

The Global Health CHRONICLES

MALARIA CONTROL: CDC BEGINNINGS

Name: Sencer, David, MD, MPH

Date: 2010

CDC Corporate Culture Oral History Project interview by Mary Beth Reed

Summary of Interview:

Dr. Sencer contributed to the collection of interviews on the corporate culture of CDC by describing his time there as a scientist and director of CDC during various times in its history. He describes his efforts to develop a close-knit organization through his open-door policy and his self-developed method of walking around to greet staff members and familiarize himself with them and their work. He also discusses issues around obtaining funds to run the CDC to the best of its capacity. The rise in diversification of the work force was a conscious effort of his during his tenure as director. He also describes the evolving relationship between neighbor organization, Emory University and CDC.

Notable Quotations from Interview:

On the Emory School of Public Health: *“So we were paying the tuition for this, and that got it started. It started in a little house down by the railroad tracks on Clifton Road, two or three rooms maybe in the house. We would beg space in different places to hold classes. But in that first class one of them became the assistant director of CDC for management, and another one is a professor of mental health at Emory, and it was quite a prestigious group that we turned out. And then this gradually grew to become the School of Public Health, but CDC funded the start of it and did all of the paperwork that was necessary to get it through the faculty, and it was tough.”*

On the Global Health Chronicles: *“We have a web site now called GlobalHealthChronicles.org at which we’re trying to document and archive major activities of the CDC. We started with smallpox eradication. We had a reunion in 1966. CDC sent about sixty people to West Africa to start the smallpox eradication program in twenty countries, and forty years later we had a reunion of those people. And we thought it’d be in the backyard and it turned out that it grew and grew and so we took the opportunity to get oral histories on about forty of them and we had a seminar, and we have that documented. Then in 2008 we had a similar reunion for the people who had worked in India and Bangladesh and Ethiopia. So we have about a hundred oral histories.”*

On diversification of the workforce in the ‘60s: *“We had rough times, too. One afternoon something appeared on all the bulletin boards called ‘The Plantation News’ and I spent a long evening that night with two hundred of our African American employees. And I will never forget one of the comments that was made, ‘Do you have to be black or feeble-minded to work in glassware?’ We had one white person working in glassware and he was mentally retarded.”*

Key People Mentioned in Interview:

Anderson, Dr. Robert
Berg, George
Collins, Mr.
Donaldson, Alan
Edwards, Dr. Phillis
Kokko, U. Pentti
Marine, Bill
Scripps family
Sellers, Tom Jr.
Sencer, Steve
Snyder, Dixie
Woodruff, Robert

Key Terms Mentioned in Interview:

World War II; Navy; Marine Corps; Korean War; doctor draft; tuberculosis; Public Health Service; survey of migrant labor; Bureau of State Services; Lawrenceville facility; Bureau of the Budget; Emory; OMB [Office of Management and Budget]; Woodruff Medical Center; parasitology; Master's Degree in Community Health; Emory School of Public Health; Global Health Chronicles; *Morbidity and Mortality Weekly Report* [MMWR]; Office of Vital Statistics; National Center for Health Statistics; Government Printing Office; civil rights; *Plantation News*; SHARE; CDC cafeteria; Miss CDC Contest; Management Analysis; staff meetings

INTERVIEW: BEGIN PART 1 OF 2

MARY BETH REED: Good morning, this is Mary Beth Reed. I'm doing an oral history interview with Dr. David Sencer at the CDC. We're in the classroom outside the museum. Okay. I'm going to put that there. So up until 1942. So did you attend grammar school and high school in Grand Rapids?

DR. DAVID SENCER: I attended grammar school in Grand Rapids and then I went to a boarding school, got a scholarship in—outside Detroit.

REED: Was that hard going to boarding school or did you like it?

SENCER: Yes and no. Yeah I liked it. My father had died when I was four and my mother felt that I needed male— companion—yeah

REED: Companionship, yeah.

SENCER: But it was hard being a scholarship student. It was a school that had a lot of wealthy families, General Motors and Chrysler and things like that—

REED: I see, I see—

SENCER: —always felt a little bit different, but yeah.

REED: No. I can understand that. Was it a religious school or was it—

SENCER: No, it's a group of schools outside of Detroit there at Cranbrook. There's a boys school and a girls school and the art institute and a science institute.

REED: So it's like a consortium almost. Yeah, yeah.

SENCER: Yeah. It was started by a family, the Scripps family.

REED: Neat.

SENCER: Yeah.

