ilze and I left almost immediately after that for Geneva, and we were there for 20-plus years.

IH: Yes. Well, it took us a month to try to get things together and, you know, we initially went for two years.

RH: Yes, that's right. Yes, no, and that was the issue. I mean, I was aware that you don't do a global immunization program in a year or two years. That's a long-term issue, and so I was expecting that this would be a significant assignment. But the rules were, quite legitimately, every two years we had to renew our contracts with everybody and be sure that things were legal. So I remained under CDC sponsorship at WHO from 1977 to, I think, 1990. It couldn't have been nicer. I was assigned to WHO and got very clear instructions from both CDC and the upper echelons up to the Secretary's level saying, "Look, you're there to do WHO's work. Get that done." There was no request for me to do U.S. Government work, and in fact, one of the U.S. ambassadors to Geneva was very politically motivated and was anxious that we, who were U.S. citizens in WHO, be responsive politically.

Fortunately I had the occasion shortly afterwards to talk to Donna Shalala, then the Secretary of Health and Human Services, who was at that point in Geneva (probably

attending the World Health Assembly). And I asked her about that, I said, "Look, we're getting this request, and so far, I've not felt that it's appropriate."

And she said, "Absolutely not. You do WHO's work and you are not beholden to us. It seems to me the best government attitude toward this kind of assignment is go do the best job you can, and you're not there to serve only the U.S. government. That is best served by serving the international community." So that was a very reassuring kind of mandate, and it made my life in WHO wonderful, because I had the support from CDC and the government but no obligations in terms of doing special things that would not be otherwise in my mandate.

I was going to ask you about—since you were representing CDC but you were employed at World Health Organization, is there something about the way that CDC dealt with other countries, in your experience, that you think was unique and made it easier for you to work with them because of the CDC's approach? Was there anything different about it from the way other organizations like USAID or even the World Health Organization itself dealt with other countries in their approach?

RH: It seems to me that the face of CDC internationally was the EIS, and that the downside of that was that people in the field sometimes felt that the EIS officers were coming simply to write their own papers and not necessarily to give credit to the national or other staff on the ground. That was one issue that would arise occasionally, but by and large, it was seen as very technical people coming in to do technical jobs very well, and it was that face of CDC that made being an EIS officer, being from CDC, enormously popular. I don't think it had anything to do with CDC's diplomatic relationships with the governments as a whole. It simply had to do with CDC responding to epidemics, doing a specific job that was the best that they could do, providing technical support; laboratory support as well as epidemiological support. And I think as opposed to USAID, which was constrained to run programs that were contained within a diplomatic framework and often driven by the politics rather than by events, CDC never had that burden. So it was never seen in that regard,

And WHO was seen in the same technical, non-political way. While it's been very highly-respected, its presence in the field was pretty weak and pretty awful often because of the local politics about who could be assigned or who could be recruited. There were quotas and things that made it difficult. In WHO, at least during my era, the programs which were best respected and most effective were often the communicable disease programs. They were dealing very specifically with disease issues that you could get your hands around as opposed to health services development or other fuzzier problems with primary health care. These are very important issues but very difficult to get your hands on in a specific way. So both with CDC's assignments for

epidemic response and emergency response of refugees and famines and the rest of it, which were dominant technical issues, really free of most of the politics, and with WHO itself, it's the same issue. These were issues in which everybody recognized that something specific had to be done. You put the best resources you could into it, so I think that was important.

When you took your EIS course, was Langmuir still there?

RH: Langmuir was there, and so I had a little contact with Alex. I don't think I called him Alex at that point! And it was brief enough so that we never had any real problems, and I think that was also the case with my contact with D.A. [Henderson]. I was there during the course as a first-year EIS officer with everybody in the same boat. There was not any drama that I remember. By September of that year, a colleague and I, Bernie Challenor, who was the only black EIS officer in my class, were recruited by D.A. into the smallpox unit.

IH: Don Hopkins was not an EIS officer?

RH: No, Don was not EIS at that time. Bernie and I were sent out on a domestic assignment to look at a case of chickenpox. This was the usual routine. If a suspicious case was reported, someone was sent to investigate and take photos. And it turns out that if you really look into a person's history and look at all the possibilities, it could almost always be smallpox. But, of course, mostly it's not, and then what's your risk if you're wrong? You have to wrestle with these issues.

