

**Anderson, Robert J., MD, Chief of CDC. Oct. 1, 1956 – June 30, 1960.**

**Date of Interview: 09/25/1984.**

**Interviewed by Watson, William C.; Jr. Deputy Director, CDC**

### **Summary**

Dr. Robert J. Anderson described his rise from a US Public Health Service (PHS) Internship to chief of the USPHS division of tuberculosis control to chief of CDC (1956-1960). Dr. Anderson discussed his instrumentality, as CDC chief, in the political process involved in constructing the new buildings on Clifton Road, Atlanta, GA. He described bargaining with GA Power and Light Company as well as Atlanta Gas Light Company to show how the process was affected by racial tensions. Furthermore, Dr. Anderson and Bill Watson shared memories of incorporating the venereal disease and tuberculosis programs into the management of Centers for Disease Control in Atlanta.

### **Notable Quotations:**

On working with CDC: *“They were good years, they were exciting years, Bill, and I think that’s true for anybody who ever had any contact with CDC, that their contact with it has been exciting, fun, and professionally rewarding.”*

–Dr. Anderson

On role as chief of CDC: *“When they sent me down here, they said, ‘Anderson, you’re prime job down there is to get that building program under way.’ So, that’s what I was sent down here for.”*

–Dr. Anderson

On transfer of laboratory programs: *“I was told however that on tuberculosis... they would not let tuberculosis down with me, and (I guess) jokingly said that if I got tuberculosis down here, this would become the tuberculosis center instead of CDC.”*

–Dr. Anderson

On racial tension: *“Those early fights on the racial front were very much a part of CDC and I look back and it’s kind of amazing that we were able to do what we did given the climate at that time.”*

– Bill Watson

On the Federal Equal Employment Opportunity Act: *“One of the things that happened was the GA Power and Light Company had to run special power lines in here to the construction site as construction was to take place. One of the things that was required in that contract was: GA Power and Light had to agree to post (along the right-of-away for that power line) signs saying that GA Power and Light company was an equal employment opportunity. .... This had to be posted. Well, GA Power and Light wasn’t about to sign that clause into the*

*contract. Dick Johnson, John Barron and George Tremmell worked with officials at GA Power and Light to try to soften their position on this and they just refused. So I had to report back up through the channels that the power company will not sign the contract and we won't get the power to build the building because of this clause."*

**Key Words:**

Tuberculosis/TB, Public Health Service; Venereal Disease/VD; GA Power and Light Company; Atlanta Gas Light; Epidemic Intelligence Service; Virus & Rickettsia laboratory; Staten Island; Malaria Control in War Areas (MCWA); W.H.O. [World Health Organization]; American Lung Association; Chamblee; Roberts Construction Company; toxicology; environmental health; Hill-Burton construction program; schistosomiasis; Tuberculosis and Respiratory Disease Association; Agency for International Development [AID]

**Names mentioned during interview in alphabetical order:**

Abbey, Leonard	Hilleboe, Dr. Herman
Anderson, Dr. Robert J.	Hobby, Gladys
Andrews, Dr. Justin M.	Hogan, Dr. Ralph B.
Applewhite, Dr. C.C.	Hollis, Mark
Arnold, Earl H.	Johnson, Richard "Dick"
Arnold, Dr. R.C.	Jones, Dr. Boisfeuillet
Barron, John	Kelly, James "Jim"
Bauer, Dr. Theodore "Ted"	Kokko, U. Pentti
Black, Justice Hugo	Laird, Melvin R.
Brown, Dr. William J. "Bill"	Langmuir, Dr. Alexander
Buck, Ross	Lasker, Mary
Burney, Dr. Leroy E	Lyle, Richard
Candler, Marty	Mahoney, Dr. John
Cooper, Dr. Gerald "Gerry"	Mason, Dr. James "Jim"
Cummings, Dr. Martin	Melvin, Dr. Mae
Chin, Tom D.Y.	Miller, Dr. Seward E.
Christensen, Dr. Aaron	Mountin, Dr. Joseph
Dull, Bruch	Paine, James "Jim"
Donaldson, Dr. Alan W.	Perkins, Dr. James E.
Dorn, Harold	Price, Dr. David E.
Eisenhower, President Dwight	Quarterman, Kenneth
Emerson, Dr. Haven	Quinby, Griffith
Ferguson, Dr. Frederick F.	Richardson, Dr. Arthur P.
Furcolow, Dr. Michael L. "Leo"	Rockefeller, Nelson
Fleming, Arthur	Sencer, Dr. David "Dave"
Foege, Dr. William "Bill"	Schaeffer, Dr. James
Fogarty, John	Schaeffer, Dr. Morris

Folsom, Marion  
Garroway, Dave  
Goddard, James "Jim"  
Goodman, Dr. Melvin  
Haldeman, Dr. Jack C.  
Hall, Larry  
Harlow, Roy  
Harris, Ad  
Hayes, Dr. Wayland J.  
Henderson, Dr. D.A.  
Hill, J. Lister

Shackleford, Robert "Bob"  
Shepard, Dr. Charlie  
Simmons, Samuel W. "Sib"  
Smith, Dr. Clarence "Larry"  
Stenhouse, George  
Tierkel, Dr. Ernest S.  
Tremmell, George B.  
Van Slyke, Dr. C.J.  
Vondelehr, Dr. Raymond A.  
Williams, Dr. L.L.



*Robert J. Anderson, MD., CDC Chief 1956-60*  
Picture retrieved from: <http://www.cdc.gov/about/history/pastdirectors.htm>

## **MALARIA CONTROL: CDC BEGINNINGS INTERVIEW**

**William C. Watson:** It's September 25, 1984. I am Bill Watson, the Deputy Director of CDC and with me today is Dr. Robert J. Anderson, who is the chief. That was the title we used in those days of CDC of October 1956 to June 1960. Is that right, Dr. Anderson?

Dr. Robert J. Anderson: Yes, Sir

**William C. Watson:** Perhaps we could start by talking about your life and career before you arrived at CDC. You'd already had a rather distinguished career in the Public Health Service by that time but let's start. You're a Minnesotan right?

Dr. Robert J. Anderson: Yes I was born in Zumbrota, Minnesota and grew up there and went to Medical School at the University of Minnesota and then joined the Public Health Service at the time.

**William C. Watson: How did that come about?**

Dr. Robert J. Anderson: It came about because I took a Public Health Service internship at the Public Health Service hospital in Staten Island. At that time the Public Health Service hospitals were called the US Marine Hospitals because we took care of the merchant marine and the coast guard. Then I got into the regular corps.

**William C. Watson: What year was that?**

Dr. Robert J. Anderson: That was in 1939. I got into the regular corps in the following July 1. I stayed in the Public Health Service for most of my professional career.