REED: So when you went to boarding school, were— I guess you were a ninth grader or going into ninth grade?

SENCER: I was in the eighth grade.

REED: In eighth grade, okay. And you finished it out there?

SENCER: Yeah.

REED: Were you already— were you planning on a science career? What kind of high school student were you?

SENCER: I was good.

REED: Were you?

SENCER: Yeah.

REED: Did you already have your—sort of your course planned? Did you know what you wanted to be?

SENCER: No, I was interested in science, my particular interest. But when I started college it was just good old-fashioned liberal arts, and then the war [World War II] came.

REED: Then the war came, oh. Where did you start college?

SENCER: Wesleyan University in Middletown, Connecticut.

REED: Wesleyan, okay. So did you register for college then the war came?

SENCER: The war started in December of '42 and I started college in '42. The first year was strictly a liberal arts type of background and then the army and the navy established programs in most colleges where you would enlist and they would pay your way and then you had commitments of four years afterwards. Wesleyan had a navy program and so rather than being drafted, I went into that as a pre-med. The way the schedules worked, I finished all my pre-med in one year. I had organic [chemistry], inorganic, and physics at once and the year before I had a biology course, so the Navy said, "Well, you finish your pre-med and there's no place in medical school so you'll have to go to boot camp." So I was an enlisted man and went through boot camp and—

REED: I got to ask, where did you go to boot camp?

SENCER: Boot camp is recruit training in the navy. It was in Upstate New York. Then I was assigned to the naval hospital in Mare Island, then Camp Pendleton and I became a pharmacist mate, which is now a hospital corpsman. It had nothing to do with pharmacy.

One day my name just appeared on a list to be transferred to the Marine Corps. Somebody came by from the personnel part and said, "We understand you finished your pre-med and you want to go to medical school."

And I said, "I have a choice between medical school and going into the marines? I'm a coward." I started medical school then.

REED: So you started medical school while you were in the navy?

SENCER: Yeah.

REED: And then—

SENCER: They paid for one year of it.

REED: That was a good deal.

SENCER: Yeah.

REED: And when did you complete—

SENCER: University of Michigan.

REED: At the University of Michigan? So you're always kind of going back to Michigan one way or the other?

SENCER: Yeah. I'm not sure why but—

REED: Okay. I didn't ask, do you have any brothers or sisters?

SENCER: No.

REED: So you were an only child?

SENCER: Yeah.

REED: Aw. Did your mom maintain a home in Michigan?

SENCER: Oh yeah.

REED: Okay, in Grand Rapids? Great. All right, so you went from boarding school to medical school to the Navy. And after you served in the Navy what was your first civilian job if I could ask?

SENCER: Well, when I finished medical school I was an intern—a resident. And one day on grand rounds the Chief of Medicine said, "Did you know the army was looking for you?"

And I said, "No."

He said, "They wrote and asked if you were essential. I told them that the department would fall apart for two minutes if you left."

This is during the Korean War and they'd instituted the "doctor draft." I'd only had eighteen months as an enlisted man, so I was now eligible for twenty-four months in the military. While I was in medical school I'd had tuberculosis and I'd been 4-F for a while and suddenly I became 1-A, and I went down to the Navy. I figured, "Well I'll re-enlist in the Navy," and they said they wouldn't have me with my medical history, but when I was drafted they'd take me in their quota. I said, "That's a funny thing."

I was talking with a friend of mine who was a professor at the School of Public Health, and he said, "Why don't you join the Public Health Service?"

I said, "What's that?" (My field of interest in medicine had been in chest disease).

He said, "They've got a very good tuberculosis research program and why don't you get into that?"

So I wrote to Public Health Service and said, "Here I am," and they kept saying why I should join.

I said, "I don't want 'why.' When?" My wife was pregnant and we were having to move. We had an apartment that had no pets or children and we were going to have to move, and we didn't have any furniture. It was terrible. I said, "Let's get it over with." So finally I got into Public Health Service. After about nine months I decided that public health was better than clinical medicine and never left.

REED: Neat. Now you mentioned you had tuberculosis?

SENCER: Um-hm.

REED: As a child or—

SENCER: No, while I was in medical school.

