



**William C. Watson Jr., Deputy Director of CDC
Joseph F. Giordano, PHA**

Date of Interview: September 15, 1984

Interviewer: Donald A. Berreth, CDC Office of Public Affairs Director

Summary:

Watson and Giordano began describing how they were recruited to the public health service. Watson was hired to the Venereal Disease (VD) program by Johannes Stuart and soon became Giordano's boss in the Public Health Service (PHS). The VD program in the South East focused on running mass blood tests for syphilis, which they said was easier to do then than it would be now. They both recalled the work environment after WWII: people were eager workers and jobs were found easily, but the high job loss rate meant people had to be flexible, mobile, and hard working. Finally, Watson described the power struggle with former CDC employees when the VD program had to move to Atlanta; the VD team brought a grant program, regional office structure, field staff, and big budget. Despite faults of the times, Watson praised the PHS as a well-managed organization.

Notable Quotations:

On moving the VD program to the CDC: *"People in the program were unhappy. They didn't like it. Their families and their lives were being discombobulated and Atlanta was a southern town in those days, and they were still standing in a schoolhouse dorm. And although I had grown up a southerner, I had young children, pre-school aged children, and I just didn't like the idea of coming to Atlanta at all. So you had those personal considerations and then you had the inevitable institutional organizational conflicts. Here was this proud old program that had been the largest thing in the Public Health Service not too many years before that now being subsumed into that upstart young outfit in Atlanta that nobody had every really heard much about at that point. We didn't really like that."*

–William C Watson Jr.

On starting a job with the U.S. Public Health Service: *"If you can't take the heat, okay, you just drop out pretty quick, and that's the way you separate the men from the boys right off the bat, see, and there were some who fell by the wayside, because it was tough going."*

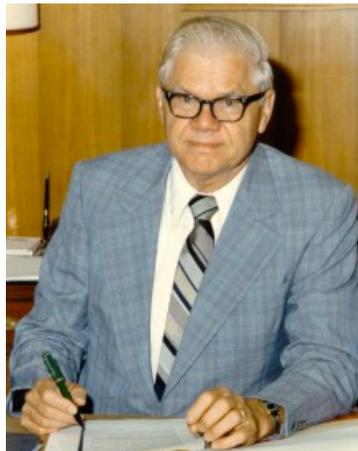
–Joseph Giordano

Key Words:

Public Health Service (PHS), Venereal Disease (VD) program, civil service, WWII, National Institutes of Health (NIH), Malaria Control in War Areas (MCWA), syphilis vaccination, penicillin, GI Bill, mass blood testing, Public Health advisor, immunization program

Key Names in alphabetical order:

Anderson, Dr. Robert J.
Ball, Dr. R.W.
Eisenhower, Dwight D.
Goddard, Dr. James L.
Gunther, D.L.
Hamlin, William "Bill"
Langmuir, Dr. Alexander
Mahoney, Dr. John F.
McCurry, William Joseph "Joe"
Parran, Dr. Thomas Jr.
Smith, Clarence A.
Stuart, Dr. Johannes
Usilton, Lida J.



William C. Watson <http://www.cdc.gov/watsonian/HistoryWat.HTM>

Giordano and Watson

Don Berreth: ...The temperature in Atlanta was in the mid-80s. It snowed in the Western Dakotas last night, so you can see that the temperature is changing. We're here today—I'm Don Berreth of the Office of Public Affairs and with me is Joseph Giordano who is a retired CDC employee who is

now with the New York City Health Department, Mr. Bill Watson who is Deputy Director of the CDC. This is a watershed week for Bill because this is his last week as a federal employee. He's about to change careers and embark on a new direction. Bill, I guess it was 38 years ago that you started, and what we're going to talk about today is the genesis of the venereal disease program and the public health advisor series, and I guess it was 38 years ago that you started in both of those.

Bill Watson: Well, actually, it was 36. I have 38 years of service, but some of that (*inaudible*) military. So I started in July, the first of July 1948.

Don Berreth: In South Carolina?

Bill Watson: No. I was interviewed for the job in South Carolina, but I actually started in Washington for a period of a few weeks for training and then was assigned to the Eastern Shore of Maryland for the first assignment.

Don Berreth: And Joe, you came along shortly?

Joe Giordano: *1951. I started in North Carolina, and I met Bill in 1952 in South Carolina where I'd been transferred. Bill had served in the Eastern Shore of Maryland, then he had a stint in Arkansas, I guess, and Bill came to South Carolina in '50. He was my first boss in the Public Health Service.*

Don Berreth: And you were hired as a public health advisor, this new breed of federal employee or—

Bill Watson: Yes, except it's not quite that straightforward. The whole idea originated with Dr. Johannes Stuart. Dr. Stuart was an economist working in the VD program. It would be nice to say that he conceived the idea of creating a new breed of public health worker, but that's really not what happened according to him. It was a much more pragmatic thing than that. They needed people, and they were having trouble hiring the caliber of person that he thought they ought to have. The civil service registers were all jammed up after the war with retired military policemen and corps men and so on. So he set his sights a little bit higher than that. So his boss, Miss Lida J. Usilton, when the idea that he should try a demonstration program of hiring young college graduates to do this work came up (and there was a little skepticism about whether he could persuade college graduates to actually come in and do VD investigator type work), gave him a green light to do it. None of us knew it at the time, but he hired a half dozen people and assigned them to the Eastern Shore of Maryland as a demonstration project. They assigned a supervisor and a statistician to that project to evaluate it and see how well it went. We started in the District of Columbia with the first interviewing school (in the large VD clinic there to teach us the terminology and to teach us how to do that kind of interviewing and so on) and then we were (six of us were) sent to the Eastern Shore.