**William C. Watson: How did you spend WWII? You were in the Public Health Service?**

Dr. Robert J. Anderson: Well, I was in the Public Health Service and the first thing that I did (with regard to that period) was I continued to be assigned to the Staten Island hospital where I had service on the venereal disease service of the hospital. I got to know some of the greats in the venereal disease service at that time, John Mahoney and C.J. Van Slyke, R.C. Arnold, and Ad Harris (who later became part of CDC) who were all in the VD laboratory which was located there at the hospital. They were working at that time on penicillin and its uses in the treatment of venereal disease.

**William C. Watson: Well, Dr. Mahoney is credited as being the first person to treat syphilis with penicillin. Is that right?**

Dr. Robert J. Anderson: I believe that is so. From there I was sent out to sea on a Coast Guard cutter and I had a Coast Guard duty. I came back and I thought I was going to be a surgeon because I started training there at the Staten Island hospital in surgery. But Dr. Joseph Mountin and a few others decided that I should join the cadre that was being sent out (of Public Health Service officers that were being sent out) to work on health problems around the newly set-up army camps and training installations where there had been no previous public health services particularly. I ended up being assigned to Missouri; first to a county outside of Fort Leonard Wood and then secondly to a county at Neosho, Missouri, where there was a signal corps training facility. Dr. Mountin and Dr. C.C. Applewhite came out and visited me once and convinced me that I should go take training in public health on a Rockefeller fellowship, which I did at Columbia University. Then I had a shift in career because at that time, Dr. Herman Hilleboe was beginning to move the tuberculosis program to almost co-equal status with venereal disease control, Bill.

**William C. Watson: The VD program was one of the largest programs in the Public Health Service through the war, wasn't it?**

Dr. Robert J. Anderson: Yes, it certainly was. The venereal disease program had a great record of training people of all sorts for responsible positions in the Public Health Service in future years. So Dr. Hilleboe drafted me for tuberculosis control.

**William C. Watson: I see. After you had finished at Columbia?**

Dr. Robert J. Anderson: After I had finished at Columbia. And for many years thereafter I had a career in Tuberculosis control.

**William C. Watson: You ended up heading up the TB program.**

Dr. Robert J. Anderson: Yes, I became chief of the tuberculosis program in 1947. That's another story that I want to cover a bit later because it touches on the CDC.

**William C. Watson: Why don't you do it now?**

Dr. Robert J. Anderson: First I'd like to say a few words about this occasion. It's, as you say, September 25, and we're going into a period where you're going to be recognized for your contributions to the Public Health Service and particularly CDC upon the occasion of your retirement. When I think of this occasion of me being interviewed about the history of CDC, I'm like a journeyer who went down the CDC road for just a short space of time, 4 years. Bill, you and I came to CDC at the same time back in 1956. You have almost 30 years experience. So you'd be a much more appropriate individual to be interviewed about CDC.

**William C. Watson: But that's not why we're here today.**

Dr. Robert J. Anderson: No, that may not be why we're here, but it brings up something also that I wanted to say about my relationship to CDC. I knew all of the chiefs of CDC who preceded me. I knew them personally and professionally. I've also known chiefs of CDC who followed me. I'm the person who probably has as many chiefs who preceded me as chiefs who have followed me. So I'm kind of at the mid-point. From this point on, everything, as far as I'm concerned, is on the wrong side of the balance. But being a person who's had temporary contact with CDC (I mean, 4 years is temporary in terms of an organization that soon will have 40 years of experience), all I can do is talk about some of my impressions of CDC and its place in public health from the standpoint of my observations. But the real people who have made CDC all through the years have been the workers, the staff, the colleagues of the chiefs of CDC and its directors and deputy directors and so on who really made CDC what it was, what it is, and who will make it what it will be in the future. So I would just like to acknowledge that I had a very small role to play in the CDC and its internal development.

**William C. Watson: Now you're being modest for the years that you were here.**

Dr. Robert J. Anderson: They were good years, they were exciting years, Bill, and I think that's true for anybody who ever had any contact with CDC, that their contact with

it has been exciting, fun, and professionally rewarding. My contact began when I was chief of the tuberculosis program. At that time, Malaria Control in War Areas had (this was 1947) had really phased down its activities and a new framework for CDC was being built by Mark Hollis, Justin Andrews, Seward Miller. L.L. Williams had gone on to international health work. The laboratory activities of CDC under Seward Miller were being developed. The venereal disease program had moved the laboratory from Staten Island, where Ad Harris and his group worked down here to CDC under Seward Miller and fitted it into the lab branch. Tuberculosis was a relatively young program and did not have any laboratory activity when it was set up. However, the diagnosis of tuberculosis depended so much upon laboratory work (microscopic and bacteriological identification of tubercle bacilli and the variants thereof) that we sent off Dr. Martin Cummings to the state serum institute in Denmark for training. The state serum institute was connected with W.H.O. [World Health Organization] and was a recognized world prime place for tuberculosis bacteriology. He came back in 1947 in preparatory for his work in a tuberculosis division laboratory. My responsibility was to decide where that laboratory should be established. One of the possibilities would have been to establish it in connection with one of the United States' recognized laboratories in tuberculosis work. The other possibility was to set it up down here with the Public Health Service laboratory activity at CDC because it fit in with the ideas that CDC was developing for laboratory services; which would hit at the problems of diagnosis of diseases by laboratory methods used in clinical laboratories and in state health department laboratories around the states. So I came down and negotiated with Mark Hollis and Justin Andrews and Seward Miller about this laboratory and we set it up down here. I understand that one of the persons that we put into the laboratory in those early days, Mae Melvin, is still here at CDC working in the laboratory. I think that's wonderful, she was a great trainer.

**William C. Watson: Dr. Melvin is still here.**

Dr. Robert J. Anderson: So we got the laboratory set up and it's been here ever since, I guess there still is a TB laboratory here.

**William C. Watson: There is, at Chamblee.**

Anderson: Good.

Subsequent to that, my own career went from being chief at The Tuberculosis Division to chief of the Tuberculosis and Chronic Disease Division. Then when there was one of the inevitable organizations of the Public Health Service, there was a division created called The Division of Special Health Services, which you, and the VD program were a part of as well as the TB and Chronic Disease Programs were part of. My job there was to be the deputy to Seward Miller as the head of research in that division. That's really where I first got to know you up in Washington—when the VD program was located in a temporary building (WWII building) on the south side of the mall where the Air & Space Museum is located now. We worked together at that time and then when I was to

become chief at CDC, the decision was made to move the venereal disease program down here.

