The Global Health CHRONICLES

MALARIA CONTROL: CDC BEGINNINGS

Jones, Boisfeuillet

1983 Joseph Mountin Lecture

Summary of Lecture:

Dr. William Foege introduced Boisfeuillet Jones as an honorary doctor, Emory Dean, and previous Special Assistant to the Secretary of Health, Education, and Welfare. Dr. Jones described the relationship between Emory and the CDC as a true public-private partnership for the common good. He gave a detailed account of how Emory's leaders funded and chose a location for a medical school and he described his own involvement in developing a plan for health services. Dr. Jones enjoyed working with several CDC directors and visiting many groundbreakings. In addition, he gave a first hand account of being with Surgeon General Luther Terry when the report on smoking was given and what happened in the pressroom that day. Finally, Dr. Jones told of how Robert W. Woodruff became interested in malaria and the CDC, praised the CDC's accomplishment of smallpox worldwide eradication, and saluted Dr. Joseph Mountin for creating the CDC.

Notable Quotations from Lecture:

"*The Surgeon General's report, first report on smoking had just become available. A press conference had been arranged for the surgeon general to release this report, and there was so much press interest that we didn't have room in HEW we went over to the state department and borrowed their press room, a big auditorium. I rode over with Dr. Terry, on the way over, I said, "Luther," who was a chain smoker himself, "You realize that after you release this report, you must stop smoking". He said, "Yeah I've been thinking about that," so we get there and after he had made his summary report about the second or third question he got was, "Dr. Terry, do you smoke?" Dr. Terry said, "No," the reporter said, "Have you ever smoked?" Dr. Terry said, "Yes," reporter said, "When did you quit?" He said, "I just quit" (laughter). It wasn't all rough, some bright spots."* – Mr. Boisfeuillet Jones on the Surgeon General's report on smoking.

Key Terms in Lecture:

Emory University, Emory Medical School, Public private partnerships; Grady Hospital, MCWA, Korean War, 1964 Smoking and Health: Report of the Advisory Committee to The Surgeon General of the Public Health Service; Emory Clinic

Key People Mentioned in Lecture:

Anderson	Dr. Clarence
Bauer	Dr. Robert J.
Calhoun	Phinizy
Giddings,	Dr. Glenville
Goddard	Dr. James L.
Kennedy	John F.
Mountin	Dr. Joseph
Paulin	Dr. James E.
Ribicoff	Abraham A.
Russell	Richard B.
Terry	Dr. Luther
White	Goodrich C.
Woodruff	Robert W.
Woodruff	Nell

"1983 Joseph Mountin Lecture: Boisfeuillet Jones On Emory & CDC". DVD. Boisfeuillet Jones lectures on the historical relationship between Emory and the CDC. Introduced by Dr. William F. Foege. 1983. Atlanta, GA.

Boisfeuillet Jones, Emory Administrator, Developed The Emory Clinic
http://www.emory.edu/home/about/anniversary/175-of-everything/makers-of-history-details/jonesb.html

After earning his law degree and serving in the Navy, Boisfeuillet Jones returned to Emory to become assistant professor of political science, dean of administration, and a vice president from 1946 to 1960.

In 1952, he wrote a plan to expand Emory's clinical services and bring together the schools of dentistry, medicine, and nursing. The plan led to the creation of The Emory Clinic in 1953 and eventually the Woodruff Health Sciences Center.

Jones served as President Kennedy's special assistant for health and medical affairs and worked with President Johnson to shape the legislation for Medicare. He returned to Atlanta to head the Emily and Ernest Woodruff Foundation and the Robert W. Woodruff Foundation. During his tenure the foundations made the 1979 gift of $105 million.

http://www.emory.edu/home/about/anniversary/175-of-everything/makers-of-history-details/jonesb.html