Don Berreth: Well, what was the venereal disease control program before that like? I mean was it an extensive federal program or—

Bill Watson: Yes, it was. Actually, the VD program was one of the largest programs in the Public Health Service in the years just before and during World War II. It was larger than the National Institutes of Health, if you can believe that, in terms of budgets. There was a massive effort during the war to keep the VD infection rates down in the military and defense industries, and it was a large program. By today's budgets it's not large, but when I came in, it had a budget of \$18 million, which was one of the larger programs in the whole of the Public Health Service; that would still be a large budget if you translate into today's dollars. It also was the first grant program in the Public Health Service, a grant program that began in the 1930s. Indeed, the authority was in the Social Security Act to make these grants; out of that then came just a proliferation of grant programs in the years following World War II. Of course, NIH sprang on the scene at that time too. But yes, the VD program was a big program. In the early 30s, Dr. Parran and other leaders in the Public Health Service had built very soundly in terms of the caliber of people they brought in, and in the years after I came in, the top leadership in the Public Health Service came out of the VD program. People that had been recruited in the '30s were then maturing in terms of their careers and so forth, and they [the Public Health Service] had lavished a lot of care on the medical officers that they had recruited into that program. NIH and all of the bureaus and the Surgeon General's office and so on were filled up with these graduates. [...*Inaudible*...] It was kind of a pioneering effort in public health.

Don Berreth: That's really when the really effective treatment was coming in the market too, wasn't it at the time?

Bill Watson: Yes, right, and when I came on, penicillin was a few years old in terms of being used to treat syphilis and gonorrhea, but the people who had pioneered that were still around. That was one of the great war stories, if you will, about how that happened: Dr. Mahoney in the VD research laboratory was then in New York, had recaptured and reconstituted penicillin from the urine of military patients (because there simply wasn't any available otherwise) and had used that penicillin to treat the first syphilis case. There were still places where they weren't believers; they were still using the heavy metals, arsenicals, and I have seen fever tablets used in some of the rapid treatment centers. There were still people around who didn't believe that penicillin was as good as they said it was and who were hanging onto some of those old treatments.

Don Berreth: Was that still true when you came along three years later, Joe, or is that pretty well—

Joe Giordano: *No, when I came along—actually, when I started in North Carolina, I spent my first two weeks of training at a rapid treatment center, but they were closing down, and they were closing down rapidly. In fact, within a year of the time that I went to South Carolina, I remember that there was a big rapid treatment center that had closed; there was a whole bunch of surplus materials and what have you that was being given away and health departments were coming on down and picking up equipment and what have you. That was happening pretty much nationwide. Although, in 1951, the hospital in Rome, Georgia was still going rather strong. I remember going there and taking some interviewing training. But getting back, Bill, to the public health advisor that you were talking about a minute ago, what was the objective? What did the VD program hope to accomplish by hiring these young recent college graduates to sign up to states? They wanted a better caliber of worker who could do better work than they were getting out of the kinds of people that they had had in the past doing that work, and that's why they assigned a statistician to evaluate that program. It was interesting what happened to the first six people.*

Don Berreth: **These are the people who went to the Eastern Shore.**

Joe Giordano: *The first six were hired the first of July 1948 and were sent to the Eastern Shore. I was assigned to Pocomoke City, Maryland, which is a little town just north of the Virginia part of the Eastern Shore, and my assignment was the county that borders Virginia on the south and Delaware on the north. It has Ocean City, Maryland, Berlin and Snow Hill. I still remember those towns. But out of the six, they fired one fairly quickly. Well, they caught him trying to cheat on his reports. Two resigned after a year or so and went back to family businesses. Three of us made careers in the Public Health Service, so half of that group made it. The other two who did make careers are now retired. Bill Hamlin and Don Lederman are both retired from the Public Health Service.*

Don Berreth: **Bill, you said, you know, to get workers to do better than previous workers, but at that time did anyone have the vision that this cadre of individuals would grow, number one, grow as rapidly as it grew, and that they in fact would become the workers of tomorrow for a variety of different programs in the Public Health Service, including the venereal disease program?**

Bill Watson: That must have been part of it, and in spite of what Dr. Stuart has told me, that he was being so pragmatic, because that's exactly what they did. After the first six months, I was re-assigned to the other side of the Chesapeake, to Annapolis and was given responsibilities for working in that county, but also, working at all the counties in Western Maryland all the way up to Cumberland to try to improve what going on in VD control, so they started using us that way very early. Now, whether that was just a natural evolution or whether Dr. Stuart had that as an original concept, I don't know, but that's exactly what happened. And at the end of the first year, I was re-assigned to the state of Arkansas as the

number two person in the VD program there to manage (not to actually do (*inaudible*) kind of work anymore).