**William C. Watson: I want to ask a question about that. That's the way CDC has grown in great part is by the transferring of ongoing functions from other places in the Public Health Service. There've been nine of those and the VD transfer was the first. Can you give us a little background on how that occurred? Who made that decision?**

Dr. Robert J. Anderson: Bill, I don't know who made that decision. I was not privy to the discussions that went into it.

**William C. Watson: Oh you were not?**

Dr. Robert J. Anderson: I was not. Dr. Bauer would probably be better able to answer that question because Dr. Bauer had been in the venereal disease program and it's director, I believe, before he came down to CDC.

**William C. Watson: And he was your predecessor. He was chief of CDC.**

Dr. Robert J. Anderson: I learned that he was to come here to CDC and the VD was being transferred down.

**William C. Watson: That was part of what you were told at the time.**

Dr. Robert J. Anderson: I was told that. I also said, "Well, let's move tuberculosis down here at the same time." I said, "After all, I've been the TB chief, the TB people know me and I have a few credits with them that maybe I can play on now to make this move a little more palatable." Because any time you move a large group of people from one physical location to another and also change their organizational relationships, there are bound to be tensions. Some people will welcome the change, some it won't make any difference to, and some will fight it as best they can.

**William C. Watson: That's exactly what happened in the transfer of VD, too.**

Dr. Robert J. Anderson: I remember that, I remember that! I've always wanted to tell you, Bill, that I appreciate very much your role in making that transition as smooth as possible. We lost some good people from the VD program who chose to remain in Washington. But Larry Smith (who came down with me as deputy and then succeeded me as chief of CDC) and you and Bill Brown (who became chief of the VD program) did a fantastic job of making a transition as well as it could possibly be made. I was told however that on tuberculosis...they would not let tuberculosis down with me, and I guess jokingly said that if I got tuberculosis down here this would become the tuberculosis center instead of CDC.

**William C. Watson: That transfer subsequently took place when Dr. Smith was director.**

Dr. Robert J. Anderson: Yes, and again it was a traumatic episode.

**William C. Watson: They all were. Every one of them has been that way.**

Dr. Robert J. Anderson: Recently you've had the same problem with the NIOSH [National Institute for Occupational Safety and Health] I'm sure. But anyway, you and I got down here and we went to work. But I'd like to pick up the thread now on what my own personal career was.

**William C. Watson: Right, yes, exactly.**

Dr. Robert J. Anderson: When I left CDC I went back to Washington (I was ordered back to Washington) and Ted Bauer had me as his deputy chief of the Bureau of State Services. In the late '50s, there was beginning to be recognition that environmental health was an area of importance to the Public Health Service. The congressional committees called upon the Public Health Service to do a study and a report on environmental health which came out I think in 1959 and this led to my being called back to Washington to be Ted Bauer's deputy to emphasize the environmental health programs of the Bureau of State Services. Ted for the most part took care of the personal health services and the community health services and I, for the most part, worked on the environmental side. When he retired and I was made chief of the Bureau of State Services, Aaron Christensen (who also was an old VD man) became my deputy and he concentrated again on the community and personal health side.

**William C. Watson: And you on the environmental side.**

Dr. Robert J. Anderson: And I on the environmental side. I worked on that until 1966 when I retired from the Public Health Service. I must say that my work at CDC had done quite a bit for me in preparing me for environmental health work because CDC had at that time a toxicology laboratory under Dr. Wayland J. Jack Hayes, which at that time was located down at Savannah. Sib Simmons and his technology branch were very much concerned about the control of insects through not only pesticide means but also through biology controls: the regulation of irrigation practices, the leveling of lands so that water wouldn't puddle in certain areas and breed insects. Also at that time in those programs here at CDC (in the '50s to the '60s) there was a lot of inter-agency contact with agriculture and interior fish and wildlife service, bureau of land management, bureau of reclamation, and I got involved in some of those kinds of activities so it was kind of a preparatory activity for my later career.

**William C. Watson: What about the foreign aid program? Subsequently, CDC became very involved with them in malaria control (this particular area of public health): testing their pesticides, helping them on the technical side?**

Dr. Robert J. Anderson: Those activities in malaria control and pesticides were in place by the time I arrived, and they continued. CDC had its start (I guess) in international health work in that insect/disease control area. But it broadened even during my time into other areas of public health activity. When I left the Public Health Service I went back to my initial career. I went back to the womb and got to be the medical director of the Tuberculosis and Respiratory Disease Association. Subsequently, in 1970 I became the managing director succeeding Dr. James Perkins of the association which then became known as the American Lung Association as it is known now. I retired from them in 1974, and, for the most part, I've enjoyed retirement since then.

**William C. Watson: For the last decade then.**

Dr. Robert J. Anderson: Right.

**William C. Watson: Living in the Washington area.**

Dr. Robert J. Anderson: Ten years. I'm awfully young to be retired.

**William C. Watson: Exactly.**

[Both Laugh]

Dr. Robert J. Anderson: But this is kind of the setting in which I learned about CDC and what happened subsequent to CDC. You mentioned international health activities and I'll come back to that in a little bit.

**William C. Watson: I have some specific questions about things that happened while you were chief of CDC. The first buildings, here on Clifton Road, were built. It's my understanding that, although the buildings had been designed, the Korean War came along and the actual construction was delayed. But after you got here is when that building program actually took place. Am I right on that front?**

Dr. Robert J. Anderson: Yes. A lot of preliminary work to my period (which was preliminary to my role) had been done. The problems of Chamblee were really quite terrible from the standpoint of operating laboratories where you were trying to do controlled secure laboratory work in buildings that were old barracks buildings or old hospital wards.

**William C. Watson: Incidentally, they're still there. We're still using them. Some of them, anyways.**

Dr. Robert J. Anderson: I've heard that. But, Hollis, Justin Andrews, Vonderlehr, and Ted Bauer (the people in CDC prior to my time) had been hoping and planning and dreaming for the day when CDC would have its own institutional facility, which would be a permanent one. It really was important that an organization (which had the potentials that CDC had) have a physical facility, an institutional physical facility, which would give

it identity—permanence. When they sent me down here, they said, ‘Anderson, you’re prime job down there is to get that building program under way.’ So, that’s what I was sent down here for.

**William C. Watson: That was the bureau director or the surgeon general? - Everybody at headquarters in Washington.**

Dr. Robert J. Anderson: Well, just about everybody at headquarters, particularly in the Public Health Service, because it had never moved in previous years for one reason or another. And so we went to work on it. We had to redraw a lot of the preliminary planning that had been done. Bob Shackelford and Ross Buck took on the responsibility in the planning activities – the facilities planning office with Jim Paine. And then with the technical people: Ralph Hogan, Pentti Kokko, Earl Arnold, Morris Schaeffer, and all the laboratory people who had their own particular ideas of how their laboratories should be designed went to work to do this. But the first thing was, we had to go to congress and get an appropriation for planning money, which I did. We went through the bureau offices; we had good help from Steve Ackerman, from Ted Bauer. We went to the Surgeon General’s office where Luther Terry – I mean Burney, this was Lee Burney’s time.