Dr. Bill Foege: It's a pleasure to welcome you today to the Fourth Annual Joseph W. Mountin Lecture. I'd like to thank Kim Van Kleef for doing the sign interpretation for us today and I'd like to pass on one item of business before we start. We have now collected over $56,000.00 for the combined federal campaign so we're two-thirds of the way to our goal. And for those of you who are like I am, negligent in doing this early, I hope you'll take advantage this week of contributing. It was six years ago today that a cook in a hospital in Somalia developed smallpox, the last naturally occurring case of smallpox in the world. It's ironic and it's also poetic that the last person was not only a victim of smallpox, but in a very real sense a partner in the struggle against smallpox because that person got smallpox by trying to help two children with the disease, find their way to a ward. But today in the midst of death and destruction in Beirut and other parts of the world, we celebrate the smallpox victory as members of the public health community with some tangible evidence that the world can be made better and remarkably that we can play a role in that improvement. My hope is that CDC will pause every year at this time to recall the end of an era. A special part of our remembrance this year is to celebrate with Don Hopkins the release of his book, *Princes and Peasants.* Don has been nominated, as many of you know, for this year's Pulitzer Prize, an honor that shows that others have recognized the qualities that are very familiar to us and I suspect that this is a first in the CDC family. We will have a signing ceremony after the talk today, it's sponsored by Share, these are the first books that have been released. The official release of the book will be during the first week of November, I believe, is that right Don?

The 29th.

The 29th of November, 29th of November, so we're a month ahead of the official release. Oh great. And Don will be available to sign the copies that you buy; we will also have a reception with coffee beans served afterwards in the hallway. We've named this remembrance after Dr. Joseph Mountin because he was so important in establishing CDC. So we remember both the end of an era and the beginning of an era today. It's such an honor to have Dr. Boisfeuillet Jones with us today. And I specifically call him Doctor Boisfeuillet Jones; he had a slight objection because they were honorary degrees and I told him that he had earned

those degrees as much as anybody at CDC. In the years we were formed at CDC, Dr. Jones was at Emory, first as a political science professor, then as Dean of Administration, then as Vice President and administrator of Health Services. In 1961, he was appointed by President Kennedy as Special Assistant to Secretary Ribicoff for Health and Medical Affairs. He was the equivalent of the Assistant Secretary for Health now and in fact, he was very directly CDC's boss at that time. He had a line responsibility for CDC. He also was the direct boss of the Surgeon General, Luther Terry, during those years and at the time of the Surgeon General's first report on smoking. So he was involved in the health education welfare department at a very interesting time. For the past 20 years, he has been president of various foundations. While he has many awards, many honors, has been a member of numerous commissions, I'd like to suffice it to say that this is a man who is held in just the highest regard in educational circles, in health circles, in foundation circles. It's an honor to introduce Dr. Boisfeuillet Jones to tell us about our early years. Dr. Jones.

Ladies and Gentleman, Public-Private Partnership for the common good is a phrase often heard today. It means different things to different people. To special interest groups, it means bringing public policy into focus with their concerns. To regulated industries, it means relaxing rigid requirements to conform with realities of the business world. To government budget planners, it means transferring costs of public responsibilities to the private sector. To CDC and Emory, it has no special meaning. Public-Private Partnership merely describes, for these two institutions, a state of mind, a mutuality of interests, an informal understanding, and effective relationship now existing for some 37 years between these institutions. Now documentation concerning this relationship in the early years was scarce. And not many are around who recall events marking the growth of these two agencies. My remarks will intersperse fact, hearsay, legend, and personal experience with a request that I be given the right to correct the record, should this become necessary.

Now, I've got something of a manuscript here that goes along in this vein. But Dr. Foege has thrown me a little bit of a curve and he said, "Why don't you just talk about some of these experiences, which we have discussed informally from time to time?" So I'm afraid what you're facing now is a little bit of formality and a great deal of informality, but if you'll bear with me and understand why, then we'll get through this period without too much trauma, I hope.

