

The Global Health CHRONICLES

MALARIA CONTROL: CDC BEGINNINGS

Name: Hollis, Mark D. ScD.

Date: Interview in 1979 by Bill Watson AND Jim Paine

Summary of Interview:

Dr. Mark Hollis in a telephone interview in 1979 reflects on the transition of MCWA to CDC, of which he was the first director. He describes many meetings with early leaders of public health and tells of how CDC became the Communicable Disease Center, rather than an Institute like NIH. Included in his remarks are interesting asides about his impressions of others with whom he worked, their differences in approaches to public health, and ways in which they came to the decisions they did.

Notable Quotations from Interview:

On Environmental Health issues: *She [Bess Furman] had a player indication in there about this rather tough point of what we did not do with CDC which was the development of the environmental intelligence mechanism on chronic health problems which I could never get Langmuir to adhere to. That was the field that he and I had our—I love him, I think he's a wonderful man and a great epidemiologist but Alex would not concede that we would enter any sort of a problem on the trace element on the long separation on the chronic aspect of environmental issues.*

On Raymond Vonderlehr: *"I'm going to make this statement because it's a tragic one. Vonderlehr was the key officer of the public health service in VD. He had the most outstanding job nationally. He got in trouble when World War II broke out by his criticism of the military at a time when he shouldn't have and he had to be sidetracked and he was sent down to Puerto Rico and he was forced in the quarantine field down there... But, you know, he never grew up when he got back and that disappointed all of us. We thought he would but he didn't. Well, that's about it.*

Key Terms in Interview:

MCWA: PAHO Pan American Health Organization; National Library of Medicine at NIH; National Archives at NIH; MCWA; chemical toxicant; National Institute of Occupational Safety and Health (NIOSH); murine typhus; bubonic plague; VD;

Key People Mentioned in Interview:

Barr, Gene
Boyd, Bill
Canton,
Crabtree, Dr.
Dyer, Rolla
Fogarty, John
Furman, Bess
Heath, Clark
Hilleboe, Herman
Langmuir, Alex
Maxcy, Kenneth
Mountin, Joseph
Paine, Jim
Parran, Thomas
Scheele, Leonard
Stubbs, Trawick
Thompson, Jimmy
Vonderlehr
Watson, Bill
Williams, Dr. Charles
Williams, Dr. Louis
Williams, Ralph

Telephone Interview:

Mark Hollis, ScD, CDC Director 1944-46 <http://www.cdc.gov/about/history/pastdirectors.htm>

....on a concept of developing some sort of a permanent mechanism in Atlanta as a follow-up on MCWA, and it came about for two or three reasons. First, we knew by that time that we could eradicate malaria in the U.S. from the practical definition of eradication; that we could eradicate murine typhus because we had, of course, DDT and therefore the thoughts in '44 were to continue MCWA mechanisms to eradicate those two diseases and then to build some sort of a mechanism to support the state health department in the field of communicable diseases and epidemiology.

I want to introduce now a fundamental point that came up in the first somewhat formal discussion in Atlanta involving Dr. Joseph Mountin, Surgeon General Dr. Thomas Parran and myself. And it was in the form of trying to reach some general decision on the character of this new center. My own personal conviction by that time was that the problem of public health was going to broaden out considerably from pathogenic agents into some of these impacts from the split atom. By that time we had synthesized the molecule pretty widely and that the technological developments were bound to introduce the problems with toxicants in a big way. Dr. Parran fought that briefly on that first discussion— that concept—I'm not sure how strong Dr. Mountin thought about it but he went along with it. Now that was about the first meeting. That was followed up rather quickly—

And that first meeting was in 1944?

'44 yes. Early 1944. Some of these things, I think when we get further, I think I can tell you where we can verify some of this. But within a few weeks after that first meeting Dr. Parran called a session in Washington with Dr. Draper, Dr. Jimmy Thompson, with Dr. Mountin, Dr. Dyer. This is Dr. Dyer's first, as far as I know, his first participation in this sort of a meeting and it was—

Was Dyer head of what was then NIH at the time? What was Dyer's job?

Dyer was Director of NIH.

Right, okay.

And that discussion went along the same line of creating a permanent mechanism in Atlanta as a follow up on MCWA. That was the first introduction of the concept that what we would do is build a center that would be a field center backed up by bench research to the extent we needed bench research to support the field operation as opposed to the concept of fundamental research, medical research at NIH, have a focus on basic research using the field only to the extent that it was needed to support the basic research. So it was a reverse of the concept of NIH. As a little aside, Dr. Dyer was quite silent at that time and after the meeting was over some of us said, "Please talk to Mountin." and I felt that Dr. Dyer was going to oppose this. He did raise the questions of duplication, the questions of political problems with the appropriation committee, all valid questions. And they were discussed but not resolved. Now that was your early beginning. That was '44.