REED: While you were in medical school. Did that have an effect on your decision or—

SENCER: Well, that had an effect; it sort of pointed me into what I wanted to do in terms of pulmonary disease. This was before drugs [to treat tuberculosis], so I was hospitalized in the university hospital in Ann Arbor. They had a policy that you could read anything you wanted to except what you had been doing. So I couldn't read any medical books or any medical journals, but I could read the *New York Times* and *New Republic* and *Harper's* and a lot of things that I'd never had time to read. So I suddenly became a little bit more socially conscious than I had been before just because of this time when I was doing things other than science. I listened to the Town Meeting of the Air—Hubert Humphrey was the Mayor of Minneapolis and was always on the radio arguing with this or that—a very wonderful orator.

REED: Yes he was.

SENCER: So that helped change my life. Then, while I was in the Public Health Service in one of my first jobs I was assigned to the State of Idaho to conduct a survey of migrant labor. Idaho has a long growing season so that the migrants would come up from Texas or probably Mexico. They would be there for six months. They said there were early spuds [potatoes] and late spuds. Seeing some of the problems that the migrants faced really got me more interested in the community than in the individual and that's when I wrote Ann Arbor and said, "I ain't coming back." Glad I made that decision.

REED: Yeah that's really neat. So public health became the focus?

SENCER: Yeah.

REED: And I love the fact that you were recuperating and you had to read wider or broader contextual things. I could see how that would influence you, especially someone who's so scientific. So your public health career starts out then and you're based where? Where's your first—what you'd consider—

SENCER: That was in Idaho, then I was in Columbus, Georgia, and then I was in Washington, and then I came here [Atlanta].

REED: I gotcha. In the jobs that preceded here, before you came to CDC, when you look back now—which of those were the most influential or building blocks in—that helped you handle what you had to handle when you came here as director?

SENCER: Well I think that my job in Idaho had been one of strictly survey activities and trying to solve problems. In Columbus, Georgia I was in charge of a tuberculosis research program that Public Health Service had in Columbus since 1946, and I took over from the man who had run it for all that time. And then when I went to Washington. I was really in sort of a position that offered me the opportunity to see sort of the bureaucratic side of life. At the time I thought, "This is a terrible job." I'd do this and I'd do that. But I realize it was a learning experience eventually and that's when I came to CDC.

REED: All right, your job in Washington, what would have been your title there?

SENCER: I was a program officer at the Bureau of State Services—

REED: I gotcha—

SENCER: —which meant I did odd jobs.

REED: *(laugh)* Okay. How big was the public health community? Do you understand what I mean? Did— Were there a lot of conferences, were there— How much did— Was it a growing field? It's an established field, but was it— What we know— It's very different than what we know today obviously.

SENCER: Well, it wasn't as big, of course, and there was probably more influence from the states than there is today.

REED: Okay. Okay. When you came to the CDC you had your first—the Idaho experience. You're a surveyor. You were down there collecting data, looking people in the eye. Columbus it's the same sort of thing but more of a program director probably getting your feet wet in directing and managing. And then as you say the Washington experience was the learning curve I guess. How did you find out you were in the running to come down here? How does that happen? *(laugh)* That's probably what we want to know most. I think people—

SENCER: I was in Columbus. I was going to Mississippi to do some tuberculosis work there. I was on a plane that went from Columbus to Montgomery to Birmingham to Jackson. In Montgomery two people got on the plane. One of them I knew was Dr. Anderson who had been the head of the tuberculosis program, and I knew him. And he introduced me to this other person that I didn't know. And we chatted for a little while. Then I found out that the other person was the head of the Bureau of State Services and he was trying to get Dr. Anderson, who at that time was the director of CDC, to transfer his deputy, Alan Donaldson, to Washington to be the program officer. And Bob Anderson saw me on the plane and traded me. *(laughter)* So I found that out. And then I got to know the person who was the deputy director of CDC. He did a lot of work in Washington and when he became the director of CDC he asked me to come and be the assistant director.

REED: Okay. How old were you then, do you remember?

SENCER: Let's see, that was in nineteen sixty— 36.

REED: Thirty-six? When you came down to Atlanta— You had lived in Columbus, Georgia already so you understood—Atlanta's different from Columbus.

SENCER: Oh you better believe it.

REED: Very much so. Yeah, very much so.

SENCER: 1955 to 1960.

REED: Tell me about you and your family moving here and—

SENCER: Well, when we moved here we didn't know whether the schools were going to be open or not, it was right at that point in time. And our oldest child was going to start first grade. I didn't know how long I'd be assigned to the Public Health Service. At that time you had two years here and two years there and so on. So we sort of figured this would be a two-year assignment and we figured if we lived in the Emory community there'd be some sort of schoolings available. But the schools stayed open and then gradually we began to like it here, and then I got promoted to the deputy director and got promoted to director.