Now first I want to speak of Emory and its planning for the future beginning back in about 1944. At that time, the President of Emory, Goodrich C. White, asked the planning committee of the School of Medicine to reinvestigate, as he said, the present needs and future requirements for a program of continued progress in the development of the medical school. As could be expected, the committee reaffirmed that Atlanta is an ideal place for a medical center serving the southeast; that Emory should assume such a leadership role; that research was an integral part of teaching; that the clinical teaching program should continue a relationship at Grady Hospital; that the development of the medical school should be on the Emory Campus and I interpose a

comment there—that in the 1944 planning committee report, the recommendation was that the medical school be developed at Grady Hospital. Two years later, this decision was rethought, very carefully, and in 1946, a supplementary report gave a rather exhaustive rationale for developing the medical school on the Emory Campus while continuing a teaching relationship with Grady Hospital. I emphasize that because I'm not so sure, but that the development of the Communicable Disease Center and the possibility or even probability of its location adjacent to the campus, sped thinking along the line of a major medical center here in this area, embracing a number of non-Emory institutions that would be affiliated for the mutual advantages of proximity in working on health problems. I go on to say that post graduate teaching was a part of the school's responsibility and that selected departments must be strengthened. The committee recommended, among other things, specifically that, it is of paramount importance that plans be made for the early establishment of a department of public health and preventive medicine.

Now this theme has been carried through Emory's development program for the health services since that time with virtually no variation. They made their report in 1952 spelled out in considerable detail what would be required as Emory moved on to become a really first rate medical center. I'll get now into a story; every now and then I'll interject one to satisfy Dr. Foege and hopefully you folks. Mr. Robert W. Woodruff, who has been a major supporter of the medical center at Emory and of the university and of a lot of other things around our community, was on Emory's Board of Trustees first in 1935. In 1938 he became a member of the executive committee on which he served for about ten years. It was during that period that the problems of housing at CDC began to emerge, and he took a very active interest in this. But prior to this, he had said along with two other of his colleagues on the Board of Trustees that the three of them, dividing the cost equally, would underwrite a deficit for the School of Medicine if the school would move into what had been recommended in the report I cited for development of full time people in the major departments. This deficit had been incurred, the two other people dropped out fairly soon and left Mr. Woodruff carrying the whole load, which he did, until 1952 he became concerned that here he was stuck with something he couldn't do anything about and the university not knowing until about the middle of the year whether he was going to pick up the deficit in whole or in part or at all. It wasn't very satisfactory to each so he asked the university to produce a blueprint for its plans for development of the health services, including the schools of medicine, dentistry, nursing, the hospitals and related health activities.

I was Dean of Administration at the time and I say this only to show you how I got into this field, quite by accident really, and I was asked to prepare this plan, which I did in consultation with the respective deans and major faculty representatives and others in the university who were concerned. The plan was presented and adopted by the Emory Trustees, presented to the Emily and Ernest Woodruff Foundation, of which Mr. Robert Woodruff was chairman and was the major vehicle for his philanthropy. They had it studied by an expert over a period of some months where the university started to meet on January the 1st, 1953 at implementing the plan. I won't go into detail at all, but I do

note that at the same time that program was undertaken; Dr. Theodore J. Bauer became the Chief of the Communicable Disease Center.

The plan reiterated the commitment to affiliated independent agencies and listed eight divisions of the university that would be included and eight independent institutions of which the Communicable Disease Center was one. And there was no articles of affiliation, no contract, some of the institutions were in a contractual relationship, but not CDC; it's always been a matter of just mutual understanding and support. I won't take the time to read the language of the report, but at that time it amounted to the requirement for four million dollars of endowment the income from which would underwrite the committed deficit of the medical school, division of basic health sciences to serve all of the health divisions and the graduate school, a facility for clinical members of the faculty to practice medicine as a private partnership while teaching in the medical school without cost to the school and with a contribution from this partnership to support the medical school and research activities. The plan really was studied and then accepted by the Woodruff Foundation and they provided the five million dollars that was required. Meanwhile they picked up the deficit for 1953 because it was stated in the report they agreed to finance it in December of '53, and that year of '53, was the last time the Woodruff interest or anyone else has had to make a contribution to underwrite deficits of the medical school. The plan has been operating for about 30 years, it has been widely recognized and copied and we're very pleased about that.