So Bernie and I then both got sent off to West Africa: Bernie to Benin, and me to a broader assignment for the French West African countries under the OCCGE. But neither of us had that much contact with Alex, or with D.A. for that matter, because we were in Atlanta so briefly. Then when I came back, I became one of the instructors in the second year EIS course, and at the same time was trying to provide some background and help for the group of us who were then being sent back as part of the formal smallpox eradication program.

When I first went over to the OCCGE, it was to consult on the measles immunization program which was going on. During my time in West Africa, in December that year or January, D.A. was able to get through the USAID approval and funding for the smallpox/ measles program. I was still there when I was appointed as the Deputy Director of the Lagos, Nigeria Regional Office because of my experience. So I came back and Ilze and I got married in May. I came back probably in March.

IH: 1966.

RH: In ’66, that’s right. Yes, because I came into the EIS in ’65, and then in West Africa in ’65 to early ’66, married in ’66, then we trained that group of about 40 families going back for the smallpox measles program. But again, not much contact with Alex at that point, perhaps because there had been that tension between D.A. and Alex. But when I first got back, D.A. asked me to help with an issue concerning the jet injectors. Don Millar and Bill Foege had done work to test the jet injectors giving smallpox vaccine. These were electrically-powered injectors, and one of my headaches in my OCCGE assignment, as it had been for Larry Altman, was that the generators would break down. They were a nuisance, and it was clear also from my experience there that the sterilization was ghastly. When the injectors would break down, they had to be disassembled and there was little or no attempt to keep the parts sterile when reassembling them.

When I came back, D.A. asked me to work with the manuals the Training Bureau was preparing. It was where Susan Linsley was working on an illustrated repair manual, and D.A. was very unhappy with it. It was much too complicated, and he just said “Rafe, go deal with them and get it simplified.”

So that was a difficult situation, because I knew nothing about their whole gestalt about how you construct these manuals and what was important to do with what. So I had to come in and just say, “Look, I don’t understand that, and this needs to not be that or cut out that…” and the rest of it. It was not the easiest of interactions with this professional group that was having to deal with this young guy, who didn’t know diddly-squat about their technology, telling them what to do. But I was there, and it was D.A.’s mandate, and so I did what I could.

The other issue at that time was that I thought that one way of taking care of the sterilization problem for the jet injectors was to shoot iodine through them. That should take care of it. And I did some very brief studies with the lab folks where I took staphylococcus and some other bad pathogens and contaminated the jet injectors and then shot iodine through them, and it worked fine. They were sterile. And then a year or so later, Stan Foster who was then head of the Nigeria group did a study showing that if you didn’t flush out that iodine with several vials or at least one full vial of water, it continued to kill everything that it came in contact with, including the measles vaccine. So my idea was not so great after all!

But anyway, we didn’t have huge measles epidemics. I don’t think it absolutely wiped out the immunization program. It certainly was not the best technique to be used. And I think there might have been one instance or at least one that we heard about where the teams had not flushed out the iodine solution at all, so were giving at least one shot with a lot of iodine.

And those were the ped-o-jets?

RH: That's right. They represented the conversion from the electrically-powered jet injectors to the foot-powered jet injectors. But the upshot was that I did not have that much personal contact with either D.A. or Alex, but the contacts that were, were quite warm, and I'm suspecting that distance was a help in that. D.A. was a workaholic, and I was happy to work early in the morning, but I was not happy to work after hours or after dinner, and D.A. had a different schedule. He would work— either all the time, but often late in the afternoon. When I was, you know, dead, he was just getting going. So I'm glad that there was that distance.

And Alex could be very difficult, but I never got into that problem. By the time I got back from West Africa, he had retired to go to Harvard, I think, to be a professor in Cambridge. I do remember chatting with him about the VD problem, and he said, "You know, Rafe, I don't know how I would deal with that."

I said, "Alex, come on, we've got vectors, and we've got transmitters and good epidemiological tools." I was not being fazed by that prospect at all, and I was surprised that he had any qualms about it. He seemed to be puzzled by it.

But it was a very friendly, very nurturing environment, both from D.A. and from Alex, and one of the things that D.A. said to me early on was, "Look, to get these programs going, you get the best staff you can, and then you give them the freedom to get done what they need to get done. You set them loose, and you give them resources and let them get their work done." That really was his philosophy in the smallpox days.