REED: Then director. *(laugh)*

SENCER: We were very happy to stay.

REED: And you've been here ever since then?

SENCER: No, we left in '77 and came back in '93.

REED: In '77. Okay. Can I ask you, What did it look like? What did the campus— Because you know we're talking—we're interested in the historic buildings. What did the campus, or was it a campus when you came? What— Can you describe a little—

SENCER: Well it had Building 1, Building 2, Buildings 3, 4, and 5 and the boiler room and the warehouse, that was it. And we still had labs out at Chamblee. And I think the first thing that we did in terms of construction was get money for the Lawrenceville facility. And when I came we were dealing with the Bureau of the Budget on the first expansion of the building, which would be the new auditorium. It was a new auditorium. What else? And I guess Lawrenceville, and also some additional office space. I was trying to think what—

REED: Kind of-

SENCER: Because we had an awful time convincing the Bureau of the Budget that the director of the TB program—*(laugh)* In Washington, he'd had an office in which he had his management person in the same office. That was the way he did business, and his office was twice as big, so on the schematics, it was twice as big as anything else. And Bureau of the Budget just could not understand that. And they could not understand what we could do with a 300-seat auditorium. "If you're going to have it, you need to pitch it." And we kept arguing that, we would use it as a training room too, and so it had to be flat. We just had an awful time with OMB [Office of Management and Budget] over that. And finally we got it.

REED: You got it? I guess it would be hard trying to explain to those folks what your needs were.

SENCER: That was also the new wing of Building 1 that went out towards Emory.

REED: Right, right.

SENCER: Yeah. So that was the orig—that was the first expansion.

REED: That's the original. Right. Can you tell me at that point in time, the CDC community, were you a very close-knit community, the folks that worked here?

SENCER: Well, two ways to interpret that; one is at the workplace and one is socially, and socially, no. I had lots of friends from here but it wasn't as though that's all at CDC.

REED: Right.

SENCER: But as an organization it was a very closely-knit organization. In those days people—you asked them who they worked for and they'd say, "CDC." If you ask them who they work for today they work for the National Institute or the Center of this or that and so on.

REED: I see what you mean.

SENCER: But there was much more of an identification with CDC as a center.

REED: That makes sense to me. How much communication was there with Emory? I mean, being next to Emory was always to my mind a boon, it was a gift—

SENCER: Yeah—

REED: That obviously Robert Woodruff was part of that but how did it figure into the—

SENCER: It was difficult, because when I first came here, there was very little communication. They [Emory] were a medical school and public health is secondary stuff, except every now and then they'd talk about the Woodruff Medical Center and include CDC in the Woodruff Medical Center. In about 1968 or '70 we tried to get Emory to develop the joint program with CDC in parasitology. We even had an institution in India lined up to be a clinical resource for parasitic disease, and Emory just couldn't buy it.

Then in 1973 I think it was, two people from Emory came to see me, Tom Sellers, Jr. and Bill Marine. They were in the Department of Preventive Medicine at Emory. And they wanted to start a School of Public Health. And I said, "You know, why don't you back down a little bit and let's start a joint program of a Master's in community health which wouldn't require as much accreditation and so on."

They thought that was a good idea, but then nothing happened. So I assigned one of our staff, Dr. Berg, to work with them. And George, by dint of being there and shaking things, was able to put all the paperwork together to establish a program of a Master's Degree in Community Health. Then the question of funding came up. Well, we found a little money in—now that the statutes of limitations had run out. We found some money to get it started. We assigned a couple of people to be on the faculty, and of the first class of twelve people, half of them were CDC employees.

REED: Wow—

SENCER: So we were paying the tuition for this, and that got it started. It started in a little house down by the railroad tracks on Clifton Road, two or three rooms maybe in the house. We would beg space in different places to hold classes. But in that first class one of them became the assistant director of CDC for management, and another one is a professor of mental health at Emory, and it was quite a prestigious group that we turned out. And then this gradually grew to become the School of Public Health, but CDC funded the start of it and did all of the paperwork that was necessary to get it through the faculty, and it was tough.

REED: Amazing. It was tough.

SENCER: But George Berg was very persistent and—

REED: Is that Bird?

SENCER: B-e-r-g.

REED: B-e-r-g, Berg?

SENCER: Yeah.

REED: Okay, just want to make sure.

SENCER: So that's how that got started. And that was really the beginning then of a much more close collaboration. But now it's a wonderful collaboration with CDC staff teaching, and students coming here and it's—

REED: Wow, what a great start, huh?