Dr. Hollis, you attended this meeting as the Executive Officer of.....(break in tape)...

....to a war assignment overseas on malaria. Dr. Charlie Williams, Louie's brother, was director of the regional office in New Orleans and he was put in temporary charge of MCWA pending some decision of when Louie Williams would be back. He was expected to be back in a matter of months at the most. Now, Louie Williams had a heart attack while he was overseas and almost died, but it was quite evident he was not going to return as an active role in MCWA. About that time Charlie Williams was to (silence).

Hello?

Hello. Are you still on?

Yeah, you faded for a minute.

....was being transferred to Washington to head up state services. So at that stage—now this is 19—let's see, late 1943. I was named Director of MCWA and so in these discussions I was participating as the Director of MCWA.

I see. Okay.

In 1945 when it really got down to the nuts and bolts of the point, rather than my going into that I think that's pretty well covered in Bess Furman's history. You probably have that there.

Yes, we do.

It's in Chapter 16 of Bess Furman's history of the public health service and you can read that right out of there and it's also backed up by the quotation from Dr. Parran. So you can get the gist of that, I think, Furman as to any history. Incidentally, Bill, the problem we've got in writing a history of MCWA, and I do hope that you're able to capture the essence of this because I think it's quite important to get a good documented history on MCWA; it's that important. But you've got three histories written. You've got the * Bess Furman history 1798 to 1948; that ends in '48.

*Furman, B.[no date] *A Profile of the United States Public Health Service 1798-1948*. Washington, D.C.; U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, DHEW Publication No. (NIH) 73-369,

Right.

You've got the selected papers of Joseph Mountin after his death in 1940—when did he die? About 1950-something. And you've got the Ralph Williams history which is really—Ralph Williams wrote that with the intent it would be a reference document for offices of the service. He was the first to admit this not a polished history of the public health service, this is more of a broad reference document and there's lots of different things in it. He doesn't have very much on—he has practically nothing on CDC.

That's right.

But he has a little bit of comment here and there on MCWA. That's about all you're going to get out of that.

Right.

Now, Bess Furman, in writing her history she, came down—that's going over to Geneva in '61. In '63 I was to be transferred back to this hemisphere with PAHO to retain my post in Switzerland. She came down to the early history of CDC, particularly in the NIH history. The transition of NIH post war into the chronic field. Now, she had about a three-hour interview. Now, what's important was she (break in tape)...a recorded tape of about the same length on Dr. Parran, on Dr. Dyer, she'd gotten that even from Atlanta at the time Dr. Crabtree was in Pittsburgh at the School of Public Health. She said she had a notation with a partial transcript from Louie Williams and that she had an appointment to go to California and have a detailed discussion with Dr. Norman ..?. particularly on the transitions at NIH because he's copying Scheele and Pollock(?) and myself were on that transition committee as you might recall. And she also had a tape

on Draper. Now, in addition to that, Bess told me that she had some special notations, rather lengthy, written documents from Jimmy Thompson that had a bearing on these two events, the transition of NIH and CDC, that she had some special papers from Mountin and Dr. Herman Hilleboe. Now, I won't take time now but Hilleboe was involved in that by his very close association with Parran. Now, the reason for citing that detail is that Bess Furman's records on which he based her history are files, according to the foreword in the history, a file that's the National Library at NIH, where those tapes are made. Now, every one of these colleagues have passed on, as you know, and that is the best reliable source of data on the inner thinking of those key people that I mentioned.

And they are currently at NLM in Bethesda, those documents.

That's what the foreword says here.

Okay, alright, fine.

I'll read it quickly. "Most of the original documents used in the preparation of this publication can be found in the National Library of Medicine," of course at NIH, "the Library of Congress, or the National Archives." Well, I know from what Bess told me she was going to bundle these up and leave them at the NIH reference because she couldn't do much, she couldn't get in the documents because it goes back to 1798. What she did—actually that's Ralph William's history, and put it in lay language for the public, both Ralph Williams and Canton putting it in format for officers of the service. That's the difference in this pretty much. But she does have this lengthy chapter about a hundred pages, Chapter 16, on Dr. Thomas—Sir Jones Thomas Parran's regime and in that she's got all of this reference to CDC. So that's worth explaining. Now, in addition to that, **Ann Noke(?)**, who was the secretary to Tom Parran for all those years, had a habit of after every key meeting distilling out of the meeting and talking with Dr. Parran and with me—because after—when I went to NIH, you know, I went (break in tape) by 1945-46 particularly through the republican regime and even in the Democrat regime, John Fogarty was a key supporter of broad public health corporation. And there were several, but I mention John Fogarty because when he took over as chairman of that committee in the house, he was a stickler for recorded details. Now, I've gotten in my office here, my little home office, I've gotten the transcript of all of the testimony that I gave in the House and Senate for the years 1949 through 1960. I was looking through them the other day and I'm still amazed at the detail in there. Now, of course, this is just my testimony. It has nothing to do with CDC but I mention it because if you got a hold of the senate transcripts and you can get that—

Yes, that's right, they should be available, right.