Now go back a little bit, CDC was the Malaria Control in War Areas Program. The war, World War II, for those of you who don't remember, was winding down and the malaria program was not considered to be necessary much longer. Several Emory-related doctors, three of them particularly, who had chaired that first planning committee report, Dr. Glenville Giddings, Dr. Phinizy Calhoun and Dr. James E. Paullin, very prominent names in medical circles in Atlanta and elsewhere during those days. These people are the same ones who made a very strong bid on behalf of the malaria control group to keep an organized group, under the Public Health Service in Atlanta, to work at the problems of communicable diseases. So that there was a tie from the very beginning with Emory in terms of support for what the Public Health Service wanted to do. Senator Richard B. Russell, then junior senator from Georgia but very powerful as a member of the appropriations committee, became quite interested in the problem of housing CDC. And he advised CDC and consequently those of us at Emory, that in order to get an appropriation through it would be helpful if a site were already available without cost to the government. Emory bought some acreage where we now are, gave 15 acres of it to the federal government in 1947 for purposes of locating a CDC facility. Emory did not have the money to pay for it, they just bought it anyway. Two years later, they sold some land down at Grady that was not needed any longer and the Board gave permission for that money, some of that money to be used to pay off this debt that Emory incurred to provide CDC with a site. Now Mr. Woodruff was involved, I'd always had the feeling, I can't find it in the record, that he had actually given some money for use at Grady, which turned out not to be needed and he agreed that this would be a good way to use that money. I still think, perhaps, he had provided the original land at

Grady, which was then sold to Grady. So he was involved, in any event, he was quite interested in the project. I keep tying this theme all through because it makes an interesting tie-in and record.

About 1951 CDC, as I read the record, completed plans for a facility here. I think it embraced seven buildings. These were modified to leave off the seventh building because of a ceiling on what seemed to be available for appropriation. The Korean War had come along and stopped federal construction. The effort by Congress and the Administration to control the federal debt, at that time, also put a damper on federal construction and was very difficult to get the money. In fact, I say we, didn't get it until ten years later, or eight years later.

During this period there were efforts made to find other ways to finance federal construction, one of which was a lease purchase program in which a federal building or facility would be built with money by a private contractor and the government would lease it for a fixed number of years; and at the end of that time, the lease money would have paid for the building and the title then would be transferred to the government. Personally, I think the program was highly ill-conceived, just cost the government more over the long period and it's better to just go on and spend it when they were developing the facility and not build anything they felt they couldn't pay for.

Anyway, they had a ceiling on the original program of four percent interest that would be paid to the private contractor, private financer and the program just didn't go at all because over a period of two or three years inflation had taken hold. Finally, several projects were approved including CDC and then the Director, the Administrator of the General Services Administration, under whom this program was administered, suspended the whole business, just said, "Program isn't working, we don't know why, but we're not going to start with any projects."

Well, I won't go any further except in late 1957, they did go ahead with a few projects of this kind, the bid was accepted for interest at 4.97 percent to build this facility. I think, Dr. Foege, we all made a mistake not building a lot of things with that kind of interest rate over a 25 year period. In any event, it was horribly frustrating to the chiefs of CDC and their supporters and Bureau State Services and the Surgeon General's Office and in the department in Washington that they couldn't get what was so badly needed for a developing competence, which already was beginning to show the potential of what was available.

At one point, there in 1956, the project seemed so assured that CDC had a groundbreaking committee and the record shows that this committee made an appointment with Mr. Boisfeuillet Jones and other Emory officials, the way it reads, to discuss groundbreaking ceremony. It was 1958 when finally there was a construction approval and contract and the building was completed and dedicated, the first group of six buildings, completed and dedicated in September of 1960. I remember well the dedication ceremonies, CDC had a flatbed truck pulled up back of the facility and it had the officials on the platform. Dr. Arthur Fleming was then Secretary of HEW; Dr. Leroy

Bernie was Surgeon General, and they came to the dedication and Emory gave a dinner for them the night before, but for somehow they got terribly late, about 9:30 before they arrived at the dinner. It was at a downtown club and drinks were being served at the time and they finally decided we sure better go ahead with the dinner before they get here or we won't be able to have a dinner. It was not really alcohol abuse, but it sounds like it.