SENCER: Yeah.

REED: When you look back.

SENCER: I got a letter yesterday. My son is deputy general counsel at Emory and they're going to have all of the general counsels of major universities—Harvard, Yale, Hopkins, and so on, are coming to have their annual meeting at Emory. And Steve— There's a press release today saying that my son is now the Acting General Counsel—

REED: Congratulations.

SENCER: —acting senior vice president. So he's going to be the host. Every time we go someplace, the other universities show us something. He asks, "What can CDC do?" (*laughter*)

I said, "I'm sure that CDC would be more than happy. We can't take them into a laboratory but we can show them the museum, we can show them the Emergency Operations Center, we can get the general counsel to talk to them, get the facilities people to talk about the facility in general."

REED: Well, that's very exciting.

SENCER: We go back and forth this way. We have a web site now called GlobalHealthChronicles.org at which we're trying to document and archive major activities of the CDC. We started with smallpox eradication. We had a reunion in 1966. CDC sent about sixty people to West Africa to start the smallpox eradication program in twenty countries, and forty years later we had a reunion of those people. And we thought it'd be in the backyard and it turned out that it grew and grew and so we took the opportunity to get oral histories on about forty of them and we had a seminar, and we have that documented. Then in 2008 we had a similar reunion for the people who had worked in India and Bangladesh and Ethiopia. So we have about a hundred oral histories. Not all of them are up online yet. We have documentation of these two seminars, we've got about three hundred photographs, we've got a lot of documents and so on. And they're all online now and—

REED: That's fantastic.

SENCER: But we're doing that through Emory, through their library.

REED: Again, another example of this collaboration.

SENCER: We don't have to follow all the federal regulations about web site design and so on.

REED: Right, right.

SENCER: So we've got a pretty— my iPad won't show you the pictures but—

REED: Oh, now you're making me jealous. You got an iPad. I'm getting one for Christmas.

SENCER: That's the front page of it.

REED: Marvelous. Marvelous. Marvelous. And then you hit those and you go into, the guinea worm, smallpox, malaria. Oh wow. So Emory does the web hosting and the oral history. Oh fantastic. Fantastic. I can't always get these things. You wanna- photograph? Do you have to do once or twice? I guess that's the easy way.

SENCER: Come on.

REED: It's going. It's going.

SENCER: It doesn't like the— So much of this— The web site has a lot of flash in it.

REED: Uh-huh. Oh. So that's why it's holding up?

SENCER: Yeah.

REED: Oh no. Well I will look at that later. That's really cool. It's marvelous.

SENCER: Yeah. And we're now getting started on guinea worm and—

REED: Keep building. Well you brought up something with your son and I think that's amazing that—his new appointment which is really neat and that his father can say, “The CDC can put on a show.” Because it can put on a show and it's a show that I think most Americans would like to *know* about the CDC. And you've become the hallmark of public health and—but that obviously was a journey getting there, getting to have that kind of presence in American society. And when you came on in the seventies—

Okay, I don't know if you can talk to this, but how did you and the folks that you worked with at that point in time, how did you thrust public health into—and the CDC and its growth, into the public zone, you know what I mean, and go the word out? Can you talk about that?

SENCER: The principal way that we were able to do it at that time was through the *Morbidity and Mortality Weekly Report* [MMWR]. Are you familiar with that?

REED: Nope. I'm going to make you explain what that is.

SENCER: Okay, the MMWR is a weekly official documentation of the Public Health Service that had been in the old Office of Vital Statistics in what's now the National Center for Health Statistics. That function was transferred to CDC in 1966 along with me. And it's a weekly publication that has information on outbreaks, on the statistics of reportable diseases, and so on. It's now gotten not quite as flexible as it used to be because there's much more departmental input into it and so on. It takes a long time to get clearance and so it's difficult to get out immediacy which in 1966 and in the seventies were able to use this as a quick way of getting out public health information. In those days, press conferences weren't held. We had a public affairs officer who was very good in handling the media, but it wasn't the sort of thing that we promoted. We were more reactive than proactive.

REED: Sorry, I'm going to take a lozenge. I've had very bad allergies.

SENCER: Fisherman's Friend?

REED: No but Hall's Mentho-lyptus. Sorry about that. Well when you came here—

SENCER: Would you like to stop?

REED: Could I stop for a minute? Just for a second? Thank you.