Joe Giordano: *How was that sold to the states at the time, Bill? Now, here you were a fed that was assigned to a state to do state business, albeit it was a national program. Money may have flowed from the feds to the states but once it got there, it was their money. How did that work?*

Bill Watson: Well, as I remember, Joe, the Public Health Service paid for the very early assignments. It wasn't like it is now and like it soon came. The state could have money or a person, but at first, they were paying for us and assigning us out there; so we were in effect a free person. And the Public Health Service (by virtue of the funding it had had for VD during the war) had already developed a very close working relationship with the states, and they were paying for a large part of it. These inpatient rapid treatment centers were largely funded by the federal government, and they were making grants to states. As I said, they were one of the very early grants that the Public Health Service made for health departments. It was the first one. Well, there had been aborted ones during World War I for VD control, and then one for maternal child health subsequently, but they hadn't lasted. So it was a collaborative endeavor with the leverage, in effect, being federal money. I'd like to think that it worked. The kind of people that we were bringing in and kind of training they were getting was in effect creating a very valuable type of health worker, an operating type manager as compared to a technical person, you see.

Don Berreth: **The series that eventually grew out of this, the 685 Public Health Advisor series, how many years did it take for that to develop? I assume that was not in place at the beginning.**

No, and the public health advisor title was not even used in those days, and another important thing to remember is that Dr. Stuart was smuggling this program in terms of the civil service system. He was giving all of us accepted appointments. We were not being brought in through a normal civil service procedure, and he had absolutely no way of giving us a career status. I kept an accepted appointment, a cooperative appointment, if you will, for almost four years before they found some way to get us into civil service. They were ad hocing that system as they went, Don, if you will. It very quickly caught the eye of *Miss Atherton* and the other people in the VD program, the people in authority. They started hiring more of us, and they seemed to think it was a good idea, and so the plan multiplied, if you will. But, in terms of a system with the titles that we know today and so on, it was an evolutionary thing through the years.

Joe Giordano: *Bill, that accepted system that you were talking about, was that an advantage in terms of getting the job done that needed to be done? Was it a hindrance?*

Well, it was an advantage in terms of the recruitment and hiring process. Obviously. You just go out and select the people that appeal to you. Go to a college and interview, which is—

Joe Giordano: *Just like we were hired.*

Bill Watson: Just like we were hired. That's exactly right.

Don Berreth: **And just like they're still hired to this day?**

Bill Watson: It's a little more formal today, but we still make that accepted appointment initially, and we do not go to a civil service register initially, that's right, so there's some carry-over in that respect.

Joe Giordano: *That's right.*

Bill Watson: So there certainly were advantages assumed from the Public Health Service's standpoint in that respect. I don't think there were advantages to the individual, indeed, none of the normal benefits.

Joe Giordano: *Or rights.*

Bill Watson: Or rights or benefits accrued to any of us, and so there was a tradeoff there in terms of the benefits to the institution as compared to the lack of benefits for the individual.

Don Berreth: **Did—I'll both of you this question. Did you think when you took these jobs that you were going into the management program or the venereal disease control program?**

Bill Watson: I'll let Joe speak for himself, but—

Joe Giordano: *Well, it's—you really needed to be there in order to appreciate it. You know, we were talking about World War II with 14 million men in the service. The war ended, and anybody who had graduated from high school, and even some who hadn't, okay, could get into most any college in this country, and they went. And they went by the millions, and the colleges were just turning them out. I mean, just turning them out. We had gone from-- you know, if you think of 1939 and 1940 in terms of the percentage of young men and women in this country who went to college after graduation from high school, it was very, very small. The war came along, made it all possible. Colleges were pushing people out, and pushing people out into a post-war boom, okay? Because you weren't able to buy a refrigerator during the war, but when the war ended, everybody had to have one, and so on and so forth. So here in our case, was a group of young men: Bill happened to be in South Carolina, I happened to be in Tennessee*

because I was at the University of Tennessee because of the GI bill. The VD division, at least when I came, had a sort of a reasonably well-organized recruitment program where they visited college campuses and they put up a notice and you went for this interview. And I tell you: it certainly was not the kind of interview and interviewing technique that's known today at CDC, for instance, in its recruitment for prospective public health advisors. There were no courses that people took. My guess would be that 90 percent of it was intuitive.

Bill Watson: Right. Subjective and intuitive.