But when he left WHO to become the Dean of Johns Hopkins School of Public Health, we got hints and feedback that his perception of what he did and how he handled things had changed. He seemed to become very controlling and very critical of what others did, and not at all the sort of empowering presence that I had felt when I had first been in contact with him. But as I said, I had little contact during the initial days in Atlanta, but I had more contact during and after West Africa.

We had an odd experience relating to D.A. that Ilze has written up in the files about 'Operation Elephant,' where sitting in Lagos, suddenly we got a cable to say we should go to India. India had been having a major smallpox epidemic, and the U.S. Government had offered them U.S. smallpox vaccine, because the Soviets who'd been giving it previously were fed up with the fact that they'd used all this vaccine and weren't getting anywhere. We thought that that was all coming from D.A., and it turned out— we only found that out in our reunion in 2006—that D.A. had no idea about what was going on. We got sent to India for six weeks to show them how the jet injector worked. It turned out that the initiator for this adventure was Ernie Tierkel, the veterinarian U.S.

health attaché or health advisor to the U.S. Embassy in Delhi. The objective was to get rid of the Indians' use of the rotary lancet, which was this terrible thing that caused all sorts of scars and super-infections when they used it to give the smallpox vaccine. So Ernie engineered the offer that the U.S. government would give vaccine as a diplomatic coup against the Soviets who had withdrawn. But they said, "Look, this is a U.S. vaccine. It can only be used with jet injectors. It doesn't work with the rotary lancet." And in fact, it was freeze-dried vaccine and packaged in vials that were designed for the jet injector. But the vaccine, of course, once diluted, could be used with any vaccination method.

We got sent as a team of three from CDC; Lyle Conrad, Gordon Reid and I. Because I had been helping to write the jet injector manual and I'd been in Lagos dealing with their problems, I got to be the senior member of the team. Lyle and I were the same age and seniority. Gordon was one year younger. In any case, I got this cable in Lagos, and by the time I got it, we (Ilze came with me) were already three days late for the assignment. It was an interesting six weeks. There were a lot of adventures that were going on and, as I say, Ilze has written it up, called 'Operation Elephant'. It was named that because the person that we were most responsible to in Delhi, after a few days, said to us, "What does a friend say to a colleague who as a gesture of friendship gives him an elephant?" We were the elephant! The poor man had these three enthusiastic people running around with a few jet injectors. He didn't know what in the world to do with us and it was a big headache for him. So that was another nice illustration of what international assistance and aid can often do to people, and that was interesting.

But then coming back to the end of our assignment in West Africa in 1969, we came back through Geneva to write up something for D.A. I remember—I'm not sure quite what it was we wrote up, but we did some work for him for maybe a couple weeks, and had a very nice interchange then with D.A. and his family, so I knew him better at that point than I had previously. Then, of course, we went onto different careers. Later, when I was at WHO, I heard from the scuttlebutt that he was not very pleased with what I did at the EPI. He felt that it was not so good, but I never learned of anything explicit. He has continued to be extremely warm, extremely supportive.

EPI is?

RH: Yes, is the Expanded Program on Immunization. I'm sorry. That gets confused with EPI being epidemiology, but that was the program that was seen as a follow on to the smallpox program and officially created by the World Health Assembly in 1974. Many in WHO had been opposed to the 'vertical' smallpox program and had mixed feelings about the EPI. So initially, temporary staff were assigned to it with the exception of one full-time medical officer who'd come from the smallpox program named Ko Keja, and a full-time secretary, Coby Sikkens. Then there were three or four other

part-time medical officers including Frank Schofield, who was assigned from, I think, Strengthening Health Services to come coordinate. For whatever reasons, it didn't work. Frank had some problems with his leadership I think. D.A. decided Frank was absolutely a disaster, and made his views very clearly known in headquarters. That didn't help the program at all. Part of the whole issue of my recruitment from WHO's perspective was to replace Frank and to try to give the EPI a new start, as there was some risk of its being abandoned. When Frank was then put aside, he successfully sued WHO, saying that he'd been unfairly taken out of his job, and I have to write that part up, Ilze. I'd forgotten that.

But when I came in, it was easy because Ko and I were able to have a very warm friendship. He was a decade older than I was and very skilled but very graceful in acknowledging that I was going to be his boss. He just couldn't have been nicer about it and just eager to keep the program moving, and who cared about who did what in the office.