BEGIN PART 2 OF 2

SENCER: It [MMWR] always comes out on Thursday. And it was a great filler for newspapers. Friday, we'd always see something, particularly in the smaller papers and so on, they'd pick up stories.

REED: That was smart.

SENCER: And one Thursday we had a terrible snowstorm for Atlanta and everything was closed down but our staff got in, printed it, and got it out on time in the subbasement of Building 1.

REED: That's amazing to me. So you wrote it, you edited it. I mean just— I don't think people understand the publication side almost of CDC because it's—you're like a small printing house basically I think, no?

SENCER: *laugh* Every now and then we'd get in trouble with the government printing office but—

REED: Oh—*(laughter)* I didn't think about that.

SENCER: Yeah.

REED: Because—

SENCER: We hired somebody who had been *(laugh)* with the Government Printing Office and he knew how to get around the—

REED: Yeah, they probably are thinking, “What are they doing down there?” right?

SENCER: Yeah.

REED: No, I think that's pretty neat. Well, I'm going to ask you a few questions because Julie had some things set up and I'm going to go back and make sure I cover everything. One thing she brought up is when you moved down here you had your children, you had to put them in school, a time of unrest in the South with civil rights and—How did that play out in the workplace here or did it not?

SENCER: Well, I'm not sure how you mean that.

REED: Well I guess what I'm thinking is in terms of work at that point in time at the CDC, was it mostly a white workforce—`

SENCER: Oh yeah. We had a lot of African American employees in low-level jobs; dishwashing, janitorial service, and so on. The major part of the problem was the lack of qualified people in the sciences for the higher-level jobs. And in the sixties and into the seventies really many of the African Americans who went on and got degrees in medicine, for example, they were usually so much in debt that they wanted to get into practice and make money, not only for themselves but for their families.

REED: Right.

SENCER: And so public health was not a very good option for them because public health doesn't pay very much. My father-in-law always used to say, “Why don't you become a surgeon and live up on the hill?” So this was a problem. Everybody would say, “Well you're just making excuses,” but these were the facts, that you just did not have a qualified pool of African Americans. Hispanics weren't—

REED: On the horizon yet, yeah, yeah.

SENCER: No. So it was very difficult. We had rough times, too. One afternoon something appeared on all the bulletin boards called the *Plantation News* and I spent a long evening that night with two hundred of our African American employees. And I will never forget one of the comments that was made, “Do you have to be black or feeble-minded to work in glassware?” We had one white person working in glassware and he was mentally retarded. He could do repetitive things fine, but it was—

REED: It's hard.

SENCER: That's a hard one to answer. But now I think CDC has followed pretty much the course of the nation. I don't think we've been a leader. We've tried, but I think we—CDC has progressed as the rest of the country has, and I think we probably progressed a little faster than the South in general.

REED: Good point. Well, when you had to send people to other countries, so was it hard finding— Obviously you didn't— You had white Americans going to those countries as your specialists I mean—

SENCER: There was no problem.

REED: Yeah.

SENCER: No. Because most of those countries had just come out of the colonial era and so they were used to dealing with— In the sixties that wasn't much of a problem. Today it's difficult.

REED: Yeah. No, no, I agree, I agree. We talked a little bit about how the campus was set up and you had the expansion of Building 1. I guess at that point in time did you ever envision the CDC looking the way it does today, this campus? Let me put it that way. *(laugh)*

SENCER: No. I could—

REED: Let's talk about that.

SENCER: In those days you did red brick buildings, but we could envision more laboratory space. We had rental space all over town as they do today, for office-type activities. We tried to keep the scientific office type things here on Clifton Road and we put the Financial Management in Buckhead and the Procurement in Buckhead and things like that, but tried our best to keep the science base here on the campus—

REED: I understand—

SENCER: —so that they would eat lunch together. The cafeteria at that time was run by the employees' organization. There was an organization called SHARE. I've forgotten what the acronym is, but they contracted with somebody to run it, Mr. Collins, and it was a great place to eat. At Thanksgiving time, he always had a wonderful Thanksgiving dinner. Every year he would have a Thanksgiving dinner and would charge what he had charged in 1960. So by 1975 you could get a Thanksgiving Dinner for fifty cents. *(laughter)* This got out in the neighborhood and there'd be lines of people waiting to come into our cafeteria. We didn't have security problems then.

REED: That's what I'm just thinking, so anybody could come in at that point in time?