Joe Giordano: *And you looked to someone, and if everything sounded right and everything looked right, okay, they offered you a job on the spot. Oddly enough, the way in which it was done almost made it mandatory that you had to give them an answer right away. They were pretty smart folks those early folks. I was interviewed in June. Within days I had a telephone call offering a job. I said I wanted to think about it, and they told me something about: well, the money's starting, and the new money was starting and July money and something about the old money. I hadn't the slightest idea what they were talking about, but it sounded pretty reasonable to me, so I gave them an answer. When I went to work I didn't know what I was going to be doing.*

Bill Watson: Well, same thing with me. Actually, I had graduated from college and wasn't certain what I was going to do. I'd been thinking about going to law school, but my GI bill was about to run out. I got a letter from the placement office in the University of South Carolina about these interviews. I had a girlfriend in Columbia, probably up to 125 miles away and that was an excuse to get to Columbia to see my girlfriend, so that's really the reason I went. Dr. Stuart was doing the interviewing, and I was the last one. He almost walked out, but I thought, I think that's the man doing the interview, so I stopped him. He and I stopped and talked about an hour, and we never did really talk about the job. We talked about me and we talked about him. Then I left, and went off to see my girl. So a few—I don't know, a couple of weeks later I got a phone call from Washington D.C. offering me a job in Maryland. I thought he was talking to me about a job in South Carolina, but he says, 'Would you be interested in Maryland?' And I said, 'Yeah, I'll come do that.' So I arrived, like Joe, really not knowing what I was going to be doing. But it was an adventure.

Joe Giordano: *Now mine was a little bit different, and in fact, even a little more complicated. When I arrived, my wife was about four or five months pregnant. We arrived in Raleigh, North Carolina from Knoxville, Tennessee, and I was under the impression I was going to work in Raleigh. It wasn't until I arrived in Raleigh that I found out that was just a place that I was reporting to for the first day. When I got there, in fact, we'd arrived on a Saturday morning and we'd gone out and found an apartment thinking we were going to be in Raleigh. Back in those days, you didn't have to put down a deposit or what have you, things were done on faith and what have you. On Monday morning, when I found out*

that I wasn't going to be in Raleigh, I was kind of a little bit frantic. When they told me where I was going to work, that was another thing, but then they also told me that, effective immediately, I mean that day, they wanted me to spend two weeks at the Rapid Treatment Center in Durham. And they told me I had to be housed there, okay, for whatever reason, and I said 'Well, what am I going to do with my wife?' And they said, 'Well, where is she from?' And I said, 'New York.' And they said, 'Well, put her on a train and send her home for two weeks', which I promptly did.

Bill Watson: Well, that mobility was really a part of the ethos that was there from the very beginning, the fact that you were expected to be mobile. I moved, like I said, at the end of six months. I didn't have a family at that point, so it was no problem. I just moved the car and went. And then, at the end of another six months, I went to Arkansas, and at the end of another year I was transferred to South Carolina. But I went from being a VD investigator during the first six months to being a consultant in the next six months to being the assistant, the number two person in the program at Arkansas the next year and the number one person in terms of the operational responsibility in South Carolina the next year. So the possibility for progress was there too.

Joe Giordano: *That was pretty good.*

Bill Watson: That was pretty good.

Joe Giordano: *And these were young people who had been—knew the Depression, had been in the war, and this was a lot of opportunity, an awful lot of opportunity, and it came quickly.*

Bill Watson: And the idea of mobility was exciting, at least to me.

Joe Giordano: *Now, I often think that that scenario that I described to you can be compared, for instance, to what a medical student goes to in that, or a resident. If you can't take the heat, okay, you just drop out pretty quick, and that's the way you separate the men from the boys right off the bat, see, and there were some who fell by the wayside, because it was tough going.*

Bill Watson: Yeah, a 50 percent attrition rate in the first year, and it was kind of expected and people *(inaudible.)*

Joe Giordano: *When you were transferred, they didn't send you ahead to take a look and to look at the housing or what have you, and then come back, and then move your family and so on and so forth. They said, "Well, we want you such and such a place for three weeks or one month" and you know they're expecting you on such and such a day to report to this or that person, so that was it.*

Don Berreth: Even at that time you had a high level of esprit du corps as it were amongst the employees.

Yes.

Don Berreth: Once you got into it, even though you may have been hired almost by accident, you became believer.

Bill Watson: A member of the club, a member of the club, that's right. They had annual meetings, and sometimes they'd call special meetings in Washington, get everybody together and so on. A couple of things happened in the first few years of this program. One, they did indeed develop some system for giving people a status in the civil service system. I remember that very well. Actually, I got in a few weeks ahead of most people because Dr. Stuart was searching around for a way to do this. He was very clever at that point, and he found a way to do disabled veterans; and at that time I had a 10 percent disability from World War II from frostbite. And so he called me up and I filled out some papers and so on, and took an exam. That's right, I took an exam, and then I got a job offer with—I forgot who, the Department of Interior in Texas or something. I called him up and he said, 'Don't do that.' So he got me status as a career conditional, but then very shortly thereafter he found a way to blanket in (*inaudible.*) I still don't know what kind of blanket—

Joe Giordano: *But that was still, Bill, a number of years after you joined (*inaudible.*) Because what Bill's talking about, the mass blanketing didn't happen until about 1955 or '6.*

Bill Watson: No, it happened before then, and I was still in South Carolina.

Joe Giordano: *Well, then they were doing it progressively.*

Bill Watson: That's right.

Joe Giordano: *Progressively.*

Bill Watson: The first one was done—

Joe Giordano: *They didn't get to me until about '55 or '56.*

Don Berreth: Now, in the early 50s, you were both in South Carolina wanting to be the equivalent... What was the program like? What did it consist of? I mean did you have hundreds of people working for you, 10 people, you reported to the state health commissioner? What were the mechanics of running the venereal disease program at that time?