1946....

Mm-hmm.

....find quite a source of information on congressional discussion. This relates to the legislation. You know, we didn't need, we did not need specific legislation to establish CDC. Now, I may be wrong but as I recall we didn't. We had a blanket, a broad law gave us the permission to do that. Okay, now one last thing on references. Trawick Stubbs was a good source of early information because he was our early liaison with Emory University and this would be 1944-45 and early '46.

Who is that now?

Dr. Trawick Stubbs. He was a young medical officer, quite a brilliant mind, and he was assigned to me at MCWA and I used him in the early days to kind of break the ice with Emory and I handled the relations with Georgia Tech thinking we were going to broaden out in the environmental area. I think Stubbs is practicing medicine, is working right there in Atlanta. He was last I heard but he may be somewhere else but he's a graduate of Emory and it would be easy to trace. Bill Boyd, another Georgia physician, officer of the service. ...is the chief medical officer. See, I'm not a physician. I had quite a few physicians on the staff there and, you know, you have to play them quite carefully. Bill Boyd was in on a lot of these early discussions with CDC and the transitional formulation. He practices medicine in Augusta and if you should decide you wanted to reach him, I can give you his phone number. You may not, but if you do, he's in Augusta. I don't have his phone number but I have his address here though; 2315 Laurel Lane, L-a-u-r-e-l, Laurel Lane.

Augusta, Georgia.

Augusta, Georgia 30904 zip. I would think at some stage you might want to talk to Bill.

Okay.

On this history. As I say, all of the key people have passed on or are deceased and you've got to, I think, try to uncover the sources of data that will give you the foundation and the basis for historical papers because you're going to find some, and particularly in the Bess Furman history, there's a little variance with some of the others.

Now, Bess Furman died before she finished editing that book. Now, the book says that she died after she finished editing it but she had not finished. She had finished the early part of it, the abstract of the Ralph Williams document, but she was working on this critical history as far as CDC is concerned of the Parran era. She sent me in Switzerland a draft particularly of MCWA-CDC. I wish I'd kept it but I made some notations on it and sent it back to her and she told me after we got all the taping and everything done, she told me that she had made some changes but she told me what was in there. She had a clear indication in there about this rather tough point of what we did *not* do with CDC which was the development of the environmental intelligence mechanism on chronic health problems which I could never get Langmuir to adhere to. That was the field that he and I had our—I love him, I think he's a wonderful man and a great epidemiologist but Alex would not concede that we would enter any sort of a

problem on the trace element on the long separation cause/effect on the chronic aspect of environmental issues. This is what Parran had agreed with me on the first meeting with Mountin kind of coming along. Gene Barr backed it up later, Jimmy Thompson backed it up and we expected CDC to have a strong medical epidemiological force in the broadening problems of environmental impact, particularly in the field of chemical toxicants. That never happened at CDC. I tried to balance it by developing at Taft Center. When we built that, we couldn't do it because we didn't have the epidemiological intelligence out there. Bess attempted that and it's missing in the book. I don't know how you handle it in the history because it's the ability to stop and look at history and look at current events, that you can see what a tragic error that was not to have in the service some real competence in the history and this problem was evolving on this issue.

In the last few days I have been involved here with Park State Industry the Brewster Mine where they've had this unusually heavy number of inside cases; .respiratory cancer, lung cancer—some 18 or 17 out of 200-some people, and we've had down here already the School of Public Health of Minnesota, New York University, Nelson and North Carolina and so forth, and to talk to these younger epidemiologists that are just now trying to dig into this—it makes you even feel stronger what might have been had we been able to get that in at CDC.

I see.

As I say, I don't expect you to get too deep into this unless you can uncover some further evidence to substantiate it, but it was, as I said to Dr. Kearn in my last meeting with him, I never tried harder and succeeded less in this field until— this was in the early '50s, mid '50s— that sooner or later this is going to haunt us and I think it's haunting us now. Also on the governor's commission here with environmental controls got expanded, and Bill, it's pathetic to see all of this being done with no medical epidemiological advice at all and there's no good source of medical epidemiological guidance. Well, I had to throw that in.

Okay. You'll be interested to know that around Clark Heath and a very small group of people here now, we are trying to do just what you're talking about.

I'm glad to hear it because I got a hold of a copy of a letter with a CDC heading on it but it's also locally addressed to the National Institute of Occupational Safety and Health in Cincinnati, so apparently there's some tie-in out there isn't it?