SENCER: Yeah, sure. *(laughter)* But—

REED: It sounds like a great deal. I know a few people that I work with would come for a fifty cent lunch any time. *(laugh)*

SENCER: Yep, right, but—*(laugh)* He'd periodically have a big steamship roast of beef, be in there cutting it. And he'd say, "You want some more juice with your—" *(laughter)*

REED: It was a high style place. So the cafeteria—

SENCER: But usually it was good old collards and it was a good lunch.

REED: *(laugh)* Were there any other social activities that the CDC put on? I mean, was this—

SENCER: Before I came they had a contest for Miss CDC and that stopped. When I got here the phone book had asterisks beside certain names, which meant they were unmarried women. That stopped.

REED: Wow.

SENCER: The SHARE organization would have certain things. One year they had a fashion show. Rich's came out and put the fashion show on and two of us agreed to be in the show. And I had on a muumuu and bare feet, a rose in my mouth and—(*laughter*) you know, that wouldn't happen today.

REED: Sounds like fun.

SENCER: I walked down the runway—

REED: You did? (*laughter*)

SENCER: And the man who ran the print shop was a commercial comic. He had a comedy routine, with bib overalls and a straw hat and straw coming out of his mouth and false teeth coming this— And this woman from Rich's, very well dressed, middle-aged woman not very happy about this. And she said, "Now who's going to handle this part of it?"

And Dixie slipped his false teeth in and turned around. He said, "I am ma'am." She about died. But then there were two of us that went up and down the runway. And then Rich—then he turned to the woman from Rich's and he said, "And now from rags to riches." And she picked it up just like that. (*laugh*) But you know, we could do it then.

REED: You could do— I know, that's a lot of fun.

SENCER: Yeah. And they'd have CDC night at the ballgame—

REED: That sort of thing?

SENCER: Things like that.

REED: Yeah. How about women here? When you came to work— You mentioned the asterisks but were there a lot of them? Were most of them secretaries or were there some that were already in the scientific field?

SENCER: No, we had a lot of people in the laboratories, women in the laboratories, but again, they weren't moving up in the managerial group. I appointed the first woman to be in a managerial position. There was one unit called Management Analysis, it was all women. And they mainly had been secretaries who'd moved up. And they handled records and issuances and things like that. But in terms of the programmatic things, Dr. Phyllis Edwards was the first woman to head up a program—that was a tuberculosis program.

REED: Neat. Neat. No, no, no. Well I'm trying to think— If you were to look back and say the biggest change here during your tenure, what would that have been? What do you think?

SENCER: Well, I think probably one of the biggest changes was brought about by AIDS, in that suddenly CDC had a lot more money than it had people for—and I mean *lots* more money. So they got into contracts and they got into grants that were not well supervised. And you suddenly had an influx of behavioral scientists into the program. And out of that developed this concept of health marketing which I'm not sure had been well evaluated, but I think one of the biggest things that changed CDC was the

sudden influx of big money. And then you got big money with preparedness. And it's hard to spend, suddenly getting big money that you've got to obligate by the end of the fiscal year.

REED: Right.

SENCER: And you tend to get into things then that have to be continued. One of the things that CDC had prided itself on while I was here and before I was here was that our budget requests were based on reality—not on wishful thinking. We knew to what extent we could grow so that we would have the right people to do things, so we never would go in with a wish list. And we had a lot of respect at that time from our congressional committees because we were very honest about it. We were not asking for doubling our budget in one year. Some of the programs would come in with a budget like that. They wouldn't get it but they would—

REED: Right. They'd start from that point.

SENCER: So we usually got what we asked for because we were honest about it. But this huge influx of money that has led to contracts, contracts, contracts is very difficult because it takes people to supervise them and then you get into contractors— Years and years ago there was a decision of a comptroller general of the navy that said, Contractors cannot be supervised by a federal employee. You give the contractors work to do but you cannot supervise it. And now you've got contractors working—it's hard to tell who's staff and who's contractor.

REED: Right. Right. How many— I see what you're saying. So like in the seventies and eighties there'd be far fewer contractors here. It'd be your own staff, it'd be the CDC staff. So one of the major changes, and obviously with AIDS money coming in, is that kind of opened up a whole new—

SENCER: Yeah—

REED: —not only new field but I see what you're saying, just the management of those fundings, it just would be—

SENCER: Yep—

REED: —something to give you pause I would say. So that's one big change— I guess I had forgotten or not really thought about that in the 1970s people could walk onto the campus. I mean, security is now so much a part of our daily lives that— I love the fact that people could come for lunch (*laugh*) but it must have been a far more open environment too—

SENCER: Yes—

REED: Period.