Bill Watson: Well, there was a director of the program who was a physician and a state employee, Dr. R.W. Ball, who reported to the state health officer. I was his primary assistant, his number one assistant, and I usually had an assistant to me. So there were two of us with him in that office, and then we had state and local people in the counties and in the cities that were actually doing the work. There were VD clinics to which patients could come for diagnosis and treatment. There were people interviewing those patients for their contacts and then going out in search of those contacts, so that was one of the things that was done. At that time, and this was kind of the tail end of this effort, there was an effort in the Southeast to mass blood test. That was a community-type effort, like, everybody now come and get immunized today, and so we had teams that we would form to go county by county, and these were managed out of the state. These would be federal employees usually, sometimes the state employee assigned to a team that would go into X county and organize that county to go out into the street corners and the bars and everywhere else.

Joe Giordano: *And out in the country.*

Bill Watson: Out in the country.

Joe Giordano: *The churches.*

Bill Watson: Churches and so forth, to—

Joe Giordano: *General store.*

Bill Watson: General stores, to try to get everybody to come in and get a blood test for syphilis.

Don Berreth: **Didn't the churches kind of resist this as kind of being presumptuous on their part that any of their parishioners might have syphilis?**

Bill Watson: No. Just the opposite. We got very good—and let's face it, the syphilis problem in the southeast at that time was largely a rural black problem, and I contend that we solved that problem before the great dispersion of the black out of the south to the cities of the north. Now, we got a different kind of syphilis problem today, but it was really kind of a heroic effort that originated in World War II and carried over into those post-war years. The syphilis rates among rural blacks was very high, and that was not an illogical way to go about this was to go out and try to test everyone of them you could and positives. Then you would follow up and get them in for treatment, outpatient treatment because, as Joe said, we were closing the rapid treatment centers. Now, in the very early days, right after the war, they would send them to these inpatient facilities. Because even after penicillin came along, there was the feeling that you had to

have them housed overnight or for a week or so in order to ensure that they completed their treatment.

Joe Giordano: *And incidentally, depending upon where you were, for instance, when there was a mass blood-testing program in Columbia, South Carolina (which is an urban population) and there are a lot of whites, whites came out also. If they happened to be passing on a certain street corner and it was a business area or whatever and there was an operation going on, they stopped to get a blood test too.*

Bill Watson: Yeah, and some of the things we did would certainly be completely intolerable today. There was a great deal of paternalism in what was done, paternalism on the part of the health departments and the public health service toward the blacks, and that would just be intolerable today. And we would show movies in these churches and so on, you—

Joe Giordano: *Turn your skin.*

Bill Watson: Oh, sure, they would today. Yes, of course.

Don Berreth: **But I wonder what would happen today. You know, you set up this street corner display and ask people to come in. I don't know whether you'd get many takers.**

Bill Watson: Well, we tried that later on in the post-Salk/post-Sabin days with the immunization programs, and you're right; what we determined was it didn't work.

Don Berreth: **And an immunization program is significantly different than asking someone to come in and walk you off the street to see if they have a venereal disease.**

Bill Watson: That's right.

Joe Giordano: *But interestingly enough, Bill mentioned, that it was primarily in the southeastern part of the country. However, in the mid-50s, some of these programs were going on in big cities in the United States. In New York City, and they were just as successful. You still had got the same kind of turnout of people who asked us to take a blood test, operated pretty much the same way, except for the fact that it was, street after street after street and block after block, so that people pretty much around the country were pretty much the same kinds of people, and you could do this kind of program. I remember participating in New York City and Buffalo and Rochester and Syracuse.*

Bill Watson: Yeah, and I did the same thing in St. Louis, Missouri. I've forgotten the year, but it was definitely pretty late. I was sent on special assignment from the Washington office to do exactly that in St. Louis when they were engaging in

a big slum clearance program and replaced it with this high-rise housing, public housing, that later on became such a disaster, and has now been torn down. But what they wanted to do was get to those people with a mass blood testing approach before they were dispersed and before their houses were torn down, so yes, it was done in the cities too.

Don Berreth: Now, Bill, if the mass blood testing effort was a reasonably large-scale national operation, let us say as far along as the mid-50s to late-50s, then there must have been some kind of a program re-direction that took place, and when it took place, how were these same people used? Were they—could they be used in a different way?

Bill Watson: There was exactly, and part of it was forced by a budget cutback. Here was already a re-shifting of program emphasis. I remember that very well as it was obvious that the blood testing, mass blood testing approach, had served its day. It was a shift into an accelerated gonorrhea control program, but in the first year of the Eisenhower administration, 1953, they proposed to eliminate the VD program on the basis that it had been done; that the problem was eliminated and it did not deserve federal attention anymore, and it could be taken out of the budget and the states would pick it up. By that time (and that wasn't very large by today's standards) we had these public health advisors assigned to many of the states all over the country, not all of them by that time necessarily, and so what the VD program tried to do was bring them home so that when they lost their jobs, they would be home. I was the state rep in South Carolina at the time, and I remember very well some of the people that I had hired and who were then in California and other places were at least offered the chance to come home, and some of them did. Joe McCurry, who was now retired and living back on the West Coast again, came back from California so he'd be home when he lost his job. The program was never really eliminated, but we did lose a lot of people. The size of the program was cut back, the numbers was cut almost in half, and we started over with a much smaller program. It not only lost its relative size in the Public Health Service (relative to all of the new things that were coming along), but it lost in just the sheer budget sense. We started over with a budget of—I remember that one year we somehow got congress to salvage a million and a half dollars or something like that, and that's all the money we had left to run a national program with. Shortly after that, I didn't have any better sense than to take a job in the central office in Washington, to move my family up there with this tenuous program. Then what happened: we started over again and continued recruiting this kind of worker, but there were other programs in the Public Health Service by that time who had looked in on this and were hiring these people away from us. So there was a great dispersion of the public health advisor into other programs in the Public Health Service.