**William C. Watson: This would’ve been 1957 or roughly...**

Dr. Robert J. Anderson: Well by the time we hit the appropriations process it would have been ’57, yes. - For a calendar year, ’58.

**William C. Watson: Right**

Dr. Robert J. Anderson: Fiscal year ’58, excuse me. Harry Dorn and Lee Burney, the surgeon general, and Marion Folsom’s budget officer whose name escapes me for the minute. He’s predecessor of Jim Kelly. He had been a long-time chief budget officer for the HEW. He has a daughter who lives in Atlanta. I want to say Roy but that isn’t it...yeah, Harlow! Wasn’t it Roy Harlow?

**William C. Watson: Roy Harlow, right.**

Dr. Robert J. Anderson: Marion Folsom (who was the secretary) and subsequently Jim Kelly and secretary Arthur Fleming all got involved in backing this. We got it through the bureau of the budget (which is always quite an achievement) and over to the congress where I was very fortunate to have had many years of experience in working with congressman John Fogarty and Senator Lister Hill; who had come to know me very well and I to know them very well, and by golly we got the planning money. From then it went on to the construction money and so on. I had one little problem.

**William C. Watson: Were you involved at all in the negotiations with Emory about the building?**

Dr. Robert J. Anderson: Oh yes. One of the things that we had to get was a place to build the facility. The wisdom was, if we could come up with donated land, this would remove one great obstacle to getting the building program underway. Ted Bauer and maybe others before him had developed good contacts with Dr. Boisfeuillet Jones of Emory University (who was vice president for health affairs) and others at Emory University like the dean of the medical school, Dr. Richardson. Which, all, I picked up on. The first thing we had to do was ask, "Did Emory have some land that they would donate to the government?"

It seemed advantageous because of not only our top-level contacts but also some of the contacts between scientists. If we could foster a relationship with Emory University through physical proximity and other ties, this would be advantageous. This led to the identification of this piece of property here on Clifton Road as the one that was most logical for Emory to make available. Now, I want to tell you that, when I was involved in getting this thing planned, my idea was that all of CDC should be housed on this property on Clifton Road. We would close up Chamblee, we would close up Savannah, we would close up the virus and rickettsia laboratory at Montgomery, move all of that in here to Atlanta and we would have a complete unified entity for CDC. I was a little concerned that the topography of this piece of ground, and the size of it, might not accommodate enough future growth. After we had gotten everything together, I didn't want us to have to begin farming stuff out again (going back to Chamblee). So (in our planning) I was a little reluctant to accept this piece of ground because I had a faint glimmer that in time CDC might grow, and this piece of ground might not be able to house everything. So, anyway, we went ahead and signed the papers with Emory to take over this land for the government. Ross and the others went ahead with the planning activity. We got the money, went to work to the construction phase, and at some point along the line, Ross came back to Len Abbey (who was the budget officer at the time) to tell me that I hadn't gotten them enough money and that I needed to go back and get them almost twice as much money as I'd already gotten.

**William C. Watson: For the actual construction?**

Dr. Robert J. Anderson: I think this was for the actual construction. I don't remember exactly what phase we were in. Ross Buck can probably tell you about this. Ross will also tell you about how I darn near fell out of my chair and pleaded with him not to give me that assignment to go back and have to ask for twice as much money, because I was afraid it might endanger the project. Nonetheless we did, and we got the money. Ross and the others working with him did a fantastic job of working with and overseeing the Roberts Construction Company, which did the actual construction of this building. It was really quite an operation, Bill, and I really marvel at how we started from the fall of 1956 and had this building ready (as it was then conceived) for occupancy on July 1, 1960, the day after I was relieved from responsibility.

**William C. Watson: That's interesting, too. You never really worked in these buildings.**

Dr. Robert J. Anderson: I very carefully designed a corner office up here on the second floor. Now that was one area that I really kept track of for my use and I never got to sit in it as chief of CDC. There are some other (what I think are) interesting stories. I'm not sure they're important, excepting they are a reflection of the times. The times affected us at CDC. You'll remember the Supreme Court decision in 1954 about the desegregation of schools?

**William C. Watson: Right, I sure do.**

Dr. Robert J. Anderson: This was one of the troubling problems when we talked about staff moving down here because people were afraid that the schools might be closed and their children might have no place to go.

**William C. Watson: I know. I had those concerns myself.**

Dr. Robert J. Anderson: I did too. Well, CDC, when we came down was located in what we call the Peachtree 7<sup>th</sup> building, which was at Peachtree and 7<sup>th</sup> Street Northeast. We occupied one whole floor and a floor up above there. We had no black persons on our staff at that time in that facility. We had just two toilet facilities, one, marked 'men' and one marked 'women'. In those days in this part of the world, black persons did not use the same toilet facilities that white persons used. We had a real problem with regard to how we would react to this kind of situation when we wanted to add black persons to our staff. But this racial problem affected us with regard to the construction of this building. One of the things that happened was the GA Power and Light Company had to run special power lines in here to the construction site as construction was to take place. One of the things that was required in that contract was: GA Power and Light had to agree to post (along the right-of-way for that power line) signs saying that GA Power and Light company was an equal employment opportunity.

**William C. Watson: Oh, the federal requirement.**

Dr. Robert J. Anderson: Yes sir. This had to be posted. Well, GA Power and Light wasn't about to sign that clause into the contract. Dick Johnson, John Barron and George Tremmell worked with officials at GA Power and Light to try to soften their position on this and they just refused. So I had to report back up through the channels that the power company will not sign the contract and we won't get the power to build the building because of this clause.

**William C. Watson: Now this is a story I haven't heard. This is fascinating.**

Dr. Robert J. Anderson: Within a short space of time, word came back down from Secretary Arthur Fleming. (You know, he went on to be the chairman of the civil rights commission). Secretary Fleming sent word back down to Dr. Anderson and Mr. Lyle (who was the regional director for HEW [Housing, Education and Welfare] and also located in the Peachtree 7<sup>th</sup> building) to go to GA Power and Light Company and educate them so that this little obstacle could be overcome. So Mr. Lyle and I made an

appointment with the top dog of GA Power and Light Company to go down and visit him in his office. Mr. Lyle and I rode down together in the car and Mr. Lyle was telling me about how important this was and everything. So we get into the headman's private office and it turns out that Mr. Lyle and the chief officer of GA Power and Light attended the same church. So, they talked about the church matters and about their friends and acquaintances that were in the church for maybe 5 or 10 minutes. And I thought, 'Gee, this is great, Mr. Lyle is going to be able to accomplish this education very quickly.' But, as the conversation lagged on church matters, it arrived at the point where Mr. Lyle turned to me and he says; 'Well now Dr. Anderson, what was it we came down here to talk about?'