And then, John Copland came in, also from the smallpox program. He'd been D.A.'s administrative officer in headquarters, so Ko, Jock and I were able to coalesce as a very warm team.

I think it must have been almost a year later when Frank Schofield won his suit. We thought that he would be imposed upon us as the EPI Director. He would replace me, and Ko decided that the way to steel ourselves for this was to enroll the whole EPI staff into a management training course that would then get us more solidly identified with each other so we would be able to withstand what we expected would not be very uplifting leadership from a new director. And only Ko, Jock and I knew why we were doing this. Neither the people who were running the course nor the rest of the staff had a clue! In fact, we all sat through two weeks of management training and team-building and all the rest of it which remained a mystery to most as to why they were doing it. And in the event, Frank went elsewhere, so we never had the problem.

And was it helpful?

RH: It was okay. I don't think it was the be-all and the end-all of our existence. They were—I mean, a lot of it was, you know, pop psychology and the rest of it. It certainly did bring us, the secretaries and the professional staff, together in group learning experiences—the team-building part was good.

How many did you have on the staff?

RH: At the time of the course I think Mike Lichnevsky was already there as well as Ehsan Shafa, John Lloyd and Val Kasatkin plus Libby Girardet and at least some other secretarial staff. I think there were eight to ten that were involved.

IH: Well, the Director General didn't object.

RH: No. Why should he? I mean it was our program. Why would he come down into the management training that we were doing amongst ourselves in the program? I don't think he was ever aware of it.

How much did U.S. politics have to do with what you were doing?

RH: Well, only in the sense that they wanted to have a U.S. presence that was there.

Did that change with administrations when there would be a new president, for instance, and then a new staff?

RH: I don't think so.

IH: Well, Jimmy Carter was—

RH: Well, Jimmy Carter was there in '77 when we were first assigned, but then in '80, with President Regan, I was already well-established. There was not too much political pressure then on the CDC Director. I think there was some oversight, but nothing like what happened later. So CDC was still under the radar in many ways. I'm now trying to think about the Assistant Director-General (ADG) position, which I came into following the tradition that one of the ADsG should be an American. After I had retired from WHO, there was one very obvious political appointee to the ADG position, I think, related to HIV/AIDS. He did not last long and I don't think was particularly warmly received either. And David Heymann, also originally from CDC was also an ADG at the time and has since been replaced by another CDC American who is an influenza expert. So these appointments have certainly been technical.

Do you think it was an advantage for CDC to be "under the radar," being located in Atlanta rather than D.C.?

RH: Oh, well, Dave felt very much that way, and I think that the issue is that unless you're a certain size and a certain weight, you're better off being under the radar. But once you get to a certain size, you better be upfront and fighting, because you're not going to be under the radar, even sitting in Atlanta. I mean there was a time when I was in Dave's office of planning and evaluation, Norm Axnick was the chief. Norm was a large individual, and he would talk compulsively, so you would end a conversation, and he would keep talking. You'd back out of the office to try to get away from him. He was a very nice, very competent guy, but he had this quirk that was just disastrous. But his comment was that the folks in Washington (this was a Nixon era) kept trying to do away with CDC at that point, probably mainly to help cut the budget. Norm said, "They keep saying that you're protected because you've got the anchor." The anchor was the Public Health Service Advisers who were 500 or more strong, and they didn't know what

to do with them. If they did away with the CDC, they were obliged to do a reduction in force and take all the staff that had rights to bump everybody else off their positions. That was a major constraint in them doing away with CDC, at least that was Norm's take on it. That was interesting for me.

So the right thing happened but for the wrong reason.

RH: Probably, yes, probably so. But coming from CDC was a help for me in WHO, because I was certainly perceived to have, and I did have, the U.S. government backing. I'd like to think that my performance also counted for something but I was really unaware of the U.S. pressures on WHO to take me as a replacement for D.A. In fact, I think part of the success of Frank Schofield's suit against WHO was based on my being invited by some of Frank's friends to a cocktail party, and being asked in a friendly way, "Why are you here?"