Don Berreth: Those were what, immunization programs? What kind of programs were those?

Bill Watson: There were accident prevention programs and chronic disease programs and the TB program came along a little bit later.

Joe Giordano: *That health emergency.*

Bill Watson: The emergency health program, and so on, programs like that.

Joe Giordano: *Bill, let me ask this question. I believe that the VD program in Washington came to CDC in about 1957. Is that correct?*

Came to CDC.

CDC.

Bill Watson: February 1st, 1957, that's right.

Joe Giordano: *And probably not too many of the Washington bureaucrats came to Atlanta with the VD program. How did the center, as a whole, react to this new group of individuals, public health advisors that they really had not had very much to do with before, VD program came in, it became a large program at CDC. What was the reaction, and was it a problem?*

Bill Watson: Yes, it was a problem, and I talked with Dr. Robert J. Anderson this morning. He was the chief of CDC at that time, and he came into this job kind of concomitantly with the transfer of the VD program in. I asked him how that decision was made; he didn't know. He was offered the job, but the decision was already made that VD was going to be transferred in. He indicated that's always a problem. The people in the program were unhappy. They didn't like it. Their families and their lives were being discombobulated. Atlanta was a southern town in those days. They were still standing in the schoolhouse door. Although I had grown up a southerner, I had young children, preschool aged children, and I just didn't like the idea of coming to Atlanta at all. So you had those personal considerations and then you had the inevitable institutional organizational conflicts. Here was this proud old program that had been the largest thing in the Public Health Service not too many years before that now being subsumed into that upstart young outfit in Atlanta that nobody had really ever heard much about at that point. We didn't like that. Incidentally, we were the same size as CDC, the rest of CDC, in terms of staff. We had about 500 and CDC had about 500 people. They had a budget of \$5 million, and I think our budget was about six. So I'm sure we let them know that too that there was some of that from our side. It's not one of the things I'm proudest of. We probably didn't engage in the most seemly kind of conduct towards CDC. But there were frictions. But in those days, unlike now, when the Surgeon General made a decision, the Public Health Service clicked its heels, saluted and went off and did it. So we didn't fight it in any political sense. You know, the decision was made and we'd have to live with

it, and so gradually we became a part of CDC, and some of us now look back and are glad that it happened. But at the time, I was not very happy about it.

Don Berreth: What kind of position did you have with the VD control program at that time?

Bill Watson: In Washington, there were two major components in the VD program. There was a research component, including laboratories and an operation research and then there was the field operation side. Dr. Stuart headed that up and I was his assistant, so I was the number two person then.

Don Berreth: And was the madam still with the program?

Bill Watson: The madam had left by that time, but she had just left when I arrived in Washington. She had gone onto another job. When I came to Atlanta, I, in effect, ended up in essentially the same kind of position as kind of the number two person in the operations side of the program.

Don Berreth: And Dr. Stuart never came.

Bill Watson: Dr. Stuart did not come. He came on visits to help with the transition, but he did not move. He took another job. He went to the Office of the Surgeon General.

Don Berreth: Oh, so it was only later then that he came back on the CDC payroll.

Bill Watson: It was later that he came back on the CDC payroll as the head of our Washington office, that's right.

Don Berreth: What percentage of the people that were involved did come? Was it a small percentage?

Bill Watson: Ten percent. We had a staff of around 100 in the headquarters office in Washington, and less than 10 of us actually came down.

Don Berreth: You were in the field at that time, Joe, somewhere. What was your reaction to all of this or did you care?

Joe Giordano: *No, we knew that something was happening. There was no question about that. Bill had mentioned earlier about this cutback in funds. In fact, I remember (and it's something I'll never forget) when I was in South Carolina in 1954. No. In 1953, I guess it was, I began to see (as Bill mentioned about Joe McCurry) some people coming into Columbia (that was Richland County where I was working) and they would stay three or four weeks, maybe five weeks, and some of it was a way station for their final destination which was*

New Jersey. I said to myself, 'There's something going on around here.' I went to see Bill, and I was only married a few years. I had two children, and if I'd have been laid off then (and by the way, it wasn't like it is now with severance pay and all that sort of thing), I don't know if we'd had enough money to get back home. I went to see Bill and I said, 'You know, I've been noticing this, and I'm concerned. I'm hearing rumors, and could you tell me something?' And Bill said to me (and I've never forgotten that), 'Don't worry, you're going to be all right.' And—

Bill Watson: Little did he know.