**William C. Watson: He handed you that one, huh?**

Dr. Robert J. Anderson: He handed me that one. It caught me quite by surprise and I reacted instantaneously and said, "I understand you won't sign the contract with that clause in it. And we want that clause in the contract". The top man at GA Power and Light who was sitting in his chair behind his desk took off like he'd been ejected from a plane into the air and banged the desk and we went on and on from that point. Ultimately, I've forgotten how it was resolved but we did get the power for the construction. Later on...

**William C. Watson: But he didn't come around...**

Dr. Robert J. Anderson: I don't remember. Well, he pointed out that GA Power and Light (and I don't recall all of this information) had a lot of black employees and had professional employees, particularly in their home economics work for education of people in this area. I don't remember, Bill, just exactly how we got around to it.

**William C. Watson: That's an interesting thing that you bring up and I think an important aspect of CDC. That was a real problem at that time. We had a problem with housing black people that had come to visit CDC. Finally, we worked out an arrangement with a little hotel down the street that they would do this quietly. This was before Atlanta was integrated. I remember subsequently (and this was after you had left, I think) we were not able to get everything into this site and we needed to rent some office space. A building in Decatur would not rent to us because we insisted that they would sign this kind of agreement on desegregation. We found a building in Buckhead that would and that's why we're in Buckhead today. So those early fights on the racial front were very much a part of CDC and I look back and its kind of amazing that we were able to do what we did given the climate at that time. Of course Atlanta turned the corner not too long after you and I had -- I'm talking now...**

Dr. Robert J. Anderson: You said that because you've been party to these things too. But another event took place at that time, again, with the racism aspect. In the planning of this plant we had two kinds of heating systems that we had to incorporate. One was an oil burning facility and the other was a natural gas facility. So, you know, in the event

of shortages, one way or the other (from exceptionally cold weather) we could throw both of them into existence. Well, there weren't any gas lines big enough in this area to take care of our needs. So we had to go to Atlanta Gas Light and ask them to run a gas line out here. And again, the contract that we would sign with Atlanta Gas Light Company was supposed to include this clause. And again, Dick Johnson and John Barron (after lots of effort) came back and reported, "They won't do it". So we can't get gas for this physical plant. This would've killed it for sure. So, again, I reported what the situation was: that we couldn't get the Atlanta Gas Light company to sign this contract; furthermore, I reported that our investigation showed that other federal facilities had contracts with the Atlanta Gas Light company which did not have this clause in it. John Barron had done the work to ferret this out. This included facilities, like, for example, the Atlanta prisons (prison facilities), the federal prison (which is under the department of justice), and Fort McPherson (the Department of Defense). It was true not only in the immediate Atlanta area but also over in Alabama and several other places where Atlanta Gas Light served. I reported this up. It resulted in Mr. Fleming inviting me to come to his office so that he could imbue me with the zeal to get this clause into the contract. I went to the meeting with Secretary Fleming and Jim Kelly and a number of other people, where they immediately started off with: "We haven't done enough work down here."

I told him what work we had done and also the existence of these contracts with other agencies and Mr. Fleming hadn't heard of that. Apparently, this hadn't gotten through to him. He just couldn't believe it because he also sat on one of the committees that oversaw this contract activity, along with Secretary of The Department of Justice and the Secretary of Defense and so on. So, finally he says, "I'm going to check up on this."

He made calls to Justice and the Department of Defense, and, sure enough, he learned that they did have contracts with Atlanta Gas Light and that they did not include this clause. So he immediately called over the staff of the commission (which was to oversee this activity for the committee) and set up an appointment. I thought this was great; the secretary himself is going to go over and take care of this. I was really very pleased with the outcome of this meeting.

Well, when the day came when the meeting was to take place, the secretary couldn't go. So Bob Anderson and James Kelly went over to the commission; and the commission was a real hard-nosed outfit. They thought we were lying. They wouldn't even accept our statements that the other agencies had this clause. We had to sit there and wear them down to the point where they would make the calls and find out for themselves; which they finally did and they finally agreed that this should something that should be handled across the board, rather than on a case-by-case basis, particularly in a situation like this where it was so important to the development of the construction contract that we had with Chip Roberts. So we got gas, Bill. Do you still have gas?

**William C. Watson: Oh yes, we do exactly that. We use gas, except in very cold weather, and then they shift us over to oil, so it's the same system. That's**

**fascinating. It's almost unbelievable that you had to fight those kinds of battles, but that's the way it was.**

Dr. Robert J. Anderson: That's the way it was. And they were cliffhangers because if we got negative on either one of them, things were dead.

**William C. Watson: That's fascinating. You've already mentioned your negotiations with the congress for the building money. And, you mentioned Congressmen Fogarty and Hill. Could you describe how the process of justifying budgets for programs and buildings and so forth operated in those days (because it's quite different now)? The system then consisted, as I remember, of being sure that you covered yourself with those two people in congress, Bill and Fogarty. Whereas, today, we just have a plethora of congressional committees that we have to deal with. But, could you describe that process for us? You indicated that you had a kind of personal relationship with Hill.**

Dr. Robert J. Anderson: Yes I did, from the tuberculosis days. Senator Hill, of course, was the author of the Hill-Burton construction program. And that program, back in the '40s, was an important program from the standpoint of getting tuberculosis hospital beds, which now of course aren't needed. But anyway, that was important, so there was a contact there with him and again through his state, which was very important. Senator Hill called me one day and I asked him if I'd come over and talk to Justice Black (Hugo Black on the Supreme Court) about a personal problem that was present in one of Black's friend's families. Which I did (both from Alabama), and Hill remembered that. In those days, the head of the program (like TB and VD), or the chief of those programs, was responsible, individually, to go up at each step in the budget process: first, to the bureau of state services, then to the surgeon general's office, then to the secretary's office, then over to the bureau of the budget, and then over to the hill to the congressional committees to justify the appropriations. In those days, it was the appropriations committees that were the important committees. There weren't committees; there were different access to these things that were related to legislative authorizations. The authorization was the basic public health service legislative authority of the Public Health Service Act, which was a very broadly stated authority and it justified everything we did.

**William C. Watson: It in effect said, the surgeon general should 'Go Forth and Do Good.' At least he tried.**

Dr. Robert J. Anderson: So, we were responsible for justifying these appropriations requests. As you know, the request of the division was not quite agreed to by the surgeon general's office in every way. The secretary's office would reduce it a little more, and the bureau of the budget for the executive branch would reduce it further, until, by the time we hit the congressional committee—the house first and then the senate,—the justifier (the division chief) was expected to justify exactly, and no more than, the amount of money that was requested by the bureau of the budget.