And I said, "Oh, it's all political," by which I meant that Frank was not performing well, and there was D.A. leaving and the U.S. desire for a U.S. replacement and I think they used that quote to indict the Director-General for firing Frank as being a political issue, not a technical issue on his performance or competence. I had been set up by that group to do that, and I didn't really realize that until Frank sued. So, yes, I have to acknowledge the politics,

But it also was the case that the EPI went gangbusters. I mean it was a virgin field to be exploited and taken advantage of in terms of getting these immunization services out. People did not recognize immunization as a priority when we began the program. People look back and now say it was so simple, I mean, who didn't know how important that was? But in fact they didn't know. At the time only a couple of vaccines were being widely given in developing countries. There was no cold chain. Virtually all the immunizations were being given in unsterile conditions. It was a disaster in terms of performance, and it was not seen as something that WHO could do very well. But within just a couple of years we turned that around, and countries themselves began to see the opportunities and advantages.

UNICEF, with some initial difficulty, was brought into strong support. UNICEF had not supported the smallpox program, was very hesitant to back the EPI, although it had been involved in immunizations. We were very lucky that Jim Grant came in as Executive Director in 1980, although he also had to be convinced this was an appropriate priority for UNICEF. Jim was very entrepreneurial in seeing things. At first he was mainly engaged in promoting oral rehydration, brandishing little packets of salts or oral rehydration solutions (ORS) during his speeches. It took it a while to get him onboard saying, "Look, immunization can be important and maybe even more important

than ORS," but in any case, within a very few years, the program was just going like gangbusters, and was praised as being one of WHO's flagship activities.

Was there a concern (like there has been recently with polio vaccine in some areas) about the politics behind the United States providing the vaccines and being worried that it was going to be detrimental to the population?

RH: Very little. There was some propaganda about ladies being sterilized. This probably reflected strongly on the U.S. role in family planning, which USAID had done during the '60s by narrowly focusing on family planning and population control rather than more broadly on women's health. So that provided an opening for opponents to say, "Oh, we know what this immunization thing is. It's out to sterilize our women just like you're doing with these other programs."

But this was a WHO, not a U.S., program just as the smallpox program had been a WHO program. D.A. had been very careful and very skillful in getting the Soviets very heavily engaged in the effort, and we continued that with EPI. So there was very little concern about the vaccines, many of which, especially initially, did come from U.S. manufacturers. But most of the EPI vaccines were purchased by UNICEF on the international market, so I think there were French and UK manufactured vaccines in the initial mix as well.

Interesting. Sort of in relation to that, when you were taking your EIS course, did they talk very much about the threat of bioterrorism and that being one of the primary reasons that CDC was in existence?

Zero.

None?

None.

So by that time [1965], that wasn't a focus of CDC or EIS?

RH: No. My guess is that it would've lost its focus by the middle of the 1950s. I think that as the malaria issue disappeared, the bioterrorism issue probably did also—I don't know. You'd have to talk to Phil Brachman or to D.A. But I don't think there was anything in our course.

Were you taught anything about the early history of CDC?

No.

You were just taught epidemiology and sent out to the hinterlands?

RH: Yes. I don't know what we would have found very useful about the early history of CDC. I suppose we had echoes of it, but it was not a big issue.

Langmuir was the one who introduced the EIS program. Did you ever know anything about Dr. Joseph Mountin?

RH: Since then, of course, the Mountin Lecture celebrates him, but I do not recall hearing his name mentioned during our EIS course.

Okay. And did you ever hear—well, being a birder too, do you remember hearing anything about the use of DDT in the '40s and '50s to get rid of the malaria-carrying mosquitoes in the Southeast and any issues around that?

RH: Nope. Sorry.

You do have some great stories. I'm interested, too in hearing how you work together. What did you do when you would go along with him, Ilze, and how did you help each other with the work?

RH: Let me make an introduction to that. Part of that experience, but only part of it, was occasioned by the fact that when we went to India together and Ilze and I did all our stuff with the teams together, the Biafra War heated up. The U.S. embassy in Lagos said any dependents that were outside the country were not permitted to return. It's too dangerous. So we were, both of us, out of Lagos and Ilze was not permitted to return. I refused to continue my assignment based in Lagos with Ilze sitting in the U.S., and so I negotiated with CDC to do general trouble-shooting in the francophone countries. I was the only francophone (French-speaking) person in the Regional Office, and there was enough to do!

Rafe and Ilze Henderson doing evaluation survey, Western Nigeria, 1968
Photo by Gordon Robbins

IH: It was June of 1967.