Joe Giordano: *Yeah, it was a little naive on my part.*

Bill Watson: May have been naive on his part, but it came true.

Don Berreth: **Sounds like there was almost an underground railroad for public health advisors during (inaudible.)**

Joe Giordano: *That's about it. You're right. In fact, Bill mentioned Joe McCurry. There were some others. There was D.L. Gunther. There were several people who came back to South Carolina, and, in fact, there were one or two of them who did get out.*

Bill Watson: Yeah, people left.

Joe Giordano: *They did get out.*

Bill Watson: They found other jobs.

Joe Giordano: *They found other jobs. So when you say, 'How did you feel about that?' We were so concerned. Those were the Eisenhower years. We were so concerned with this other kind of problem that we didn't focus too much on this change. We (out in the field) we were pretty proud, and we thought we were pretty hotshots as being part of that (inaudible) division of the Public Health Service that was based in Washington. There was no question about that. But, you know (at least speaking for myself and others that I knew at the time) we had had a pretty good experience, and we knew there was lots of work to be done. I mean this wasn't one of those kinds of things where, if you're going to work in some shoe factory and there aren't enough orders for shoes, you might be laid off. We knew there was a big job to be done and we figured if there was money, we were going to be all right. We were satisfied with the way the money had been managed, as we knew it, so we felt that if we (pardon the expression) hunker down and worked hard, that we'd be okay. And it worked out. Of course, later, obviously, (and it wasn't too many years later) when in 1961 the immunization program came into being, the following year, the TB program came down from Washington. With these programs either originating or being transferred to CDC, the public health advisors began to move out into these other*

programs. So there were lots of opportunities. In fact, really those were the golden years of opportunity.

Bill Watson: That's right. Shortly after the transfer to Atlanta is when CDC underwent a continuing and rather large expansion in terms of program activities and budget and so forth. The career opportunities in addition to these other programs began to appear. Those were good days in the Public Health Service. Those were the days when there were only two places to touch base with on in Capitol Hill. If you had your ducks in a row with them, the standard question was, 'Are you sure, Doctor, you're asking for enough of these wonderful programs?' and so—

Joe Giordano: *What were the extant programs at CDC at the time that the VD program came, Bill? What were those programs?*

Bill Watson: Well, as I remember, there were four major branches. There was a training branch, there was an epidemiology branch that consisted of Dr. Langmuir and the EIS and so on, and there was a technology branch and a vector control branch. I may have my terminology wrong, but there was a lot of carryover in terms of insect-borne, vector-borne diseases from the old malaria control days, and then the technology involved in pesticides and so forth was a big part of it. So that was CDC when we arrived.

Well, if they were that small, there was a point—

Bill Watson: Did I mention lab?

No, you didn't.

Bill Watson: Basic laboratory competence, which is awfully important.

Don Berreth: **There was a point that CDC had more employees than they ever had since. That was in the 40s, maybe in '45 or '46, which many of those employees were out in the malaria control or (*inaudible*) type of program. That had obviously already ended when you came down in '57, because—**

Right. Well, the malaria war had been won.

That's right. And the program had been—

Won during the—it had been won during World War II.

Right, it had been won before the war really started.

Bill Watson: Well, and I remember that from a state perspective. When they made that big cutback in the malaria control program, they had just unbelievable numbers of vehicles and sprayers and all kinds of equipment. It was all cleared surplus, and in effect handed to the state health department in South Carolina. There was a great big parking lot with a fence around it just full of the stuff that we were in effect given, and the state was given. The federal government didn't need it anymore, so there was just a massive cutback from this war effort.

Don Berreth: But these other units of the CDC organization that you described, they had nothing, I assume, that would be comparable to a public health advisor or directly comparable.

Bill Watson: No, no. When we came to CDC, we brought several things with us. We brought a grant program. CDC had no granting authority prior to that. We brought a regional office structure. CDC did not have people assigned to regional offices, and we brought a few staff. Those were three rather major kinds of additions to CDC.

Joe Giordano: *To an organization that was staffed at CDC primarily by technical people.*

By technical people.

Joe Giordano: You know, other than secretarial and clerical staff.

Don Berreth: I'm not sure what bearing this has on this, but the EIS was in its perhaps fifth or sixth year, so it was going, but it was certainly not an institution at that time yet, and I suppose the—well, I guess the Cutter incident had happened by that time.

Right. And 1957 was a big flu year, if you remember, (*inaudible*) back...

Asian flu?

Bill Watson: Dr. Anderson makes the point that, to his knowledge, that is the first time that CDC ever made national television and made the national news in a big way. They were recognized as being instrumental in what was going on in flu, and it was covered. So those years from '57 on were formative years in terms of what happened to CDC's way of doing business and its image with the public at the time.

Joe Giordano: *But it was very interesting, Don, how things... In spite of the fact that these strange creatures, these VD folks had come down to CDC and they were completely alien and the CDC folks didn't know who they were, and the VD folks didn't know what the CDC things were, it was interesting how bonds began to develop. For instance, I was assigned to Albany, New York, New York State*

Health Department, from 1955 to 1957, and there was an EIS officer who was assigned to the State Health Department at Albany. I remember that we were hooked up together because he was doing a study where he needed to draw blood around the state on mothers who had had polio, children and mothers who had had polio while they were carrying a child. We traveled around that state as a team. I would draw the blood and do some interviewing, and he'd do the examining. We were knocking on doors, on folks' doors, so that we got to know those folks, and they got to know us and so on and so forth, and things started to move.