SENCER: Yeah. One of our senior employees' wife always showed up every other Tuesday at ten o'clock in the morning because that's when the paychecks were delivered. She was the one that took it to the bank. (*laughter*)

REED: That's fun.

SENCER: Real funny. She worked as a volunteer crossing guard for the school and she'd show up in (*laugh*) her uniform to get his check.

REED: Well, they had a plan I guess. (*laugh*) No. Now is there—

SENCER: CDC was smaller at that time, and when I was here I knew practically everybody by name, and that got down to the janitorial staff and so on. I could call them by name, and can't do that anymore.

REED: No.

SENCER: I (*laugh*)— I practiced management by walking around. I'd drop in on people and see what was going on. My door was never shut.

REED: Where did you learn your management style?

SENCER: Didn't learn anything, developed.

REED: Just developed?

SENCER: Yeah. I don't think you can learn—

REED: No, you're right. There's a way you handle things. So dropping in and talking to people. During that time period did people—was it a collegial environment where that wouldn't be perceived in any other way but what you doing, what you doing kind of thing?

SENCER: Yeah, yeah. Oh absolutely. Yeah. I was there to find out. "Hey John what's going on?" There was one person, (*laugh*) he was always sitting there reading a paperback. Finally he stopped putting it away. (*laughter*) We got rid of him eventually. He retired.

REED: Right. Right. But that enables you to see who's doing what at the same time.

SENCER: Yeah. And people were free to come and talk. Staff meetings were fun.

REED: Were they once a week?

SENCER: Yeah.

REED: And what day of the week was it, do you remember?

SENCER: I don't know...

REED: (*laugh*) That's all right.

SENCER: It was fun because everybody had something to say. The director of the laboratories was from Finland, Dr. Kokko, U. Pentti Kokko. And we'd just had a GAL audit. And one of the things they found fault with is that we had a hundred year supply of a certain reagent and (*laugh*) that was based on what we had had the year before when we'd had none. And we finally had to prepare this reagent to distribute to the states and so on. And (*laugh*) Dr. Kokko said, "And also we found out that we could make this reagent in horses, and that's a lot of serum."

One of our staff looked at him and said, "Dr. Kokko, have you considered using quarter horses?" (*laughter*) I mean, it was that sort of environment. (*laughter*) That threw him too.

REED: So staff meetings really were a good opportunity for all you guys to come together—

SENCER: Yep—

REED: —and exchange?

SENCER: Yeah. When I went to New York I started having staff meetings at the health department and they'd never had them.

REED: Ooh—

SENCER: And they didn't know what to do. They'd come in (*laugh*) there and start sitting like this. And so we'd sit there and then I'd start. And I'd ask them questions. And (*laugh*) then by the second time we had one I didn't sit at the head of the table, I had sort of moved around to the side, and that confused them, but gradually we developed an environment that was more collegial than it had been.

REED: What kind of values, do you think—if you look back that—because you've already given me some indication—I love the fact that you stopped in and talked to people and had your door open—the kind of values that you think the people that you worked with at that point in time, what did they bring to it?

SENCER: Well I think one of the major values was honesty. The ability to say “I don't know” was important, or the ability to say, “I'll find out.” I think that while I was here people were very concerned about making sure that what they did was in the public interest and that it wasn't wasteful. We didn't pinch pennies but we made sure that what we did was acceptable.

REED: Right.

SENCER: I think that some of the things that happened a few years ago around here really disturbed me in terms of excesses of personality. I object strenuously to naming the auditorium after a contributor of money. I think that's awful. I think we went through a period, or CDC went through a period of not really handling the—how should I put it? They went through a period of [being] more concerned with appearance than with substance.

REED: I see.

SENCER: I think there's been a shift back to that now.

REED: Very good. Good. Well, I appreciate you talking with me this morning, but is there something you want to add or something you—that I didn't touch upon?

SENCER: No.

REED: Because you've been a great interviewee.

SENCER: You can read the same thing on my oral history on—
<http://globalhealthchronicles.org/smallpox/record/view/pid/emory:15nbg>

REED: On there?

SENCER: Yeah.

REED: Okay, well that sounds great to me too. Then I'm going to end the interview right now. What we are going to do is have this transcribed and then sent to you.

SENCER: Fine.

REED: Does that sound good?

SENCER: Yep.

REED: All right, and then it'll just be a word document, Dr. Sencer. One second, let me—

[END]