**William C. Watson: Right.**

Dr. Robert J. Anderson: Well in those days, the administration with President Eisenhower was of one political faith and the congress was of the opposite. Republicans. Democrats. Well, the congressional committees, even some of the Republicans on the congressional committees, were very much interested in health and so they took the tactic of saying to the witness, "Now, this is the administration request, but we'd like your professional opinion".

**William C. Watson: They'd asked for your professional opinion.**

Dr. Robert J. Anderson: The professional opinion as to the adequacy of this program and what things might be missed. Well, this all of course put the witness on the defensive. Nelson Rockefeller was assistant secretary of the HEW under Gladys Hobby. I think it was the first year (let's see— this would be I guess 1952-53 February) that we were testifying. We went over there to the house committee (which John Fogarty chaired). Mel Laird was on it for the Republicans. Jack Haldeman was head of the hospital facilities and construction program and he was the first witness. The questions came, "Now this is the formal request, we'd like your professional opinion, Dr. Haldeman, as to what this program needs". And Dr. Haldeman went over to tell them immediately what his ideas were about the appropriation request. Nelson Rockefeller was in the room at the time this was happening. He called Dr. Schaeffer (Dr. James Schaeffer) who was to testify for the venereal disease program on that occasion, and me, out into the hallway.

**William C. Watson: Rockefeller did?**

Dr. Robert J. Anderson: Rockefeller did. And gave us a real lecture on what we were expected to do.

**William C. Watson: Who you work for?**

Dr. Robert J. Anderson: Yeah. Right. Dr. Schaeffer went on next and Fogarty went after him with these kinds of questions. I went on after Schaeffer, and you could see Rockefeller wasn't exactly liking what Dr. Schaeffer was saying. When I was testifying I was busy concentrating on what Fogarty was saying and I wasn't watching Rockefeller. Fogarty gave me a very rough time.

**William C. Watson: But you weren't asking for enough?**

Dr. Robert J. Anderson: Right. He kept after me. At the end of the day I was back in the south HEW building and the phone rang and it was Congressman Fogarty. He wanted to talk to me, to tell me there was nothing personal about any of this, and it was fine and dandy. He'd thought I'd done a good job and he was all for what we were trying to do. That led to a personal contact with John Fogarty that I maintained up until the time he died.

He was really a dedicated man as was Senator Lister Hill, who helped. And as far as CDC was concerned, when I got down here, congressman Fogarty said to me on one occasion early, he says, "Bob, I'm going to keep track, especially, of CDC because you fellows are down there. You're far from Washington. You don't have any great lobby like the National Institutes of Health with Mary Lasker and I'm going to help you on CDC." And he did. Even though we were coming through with big budget requests for planning and construction, we also got (which to me at the time I thought were good) increases in our epidemiology intelligence service and in our laboratory service so that we had program growth as well as building growth at that time.

Of course, we took advantage of any crisis that came along. When the Asian Flu epidemic hit soon after I came down here (1956-57), we were right there at the door asking for more money for our laboratory work and for our EIS surveillance of the influenza situation. Then when the staphylococcus problem in hospital infections arrived on the doorstep, we were right there asking for additional support to do those things. And we got them. Not to the extent that you have. I saw on your bulletin board downstairs that you now have a whole hospital infections. Is it a center?

**William C. Watson: No, it's not a division.**

Dr. Robert J. Anderson: A huge bureaucracy.

**William C. Watson: Well, a good program. We do have a very good hospital infection program. You've talked about the laboratory at CDC and the inference is that was sound and that it was good. And you just referred to the Epidemic Intelligence Service, which is still with us. Could you describe that a bit, how that operated in your time?**

Dr. Robert J. Anderson: Again, this is a program where, this short time traveler, when he came on the road, the program was already in existence. Dr. Langmuir, others, the chiefs of CDC, had started it before. It was a good program because it went out and recruited young persons from medicine, from nursing, from dentistry, from veterinary medicine, from statistics, and brought them in to give an introduction, if you will, to the epidemiological method and its use on health problems. It did a fantastic job. Dr. Langmuir and his staff did a fantastic job of building up a cadre of persons not only for CDC but persons who went back to medical schools, veterinary schools, even into private enterprises, who had this philosophical approach to analyzing public health problems. I don't remember the numbers of persons that we had under Dr. Langmuir and under D.A. Henderson who was his prime assistant at that time. I think it was something like 12 spots. I am sorry that I didn't have the chance to do any homework. I'm looking at all the documents with regards to facts and figures, you know, to make this a meaningful historical account. You're looking at the world, not necessarily as the way the world was, but the way Bob Anderson might remember it.

**William C. Watson: That's exactly what we want.**

Dr. Robert J. Anderson: I might construct it a little differently than it actually was. But nonetheless, while it was small, it was good.

**William C. Watson: How big was CDC?**

Dr. Robert J. Anderson: Well, as I recall, without VD, before VD came down, we were somewhere around 500 persons totally. VD brought with it about another 500 because there were, as you recall, the public health reps that they had assigned out to the field. Another thing VD brought with it, that was very important, I think; the first time that CDC, as such, had a grant program.

**William C. Watson: That's exactly right.**

Dr. Robert J. Anderson: These were very important firsts.

**William C. Watson: And regional offices, as I remember. Those were things that came at that time that are still with us – and were very formative years in terms of the way we do business.**

Dr. Robert J. Anderson: And regional offices. Yes. So CDC had about 1000 persons at the time I left.

**William C. Watson: What about the relationships with states in those days? The state health officers and the state epidemiologists and the state lab directors... What is your memory of how...?**

Dr. Robert J. Anderson: In my time the relationships were that Dr. Langmuir, for example, and Dr. [Ralph] Hogan in the laboratory area (Hogan was the chief of the laboratory branch) both maintained organizational contacts with the state lab directors and the state epidemiologists. In the instance of the epidemic intelligence service, Dr. Langmuir had a few persons who might be assigned out to a state to do state functions as a temporary and as a training major. They were assigned, supposedly, to states that had the capacity, the capability, to provide good training.