I would like to speak of the frustrations of Dr. Anderson and Dr. Clarence Smith who were the Director during that time, it was my privilege to know all of the directors, chiefs and directors of CDC beginning in 1946. Some I knew extremely well because we commiserated over a period of ten years to get this facility built. I'll interject just one other story at this point, in early May of 1964, I had a call from Mrs. Lyndon Johnson, said she wanted to spend a day in Atlanta and was there something I could suggest that she might do while she was here? She wanted to come early in the morning and leave late that afternoon, a one day stop. I said, "Why certainly, there are a lot of things you can do in Atlanta;" she was First Lady at the time. So I got busy and worked up a schedule for her. The main event was a groundbreaking for the facility in which we are now seated. Now a groundbreaking had not been scheduled, but uh, I called Dr. Jim Goddard, explained the opportunity and CDC quickly worked up a first rate groundbreaking for this facility. I don't know how long after that before they actually got the ground broken, maybe even got authorization, but they got the building, that's for sure. And just incidentally, as citizens of the community, she stopped and unveiled the original model of the Atlanta, the Memorial Arts Center with families of the people lost in the Orly plane crash present. She came out to the dedication here; she had lunch at the President's home at Emory and then spoke at Emory to a full Glenn Memorial auditorium. She went to a reception at the Governor's mansion, the legislature was in session so they were there' she went back, she had a full day, but CDC was the focal point thanks to your good officers. Now I might say Jim Goddard was a little bit more flamboyant than some of your other directors and he had on his white uniform, full and complete. And I didn't know at that time that Public Health Services had a white uniform, but he was very proud that it was a service organization.

Because of the things that you had done and others had done here at Emory, somehow I was invited to come to Washington in the job that Dr. Foege had mentioned. I had the health activities other department, including the Public Health Service, Food and Drug Administration, Maternal and Child Health, Vocational Rehabilitation and a few miscellaneous matters. Dr. Luther Terry had come in the same time I did in January of '61 as Surgeon General. They had a lot of interest and experience, but because of your special interest in smoking, which Dr. Foege mentioned, I'll tell you this incident. The Surgeon General's report, first report on smoking, had just become available and a press conference had been arranged for the Surgeon General to release this report. And there was so much press interest that we didn't have room in HEW, we went over to the State Department and borrowed their press room, big auditorium. I rode over with Dr. Terry, on the way over I said, "Luther," who was a chain smoker himself, "you realize that after you release this report you must stop smoking."
He said, "Yeah, I've been thinking about that."

So we get there and after he had made his summary report about the second or third question he got was, “Dr. Terry, do you smoke?”

Dr. Terry said, “No.”

And the reporter said, “Have you ever smoked?”

Dr. Terry said, “Yes.”

The reporter said, “Well when did you quit?”

He said, “I’ve just quit.”

It wasn’t all rough, there were some bright spots. My time is about gone and I have left the theme a little too much, but I would like to read, if you’ll bear with me, this particular policy statement out of the 1952 report, which really is the basis of the last operation since that time. This is a policy statement: Modern medical schools properly are sharing leadership in all activities in the field of health in their communities and regions. The communities expect such leadership and want it. Independent community enterprises in the field of health in their…independent community enterprise in health service fields ask and expect to receive consultation, advice and active participation in their programs by a medical school and its faculty. Such participation usually is most effective when the independent health facility is located geographically near the medical school. Likewise, certain of these facilities are useful in a medical school’s program of teaching and research in the health fields. It is proposed that Emory University actively encourage independent community agencies of the type normally affiliated with a medical school in a medical center development to locate new physical facilities adjacent to the main campus. And then the report lists types of facilities and I mentioned before that it specifically includes CDC and it has a note there, negotiations already in process for this construction and they were.

In 1967, there was sort of a progress report, which said…and incidentally, the group of Emory and affiliate institutions were given the name by Emory with permission of the affiliates but without any special obligation, the term ‘Woodruff Medical Center of Emory University,’ in recognition, obviously, of what Mr. Woodruff had done through the years. He resigned from the Emory Board in 1948 saying that he thought he could do more good for Emory off the Board than on the Board. His first support of Emory was to set up the Robert Winship Memorial Clinic in the Emory Hospital in 1937. Since that time, including the value of this land on which we are located now, it amounted to about $225 million dollars from his own money and money that he has influenced for development of the medical center and the university here. Certainly I don’t know what he would have done if he had stayed on the Board, but he couldn’t have done much more off the Board and it’s been quite a help and that’s why it’s named.