RH: Okay, June of 1967. Then we negotiated that I would go back in a roving capacity with no fixed base, and I would move as needed, as called upon, for the francophone countries. And Ilze came with me. We did smallpox epidemic control in Togo, and did a smallpox outbreak investigation and control in Benin. We did some work in Ivory Coast. We took a trip with the medical officer, Chris D'Amanda, who was assigned to Ivory Coast and Upper Volta. Chris was a colorful, remains a wonderful, colorful friend, and he had purchased a Mercedes...

IH: A yellow Mercedes.

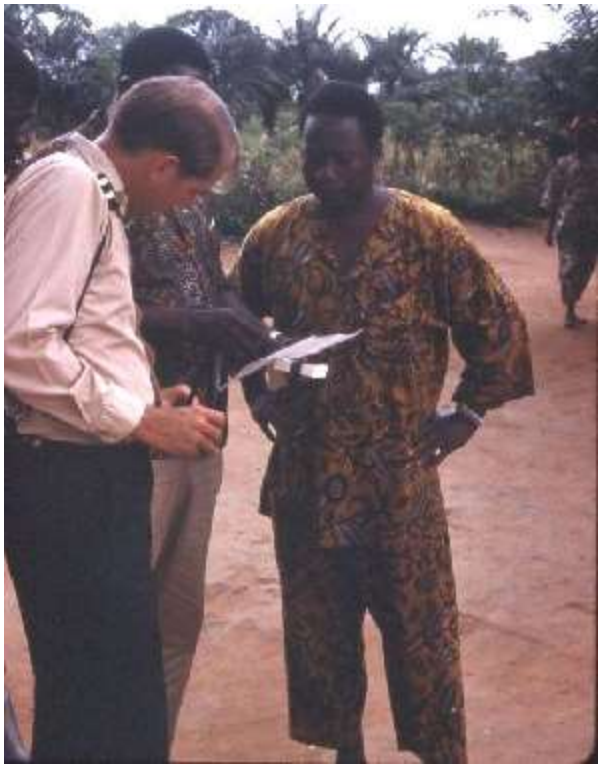
RH: A yellow Mercedes. And you could drive to and from Ouagadougou from Abidjan. It was quite a challenge! By the time we got to Ivory Coast, he and his Mercedes were in Abidjan, and so we drove as a threesome up the road to Bouaké and up through Bobo-Dioulasso to Ouagadougou. But it wasn't all fun. We did some assessments. We developed the market assessment tool in that environment.

I was obsessed with assessments and cluster surveys, and the markets in Burkina Faso, Upper Volta are very highly developed as they are throughout West Africa. You can have a daily market, which is generally a large market; you can have a weekly market or a three day market. They all differ in their characteristics and what they sell and how they're organized, and in the more rural areas, they are organized in a circle with each commodity being at a different distance from the center. For example, all the meat sellers might be near the center. All the pottery sellers might be near the periphery. But in any case, each village's input would be as a wedge of a slice of pie, and the story we got was so that if violence broke out, everybody could just turn around and head for their village. They wouldn't have to cross the market and get into trouble. It was a quick exit if they needed it. But that also meant that if we were clever in doing an assessment, if we found somebody with a recent smallpox scar, we could identify relatively easily where that scar might have originated and go back to do the epidemiology to find out whether there was a smallpox outbreak going on that we didn't know about.

Because you knew which "wedge" that village represented?

RH: That's right. Now, it was more theory than practice because you could also just ask the person where they came from. But it made a nice intellectual story. It was also the case that we could do a reasonable sampling of a community by doing a sample of a market, and if we were getting all over the market to do a systematic sample as we learned to do, we could get a sense of the vaccination coverage, or whether there was measles or something else going on in the area. It's a quick way of getting a large

number of people. So again, we did a number of those. I found them useful to do. But it never particularly caught on as a major assessment tool. We did at least one of these assessments on our drive together.



Rafe Henderson doing evaluation survey, Western Nigeria 1968.

Photo by Gordon Robbins

IH: Yes, back to the round shape of the market; that also served as a local post office. You knew how to send your mail to the village you wanted.

Interesting.

RH: So Ilze and I were together during that several month period. We went to Mali as well.

IH: Well, I mostly provided a kind of personal assistance support.