Bill Watson: Well, the people who made this decision did some smart things. One, they brought an outsider, Dr. Anderson in, to head up the whole thing, and they made the head of the VD program the deputy director of CDC. Of course, that was important to the VD program, but our man was in that front office too, so—

Especially when you were the folks that had to move.

And we were the ones that had to move. That's right. And had the money.

And had the money.

Don't ever forget the money.

Yeah, you know, doubling budget in one year is no minor event.

Don Berreth: So how long did it take before the—you know, Joe mentions that in the field that this marriage began to work fairly quickly. '57, time that you moved down here, how long did it take at headquarters before things began to mesh? Several years?

Bill Watson: Well, things were beginning to mesh, and Dr. Anderson and Dr. Smith were good managers. They both were. And like I say—

Don Berreth: Dr. Smith followed Dr. Anderson?

Yes, but he was a deputy.

Don Berreth: Oh, he was the fellow who came from—

Bill Watson: The decision was made in the late summer of 1956 to move the VD program, and Dr. Anderson would become head of CDC. He was the head of the TB program and Smith would be his deputy. And we actually—Anderson came in October of '56, and he preceded the actual physical move of the VD program. We moved physically the first of February 1957. These were people who were more attuned to our way of doing business than the old CDC way of

doing business, if you want to look at it that way. And so here we brought these alien ways of working with regional offices and working directly with states and having people assigned to states and so forth, and then, Dr. Smith became director in 1960, the first of July 1960. Dr. Anderson makes a big point that these buildings, the first ones, were built during his tenure, and that, though the office for the chief was designed by him, he never sat in it. He left on the 30th of June and the building was occupied on the first of July. So Larry Smith was the first director. Shortly after that he asked me if I would come down to the front office, and I suppose that that was a landmark too, that one of the VD crowd had actually—other than Smith, had actually moved into the front office.

Don Berreth: As a matter of fact, I suppose if you talked to the old CDC folks, they would say that they had taken over.

Bill Watson: Well, we were accused of that.

Joe Giordano: *The folks who were out and the public health advisors out in the field really liked that. They really felt that they were really now going to be on a roll, and by gosh there was a roll that started. There was a roll, and that was with Bill's arriving. But then again, see, Dr. Smith, we always considered him—he was one of us.*

Bill Watson: Yeah, right, exactly.

Joe Giordano: *He was one of us.*

Don Berreth: He came down from Washington? I assume he did.

Bill Watson: He came down from Washington, that's right.

Don Berreth: And then by the time he left, I assume the relationships were smooth enough so it didn't make much difference who the director was.

Bill Watson: Well, if you knew Dr. Goddard... (*Inaudible*) He was a doctor in his own right, a very strong, very bright, creative sort of person, but yeah, you're right. There was a certain stability into place. The old Public Health Service was a very stable place, and the top positions, almost without exception, came out of the commission corps and out of the career service. The fact that Goddard was a stranger to CDC didn't mean that the division of the Public Health Service looked on him as a stranger. He was one of the clan too, so he was accepted, and that was the way the Public Health Service ran. You could move somebody from one bureau to another, from one bureau to the NIH and so forth, much more so than today, I think.

Joe Giordano: *Well, and that was another thing going for it at that time too, Don, and what it was is that the center was in its heyday relative to money that was*

coming in from grants. TB grants were enormous, I mean for the time. Tuberculosis program because of money was able to employ 20, 30, 40—in one year 40 physicians had them assigned to states in addition to public health advisors, and there was money. You know, when there's money around and everyone's getting a piece of it—

Bill Watson: And no personnel ceilings.

Joe Giordano: *And no personnel ceilings, there's not going be too much discontent about who's sitting where and who's doing what because everybody's busy and everybody's got resources to do with. So that was a good time. There was a lot of growth to the public health advisory series during that time, even though it was Dr. Goddard, who was a stranger.*

Don Berreth: Was the money well spent?

Bill Watson: The Public Health Service of those days was an exceedingly well-managed organization. It was after we were down here—yeah, it was in the early 60s perhaps--that there was a congressional investigation of the Public Health Service. They really did look the place over from stem to stern and they found some minor claims of infractions of the rules and somebody misusing medicinal alcohol in a Public Health Service hospital, but they found not one instance in which anything that even comes close to fraud or abuse or use of public office for private gain. Not one single instance; if it had been there, they would have uncovered it. It was an old and proud institution run by a career service, a guild of the commission corps, and what it did, it did well, and it grew a bit fat, but it was well run. I contend that.

Don Berreth: It's been a very stimulating discussion about the early days of the Public Health Service, the public health advisors and the VD program. Thank you very much, gentlemen.

Thank you.



Retired PHAs Doyle, Lattimer, Watkins, and Giodano with Dr. Dave Sencer (second from left)
<http://www.cdc.gov/watsonian/pha-history-promo.html>