Now one reason he became so interested in health and the medical school, aside from concern about cancer, was malaria at his Ichauway Plantation in Baker County in

Southwest Georgia, which he acquired about 1927. Along about 1928, a black man who had been a long time resident of the area drove by in a wagon, stopped where Mr. Woodruff and his farm manager were standing and said he just wanted to come by and shake the hands of the boss. And while he was standing there he began shaking and a sort of an ague and he went on after he got over the attack and Mr. Woodruff said, "What in the world is the matter with that fellow?"

And his manager said, "He has malaria."

It turned out about 60 percent of the people in the whole county had malaria. Mr. Woodruff ordered a barrel or some total of quinine tablets from Atlanta sent down there. He employed a physician and two public health nurses, supported them through the county health department. They ferreted out, wherever they could; people who were victims of malaria and in cooperation with CDC through the Emory Medical School and the Georgia Department of Health and the Coast and Geodetic Survey launched a very effective program of study leading to the virtual elimination of malaria by knowing the habits of the vector, the *Anopheles* mosquito. And there's a bronze plaque on the site of the first of the laboratory buildings provided by Mr. Woodruff on his plantation.

I had another, after they had been operating about 19 or 20 years there and about concluded what they wanted to do, Mr. Woodruff thought that all these people down there were not necessarily helping raise his quail like he wanted to, and they had completed their work very satisfactorily and I got word that he thought maybe it might be time they might want to move. And I talked to Dr. Simmons of CDC, very timidly about it, he said, "Oh, he said we have finished our program there and I want to move some of these facilities to our laboratory in Savannah and I'm just delighted."

So it worked out very nicely, the move was made very rapidly. And I think Dr. Mel Goodwin, who spent a good bit of time there, is now writing the history of the Emory University Field Station at Ichauway. And I stopped just again, just a minute, to say that Mr. Woodruff's compliments I would like to present to Dr. Foege a privately published biography of Mr. Woodruff and a story of Ichauway Plantation where your malaria control work was so effective. I'm coming back in just a minute. Dr. Foege assured me they'll be in the library available to anybody who has some interest. Now you may recall the occasion in April of 1970 when Atlanta's Mayor Ivan Allen Jr., an avid hunter, was bitten by Tsetse fly on African safari in the Okavango Swamp of Botswana. He contracted African trypanosomiasis, sleeping sickness, and was carried out of the swamp in two days to the village Malin, where a small plane picked him up for treatment in Johannesburg's Fever Hospital. The doctor in charge said that the treatment administered had been prescribed by CDC in Atlanta. Because he had developed the disease and was brought in so quickly after exposure, the Health Minister and medical entourage came by to study the case. "I salute you Mayor Allen," he said, and it seems that the Health Minister had been a visitor to CDC, probably a trainee of CDC, some years before and had called on Mayor Allen as a foreign visitor courtesy. CDC, this was back in 1970, CDC then and now and continuously, has the made the world smaller and healthier.

I tried to give you an impression of cooperative effort in the remarkable development of two important health institutions, side by side, in Atlanta, the public CDC and the private Emory—a true Public-Private Partnership for the common good. When Dr. Joseph W. Mountin or were he here today at this fourth annual lecture in his honor, surely he would rejoice with us in the CDC, Emory relationship and in recognizing what is also the sixth anniversary of worldwide smallpox eradication in which CDC played a leading role. I've got another story, incidentally, I happened to be at the World Health Assembly in 1962 and attended the groundbreaking for the World Health Organization Center, as well as CDC Center here in 1960, two years before. And I think what you do with the World Health Organization has added to the world's health as I indicated.

Dr. Mountin's idea as head of the Public Health Service, Bureau of State Services to create separate centers to deal with major health service, led him to play an essential part in re-designated the agency Malaria Control in War Areas as the Communicable Disease Center in 1946. This launched a well-acclaimed competence in the promotion of disease control and related activities here and abroad. We salute him and all of his colleagues of then and now. And I thank you for the personal pleasure and privilege of joining you on this occasion.

END