RH: Yes. When we did the smallpox investigation in Benin, Ilze helped a lot. We found a lady in the market in Benin who had a big scar that was still festering right in the middle of her forehead, and we knew that that was a variolation where somebody, a witchdoctor, had taken a smallpox virus that was in an old scab or something and had inoculated that into this lady's forehead as a way of protection.

A doctor doing immunization does the same sort of thing. Variolation had been known for centuries and had been practiced by the witchdoctors partially because they inherited the goods of people who died of smallpox. They were special witchdoctors who took care of smallpox in Nigeria and Benin; the Shapona cult. They would inherit the goods of people who died of smallpox. In fact, when the British were pretty successful in controlling smallpox in the early 1900's it was said that these Shapona cult doctors were using variolation as a way of keeping smallpox going to keep their own business going. But anyhow—

IH: That was in Nigeria.

RH: In any case, when we stumbled across this lady, we suspected that this had been done because of a smallpox outbreak, and we had quite an interesting time, and Ilze helped with all of it. We went back to the village this lady came from and then traced, household by household, the spread of smallpox in that community. It had stopped by that time. I wrote it up for the *American Journal of Epidemiology* (see attached article), and it became one of the examples showing that smallpox is not easily transmitted. That was one of the myths when we went to West Africa. Everybody said it's more or less like measles. It's very transmissible. But it's not. You have to work hard to get it, as you do Ebola. Ilze actually drew the map of the village that was published in the article. As we had mentioned earlier, Ilze also kept, and still keeps, a daily journal which was, and remains, a big help in documenting and remembering what happened.

IH: Unofficially. That was another thing, you know, wives were frowned upon.

RH: Oh, that's right, and that has been a continual annoyance for me since then. And Ilze also helped a lot during the assessments. When Lagos opened up again and we were able to go back there I was asked to do a number of comprehensive program reviews. I suspect that in part this was because I'd been sort of a nuisance to the headquarters staff, not very happy with their thinking about what should be done. I thought I knew better because I was in the regional office and they were in Atlanta—really pretty typical sorts of conflict for regional office and headquarters staff. I think they decided I better stop being a nuisance and get on with something that was more relevant. USAID needed some assessments of these programs so I was just told to go do them. We did northern Nigeria and Niger and…

IH: Western Nigeria.

RH: Right. We did those for the next year and a half. That was a major, major undertaking.

So the two of you did that together?

RH: Yes, Ilze came with me on those assessments.

IH: Yes, and I never want to go camping again.

Did you camp the whole time?

IH: Just about.

RH: Yes, we had to equip the trucks for the teams with what was needed for working in the bush; jerry cans of water and gasoline.

IH: And C-rations for food.

RH: And you could get government rest houses sometimes, but you generally had no electricity out there in the rest houses.

IH: No water.

RH: No water, and getting stuck in the middle of nowhere. There were a lot of adventures.

IH: That was fun. It was great.

RH: What annoyed me was so often someone would say, "Oh, no, your wife? No, no, she can't come. Why are you bringing her?"

And even in Geneva where Ilze's hosting cocktail parties and dinners, helping me work the receptions and getting information and making contacts with people, keeping up with what's going on, and it was, "No, no, she can't come to meetings".

IH: Well, until you introduced me as your personal assistant, so that was fine.

RH: Yes, if I do that, then it works fine, but as a wife, no, no, absolutely not, that's terrible. So that has been a real annoyance.

But it sounds like you [Ilze] were a tremendous help to him.

RH: Yes, absolutely. Still is.

IH: I have to be

RH: I'm trying to think about other D.A. or Alex stories for you—

IH: Well, one thing about Alex, two things—they're just observations. When we were living on North Gatewood Drive in '66 before going to West Africa, Alex lived in the next building with his family, and he had a whole lot of problems with his wife and children

before we left. By the time we came back from West Africa to Boston, Alex was there married to Leona.

Leona Baumgartner?

IH: And he was a very nice guy. I mean a much more relaxed person. And they did a lot of entertaining.

RH: Yes, so, we saw him in that era—not a lot, but we did at least once visit him and Leona in Cambridge.

IH: Yes, and he kept in touch. We'd send notes and certainly Christmas cards until Leona died.

RH: That was a very nice relationship, as it is with D.A. I continue to receive their Christmas letters and stuff like that. He's always extremely warm, so that has been a very, very nice relationship. But D.A. is not an easy person to work with.