In the lab situation, the situation wasn't quite the same, because most state laboratories were pretty well developed and had their staff. So, I don't remember any lab assignments of lab personnel to the states. My job, of course, was to relate to the state directors of health. We had the VD public health reps who were signed out to states again to do state functions. Again, coming out again, as I recall, out of the grant money, they were paid out of the grant money that was available. The state had their option: one or the other. In those days, state health departments were not very well developed. They were much better developed than they were 20 years earlier. When I got into Public Health, one of the dreams of the public health administrators (like Haven Emerson) was that there be a health unit in every county in the United States. This health unit that Haven Emerson dreamed about in every county would have, as a

minimum, a director of health, a physician, a sanitarian or a sanitary engineer, a public health nurse, and a clerk. As a matter of fact, my first experience in the county public health area, in the war area, is outside in Missouri, was to establish two of those basic 4-person units in counties that never had a service before.

**William C. Watson: Assigned there by the public health service to do that?**

Dr. Robert J. Anderson: I was assigned there, but the other persons were employed by the state and the county.

**William C. Watson: I see.**

Anderson: This was really reflected in the structure of the Public Health Service at the time too, because, for the most part, the structure of the Public Health Service was not for categorical programs excepting for VD, later TB, and cancer in the Cancer Institute. The basic structure of the Public Health Service in those days was (kind of) to support the corps basic infrastructure for public health around/through the country. We wanted to be sure there were good state health departments, so we had a general public health grant. We wanted to support the development of county health units and city health units. That was the emphasis. So, we had public health education, public health nursing, and general public health in the program. As those services in the states and counties developed (it became appropriate), the service program enlarged and gave emphasis to some of the special technique programs such as you have here at CDC. The state agencies were big enough so that the other kinds of programs were downplayed. But, I think in some instances there's still a need for support and backup and participation with the states and cities in certain areas of the country on special problems in those areas. I think you at CDC have them. Lead paint? Do you still have lead paint?

**William C. Watson: Yes sir, we do. We don't have a grant for that program but we do have a technical group, right.**

Dr. Robert J. Anderson: You did have a grant program?

**William C. Watson: We did, right.**

Dr. Robert J. Anderson: Rat control?

**William C. Watson: Rat control. Both those grants were put into a block grant, basically, but we still have a basic technical competence in those areas. As you said earlier, you fit right into the middle in terms of the directors of CDC. If somebody had asked you back then, "What's the future of CDC?" what would've been your answer? And how does that fit with what actually happened?**

Dr. Robert J. Anderson: I recall when we were developing the building program, the planning, and the actual construction program, that there were already some activities

at CDC which were kind of peripheral to communicable disease control. The emphasis in the Ken Quarterman, Larry Hall, Jack Hayes operation on chemical effects, pesticides, weed control mechanisms and so on – that was one illustration. But it was also interesting that I found, right here (that had started under Ted Bauer or somebody before him), burgeoning activity in laboratory techniques that might be improved for the diagnosis of tuberculosis and other communicable disease conditions. I am sorry that I again do not remember the names of the persons, but in the laboratory activity there was a laboratory unit that was working on the laboratory diagnosis of myocardial infarctions through chemical techniques. Gerry Cooper and Marty Candler – yes. They all were working on the diagnosis of liver disease through chemical means. Those are three examples and there are probably others that I could recall where really we were out into something that was a little beyond what we would've done if we were adhering strictly to communicable disease activities. So, as we talked about this (Alan Donaldson and Larry Smith, George Tremmell, Len Abbey, and George Stenhouse) we said, "Well, maybe we ought to change the name for the Communicable Disease Center."

**William C. Watson: Really? The discussion was even in those days?**

Dr. Robert J. Anderson: We want to keep the identity of CDC, so how can we do this? Well, the proposal was that we call it the Center for Disease Control. We launched a feeler up the chain, and, no, this wasn't such a good idea.

**William C. Watson: That idea was floated in your time. Ok, I did not know that.**

Dr. Robert J. Anderson: Because (I don't know all the reasons) after all, there were chronic diseases. TB was still up there, accident prevention, a whole number of other activities up there, including radiological health and occupational health and so on. So the Center for Disease Control didn't fly, but it we talked about it and we were attracted to the idea.

**William C. Watson: It was broached in your time. You were told you were getting a little bit too ambitious too soon.**

Dr. Robert J. Anderson: Well, we had to get our prime objective done (and that was to get the place built and established) and we did. I was delighted to see subsequent chiefs move on in these areas. Larry, who I had known from my Washington days, David Sencer who I knew from my TB days, and Jim Goddard who I knew from accident prevention days and special health services. I did get to meet Bill Foege in the connection with his experiences in Nigeria.

By this time, I was with the TB and respiratory disease association and the international union wanted to propose, in connection with the Biafran War concept, a vaccination program of tuberculosis. So, the director of the international union of tuberculosis and I visited (I don't know if it was called AID at that time: Agency for International Development in Washington). I think Jim Schaeffer was in the program there at AID at that time and Bill Foege was in from Nigeria and he came to the meeting and we talked

about this possibility. We didn't get anything nailed down at that meeting. But anyway, I got to meet Bill and was very impressed with what he was doing in Nigeria. And of course your present chief, Jim Mason, he came into the Epidemic Intelligence Service program when I was chief at CDC.

**William C. Watson: You've known them all.**

Dr. Robert J. Anderson: I've known every chief of CDC from its inception up to the present.

**William C. Watson: Well, the time is passing when people are going to be able to say that. I could say that too, I knew them all, but not many people in the future are going to be able to say that. Do you have anything else that you would like to get on the record?**

Dr. Robert J. Anderson: Well, we're supposed to talk for an hour and a half.

**William C. Watson: And we've talked for an hour and fifteen minutes I think.**

Dr. Robert J. Anderson: One of the things we did mention was the role that CDC has played with health problems that are peculiar to certain areas and we talked about the Savannah laboratory as being an outgrowth of the activities in connection with the Malaria Control in War Areas. If I remember right, that, Bill, was housed in a building that was a hospital that was used as a VD rapid treatment center in WWII.

**William C. Watson: That's right. That's exactly right. That building, those buildings, were built as a railroad retirement home originally when that approach to housing retired railroad workers went by the board. The VD program got those buildings for a rapid treatment center during the war and then subsequently it was turned over to the CDC as a laboratory. We've closed those buildings out now as part of your original plan. At least part of it has taken place: we've consolidated Montgomery (and that was done) and Savannah.**

Dr. Robert J. Anderson: The Montgomery lab has a little interesting history. Originally, it was part of a military facility and then the Rockefeller Institute took it over. The Public Health Service got it from the Rockefeller Institute and Morris Schaeffer and Jim Paine and Earl Arnold and Ernie Tierkel (in rabies), Charlie Shepard in Leprosy, set up the viral and rickettsia laboratory there. In the planning for this, especially with the urgency of the Asian flu epidemic, we had to expand our virus activities for the influenza virus. Rather than doing it in Montgomery, Shackelford and company out at Chamblee re-did a whole building into a good virology laboratory.