Yeah, they are a part of CDC now.

I didn't know that. I think that's wonderful.

Yes.

This is the protocol incidentally on this thing.

So the NIOSH, the National Institute of Occupational Safety and Health is now organizationally a part of CDC.

Oh, wonderful.

Yeah.

I'm glad to see that. Well, I've talked too much. Now maybe I could answer some questions.

Okay. Jim, do you have—

Dr. Hollis, I wonder if you would care to comment on the name change that occurred in July of '46.

I'm sorry, I'm glad you bring it up because it's interesting, the name that we went up to Dr. Kearn's key meeting—this was in late '44 after our first meeting in Atlanta—this was the one where Draper and Thompson and Dyer and so forth were in on. We went in there frankly with the name of institute. We had different combinations, Communicable Disease Institute, Institute of Communicable Diseases, and so forth and then we also had, because of my deep feeling of this epidemiological business, I'll see if I can remember the exact—this is just on paper, with the Institute of Epidemiological something or other that was broad enough to take in this concept of environmental intelligence mechanism. Dyer was the one that spoke up against the institute. He said, "If there be some sort of reaction from Congress on duplication, it will be further emphasized by calling this institute."

He stopped short to call it a field center of some sort, and that was the—and it broke up with the idea we'd each go back and send in to Dr. Parran some suggested name. And but the point that was made finally that the difficulty with calling it a Communicable Disease Center was the narrow restriction—this is my reply. I tried to find a copy here but when I went to Switzerland, my files kind of got scattered around. But I wrote in my reply I joined Dr. Mountin. Dr. Mountin came up with CDC, the Communicable Disease Center, and I supported that but pointed out that the objection to it was that it was too narrow looking ahead to this broader issue of environmental pressures and looking beyond that even into the question of the mental health pressures that we're beginning to get into now with the...duty phenomenon and the meeting that kind of sewed the whole thing up came up let's call it the Communicable Disease Center at the moment but let's expect—and I think this is recorded—let's expect that that name will change and broaden out after we find out if there really is any impact of the returning veterans or if there is a need to broaden it out on the

And that decision was made when, about 1945?

It was about—this was 1945 because it was formally established in '46.

In '46 right.

July the 1st that's correct.

And Parran in February—this is another little aside—I've got the letter, I think I've got the letter on that in my file. He wrote me and said that he was—I didn't want to take the first directorship at CDC on the simple ground I wasn't a physician and that I thought the transition would require prominence in the field of epidemiology and while I was trained in epidemiology by Kenneth Maxcy and you don't get a better one because I worked on that typhus fever with him in '34-35; before that '33-34, that I didn't feel that this was going to be good for CDC. Parran wrote me a letter and he said, "Look, I'm going to leave you, I'm going to make you director, first director but I want you to try to handle that malaria and typhus business so that no later than the end of '47 you can come to Washington because we want to have you up here."

And while my jaw dropped—Bill, this is a personal aside—he said, "Also there's no way to put stars on your shoulder at CDC."

That kind of changed it. But after CDC was formulated, our first efforts, my first major focus was formed, this question of eradication, complete the eradication of malaria and the development and eradication of typhus and also to do what I think is fairly well historically recorded, to get the [identity of the fleas] nailed down, so that if we had a bubonic plague epidemic, because these were the two fleas on murine typhus, that we would not repeat the error in the epidemic in New Orleans in 1914 and on the West Coast from 1909 to 1912. In other words, we write the book on the rats, bubonic plague, the book that was written right after the epidemic in New Orleans. My dad, incidentally, worked on that epidemic. He'd just gotten back from China. He was the medical officer. That was a little background on that.

Fascinating.

Now your history will pick up there. I'm going to make this statement because it's a tragic one. Vonderlehr was the key officer of the public health service in VD. He had the most outstanding job nationally. He got in trouble when World War II broke out by his criticism of the military at a time when he shouldn't have and he had to be sidetracked and he was sent down to Puerto Rico and he was forced in the quarantine field down there.

I've heard that story.

But, you know, he never grew up when he got back and that disappointed all of us. We thought he would but he didn't. Well, that's about it.

Dr. Hollis, I wonder if I might make an appointment with you now or later to come back at another day and talk to you about really the formative years of MCWA

while you were executive officer down here; the beginnings and the problems with equipment and why Atlanta and a number of questions like that. I wonder if I might make an appointment with you for that, for a session like that.

I think I've got that well in mind. I don't have written documentation of much of it but incidentally Bess Furman's chapter 16 is pretty good on that.

Fine, sir. We'll take a look at that and then probably get back in touch with you, and I'd like to say I certainly do appreciate you're talking to us this morning.

Yeah, thank you so much. And one other thing—If you have any thoughts about other—....END.