So, I was thinking about you [Ilze]. If you had kept your maiden name maybe that would've worked out better. If you'd been his personal assistant—

IH: Well, it's my middle name.

RH: Yes, we could do that.

IH: Well, I don't think the name really mattered. Thinking about the work environment, even the hotel environment, they don't care.

RH: Ilze was trying to check out of our hotel room when we were at a meeting, and they were somehow suspicious about…..

IH: Well, no matter what, it's hardly ever Dr. and Mrs. Henderson and so when I showed up and I said, "I'd like to pay the bill," they just made excuses. Obviously they did not want to allow me access to the account. It's also the same culture as American Express. We have two cards, and I wanted to pay our bill, and I said, "Would you please tell me how much it is?" And they said, "Oh, we can't do that. "

RH: Well, you can understand. They're just trying to protect the autonomy of the individual so that if the individual….

IH: Male individual.

RH: Well, maybe it is for the lady as well. I don't know.

IH: Well, maybe now. But the hotel thing seems to be that everybody thinks that the male is traveling and confidentiality needs to be protected. And we ran into that in other places also.

So maybe they thought that there was a little hanky-panky going on?

IH: A little. Not just a little.

RH: Okay, let's see if we've got any other tidbits for Karen.

You had asked about bringing this [scrapbook]. You know what's so nice about this scrapbook? You have names on all the pictures, and we have so many pictures without names.

RH: I want to see one, because I was trying to get Pat McNamara's name, but I don't think his last name's McNamara. It was Joyce Ayers …

IH: Joyce is the one that—- Joyce Ayers did the whole thing. She was the instigator.

RH: There's Dave right up there. I think that's good for the archives. Yes, Bruce, I knew. Bruce Dull recruited me from the Boston City Hospital for the EIS.

RH: Dave said that Bruce is nice but he never can make a decision. There's Norm Axnick. Oh, Dennis Tolsma was the other person that was with me. Dennis also had a Labrador Retriever. We had one in the old days, and Dennis would take our Labrador Retriever out to play with his. We had a nice relationship.

IH: It was such a nice dinner when they gave us the book.

What a wonderful gift!

IH: It was extraordinary that they did that.

RH: There are also some poems and songs that we kept - well, they weren't with the book.

IH: Pat O'Mara! I knew it was something like that. It has been bothering me a lot.

Did you ever work with Vern Hauk?

RH: No. Paul Wiesner, who was my deputy and then came on to replace me as the Director of the VD Division, went on to work with Vern. I think he had difficulties with him at that time because of Vern's alcoholism.

RH: [After KT mentioning the Task Force for Global Health] I'm on an advisory group, a technical group for one of the Task Force programs which deals with lymphatic

filariasis—that's why I was in Sri Lanka. So I have a lot of contact with Eric Ottesen and the group that works with that but I have very little knowledge of, or contact with, the other Task Force programs.

Bill Foege without a beard.

RH: Yes, exactly. That reminds me of a problem that CDC faces nowadays, and a problem for all organizations, which is that with size comes increasing isolation and increasing bureaucratization. I'd like to think everybody remembers the old days as just being either wonderful or terrible, but you have an unrealistic opinion of whichever way you think about them. But certainly CDC was smaller and much more collegiate in the early days than it can be now. You just can't do it with its current size.

I hear that from a number of people.

RH: Yes. Well, it's almost inevitable. You have to be a super person to overcome it. We're hearing from some of the older staff that knew CDC way back when, being concerned about Tom Friedan's isolation and being surrounded by people who do everything for him; a concern that he's not able to break through to understand some of the stuff going on. But I think he is a marked improvement over the former director.

Yes. Who was your favorite director, if you had one?

RH: Well, I didn't know anybody else except Dave.

So I guess he's your favorite.

RH: Why not?

IH: Bill Foege wasn't too bad.

RH: No. But I never think of him as a director, just as a friend. And I never worked directly under anybody else, although Bill and others were Directors during our time as CDC assignees to WHO. They included Jim Mason and two others, I guess

Bill Roper?

RH: Yes, and…

Satcher?

RH: Satcher, yes David Sacher, Don Hopkin's friend. So, I met each of them, but generally only during a courtesy call with no in depth discussions of what I was up to.

Well, it's been a pleasure talking to both of you. Thank you so much!

Rafe and Ilze Henderson courtesy of the Hendersons

END