**William C. Watson: That was an efficient laboratory in Chamblee.**

Dr. Robert J. Anderson: So, we got that activity going. As I said, the Dave Garroway and the *Today Show* taped that occasion – which, as far as I know, is the first that CDC really had a big public impact on the American people with regard to a health problem.

**William C. Watson: That was the flu?**

Dr. Robert J. Anderson: The Asian flu epidemic in 1957. Where Dave Garroway's *Today Show* crew came down and interviewed people and put it out on the morning program all over the country so people along with their coffee got a little health information. But, since then, I think your public information program is good. I take real pleasure in reading about the things that you're doing down here, not just in communicable diseases, but in environmental problems, and other problems.

**William C. Watson: Agent Orange**

Dr. Robert J. Anderson: So, we planned. We had the Montgomery laboratory. We set up a laboratory out in Phoenix to work on diarrheal problems out in the southwest (particularly among the Indians). Mel Goodman went out there from Sib Simmons' technology branch. We had the Kansas City Laboratory with Leo Furcolow and Tom Chin on histoplasmosis and on virus diseases. We had activities going in Utah and Colorado, which we had combined in Fort Collins on the over-wintering of encephalitis viruses. Biotic health research center came into contact with us. In Wenatchee, Oregon, we had a pesticide monitoring activity with the purpose being to determine the effects of the use of arsenicals at that time and the effects of sprayers and upon the apple fruit in that area. Griff Quinby was the head guy in that operation. So those were illustrations. We also had the schistosomiasis activity going in Puerto Rico. Dr. Ferguson was in charge of that. In addition, we'd begun to involve the epidemic intelligence service in overseas operations. I believe it was in my time here when Dr. Langmuir worked with the SEATO countries in connection with the surveillance of cholera in the Southeast Asian countries.

**William C. Watson: And Bruce Dull, I think he was a young EIS officer and was a member of the group that went over there to do that and I've heard him tell that story.**

Dr. Robert J. Anderson: We were spread out in many different ways. When talking about Senator Hill, we mentioned the virus and rickettsia laboratory being in Montgomery and I mentioned the moving of the flu activity over here and the development of this activity and our plans to close up Montgomery. Well, we didn't announce to Senator Hill that we were going to close up this laboratory in Montgomery, Alabama, his state, right away because we didn't know for sure whether -

**William C. Watson: Whether he'd like that.**

Dr. Robert J. Anderson: - Construction money and so on. The time came when we had to talk to Senator Hill, and Dr. David Price (I think he was chief of the bureau of state services at the time, or he might have been deputy surgeon general I'm not sure).

**William C. Watson: He held those jobs in that order?**

Dr. Robert J. Anderson: Yes. I'd talked to him about it and he and I decided that he should visit Senator Hill and bring him the news that we were going to close up this facility that employed some 30 or 40 people in Montgomery, Alabama. Well, we set up the appointment in Montgomery in Senator Hill's Montgomery office. Dave and I flew in there and went early one morning to Senator Hill's office and Dave announced to him that we had some news for him. Senator Hill said he was always glad to hear about news, so Dave told him that we were going to close the laboratory. Senator Hill said, "That is not the kind of news that I want to hear from you."

He says, "The only kind of news that I want to hear on this corps is that you're bringing something to Alabama, that you're locating something in Alabama." So, the mission was not exactly successful, but it so happened that at that same time, radiological health (the Radiological Health Program) was being expanded (which was in the Bureau of State Services). Dave was looking to expand its sampling and testing laboratories and its support for states, so they needed a facility. Rad health and Dr. Price decided that with the leaving of Morris Schaeffer and Company from the virus and rickettsia laboratory from the Montgomery scene, that rad health would move into the facility.

**William C. Watson: I'd forgotten that too.**

Dr. Robert J. Anderson: But it worked, because, as I said, it went on to the environmental programs and I had rad health as one of them. It worked for us very well. It served the southeastern part of the United States in connection with fall out, sampling of foods, testing of biological specimens and so on.

**William C. Watson: You, in effect, made a trade with Senator Hill.**

Dr. Robert J. Anderson: Yeah. Right. No. I made the trade? I had nothing to give him at the time, but David Price did.

**William C. Watson: The Public Health Service did.**

Dr. Robert J. Anderson: The Public Health Service did.

**William C. Watson: One thing that you haven't mentioned and it may not be something that you would want to mention personally, but if I remember, you were the first chief of CDC to get the rank of Assistant Surgeon General. Am I right on that?**

Dr. Robert J. Anderson: That is true that in the spring of 1957, Dr. Burney at that time, for the first time, in the Public Health Service's history, made certain officers assistant surgeon generals and gave them star rank. The chief of CDC was one and I happened to be chief of CDC at that time.

**William C. Watson: Now you're being modest. I think it was a reflection of what the Public Health Service thought of you and the fact that CDC was arriving, in those days, to that kind of stature. Well, we're about out of time, Dr. Anderson, are there any last words you would like to get on record before we run out of tape?**

Dr. Robert J. Anderson: I don't think we need to say, you and I, to those who remain behind, to keep up the good work. We know they're going to do it.

**William C. Watson: I know they will. For sure they will.**

Dr. Robert J. Anderson: Well, thank you Bill for the opportunity to be here.

**William C. Watson: Thank you. I appreciate it.**

**END**



*This 1992 photograph, taken during the Centers for Disease Control's 46th anniversary ceremonies, showed then organization Director, Dr. William Roper (1990 – 1993) **presenting** an award to former CDC Director, Dr. Robert J. Anderson (1956 – 1960). Dr. Roper and Dr. Anderson are among the numerous CDC directors responsible for its role in administering national programs, which focus on the prevention and control of communicable and vector-borne diseases, and for developing and implementing programs, which deal with environmental health issues. Credit: CDC. Collection: CDC*

*Photo retrieved from: <http://www.totophotos.org/photos/search.asp?word=presenting&page=2#94>*



<http://phil.cdc.gov/phil/details.asp?pid=7760>

**“This 1986 photograph shows former Health and Human Services Secretary, Dr. Otis Ray Bowen (center), cutting a ribbon during the CDC’s 40th anniversary ceremony.**

Shown here (left to right) are former CDC Director Dr. Mark D. Hollis (1944 - 1946); former CDC Director Dr. James O. Mason; Dr. Otis Ray Bowen (cutting ribbon); former CDC Director Dr. Robert J. Anderson (1956 - 1960) (background); former Assistant Secretary for Health Robert E. Windom, former CDC Director Dr. Theodore J. Bauer (1953 - 1956) (background); and former CDC Director Dr. James L. Goddard (1962 – 1966).”



<http://www.georgiaencyclopedia.org/ngc/Article.jsp?id=h-1209>. CDC, 1959