

Bill Griggs

This is an interview with Mr. Billy G. Griggs, who was Deputy Director for the Smallpox Eradication Program in West Africa. This interview is being conducted on July 7, 2006, at the Centers for Disease Control and Prevention as a part of the 40th anniversary reunion for the launching of the program. The interviewer is Victoria Harden.

Harden: Mr. Griggs, I would like to get a little background, to set the stage for your role in the smallpox program. I know you were born in Ripley, Tennessee, on November 20, 1933. Could you, just briefly, give me a little indication about your growing-up years, your pre-college education, who influenced you, how you grew up?

Griggs: Well, Ripley is the county seat. Actually, I was born in Ashport, a port on the Mississippi River, 15 miles west of Ripley. And in 1933, this was boondocksville. In every way. Most of the things that came into Ashport came in by river boat. I went to school in Ripley-was bused 15 miles to school. I lived on a farm, of course. I had a rather uneventful, typical farm boy's life. I did all sorts of activities going on with farming. I went to high school at Ripley High School and graduated in 1951.

I started to college my freshman year at Union University, which was a Baptist college in Jackson, Tennessee, about 45 miles east of Ripley. I was influenced largely by the pastor at the church, which happened to be located on the farm. He kept pestering me to come to Union. So I went to Union freshman year and met a senior girl, who I was infatuated with. She finished that year and was teaching in Memphis, so I decided Memphis State was probably better than Union. We got married Christmas my sophomore year. I was self-supporting, and I worked my way through college, working all sorts of jobs and I graduated in 4 ½ years. I came out of school with a house, 2 kids, a wife, and no debt, I might add, which is very good for college years.

Harden: It certainly is.

Griggs: I finished up the undergraduate work in January and decided to go on and do a master's in geography at Memphis State. I did the first semester but I was working, at that point, 48 hours a week at a soybean/cottonseed-oil mill at night. I decided that maybe I'd better slow down just a little bit. I knew there was a job opening down at the Shelby County Health Department for a VD [veneral diseases] investigator. On arrival down at the health

department, I found out that not only was there the state job but there was also a federal co-op job vacancy. Tom Davis (from Atlanta) and Press Fish from the Nashville state office were there interviewing for the co-op job. The jobs were virtually the same, in terms of interviewing VD patients, locating their contacts, and referring them in for treatment for VD. The only difference in the state and federal jobs was that the federal job paid \$500 a year more than the state job, and at the end of the year you were subject to transfer throughout the United States. This was a cooperative appointment between the State of Tennessee and the federal government. The feds paid the salaries, and you worked literally as a state employee on a local level there, at the City of Memphis.

Keep in mind that my motivation for coming down was going through school, working full-time, and making a living. And it was beginning to get a little tiring. I decided that I probably ought to slow down a little bit and finish this master's degree. So I applied for the federal job, thinking that I would just do a year at it, and I'll have my master's, and I'll get on with what I was planning on doing.

Harden: Which was?

Griggs: At that point I was still thinking possibly about law school.

But some things had happened while I was working in a real estate company. I was manager of a rental department at one of the oldest and largest realty companies in Memphis and going to school at night. We had several young lawyers on retainer who were very smart, but they were having a tough time making a living. So I wasn't sure that I wanted to do another 4 years of law school after the master's.

So I applied, got the co-op job, and went to work. Two co-ops were hired, I might add. This was mid-June of '56. In early August, late July, Carl Hookings, who was the director of VD there, got a call that I of the co-ops was needed to go to the Mexican border to work with the Bracero Program. There was a pilot project being run to see if Braceros, who were Mexican agricultural workers, could be blood-tested for syphilis at the border. Then you could only have to follow up those scattered throughout the states when they went out from the border. Syphilis was the only blood test they were doing at that time. The Braceros were visually checked for syphilis and gonorrhea by a male nurse coming through.

I was married with 2 children. The other young co-op was married with no children, and he made a long pitch to Hookings why it really wasn't in his best interest to go to the border. I

didn't have any strong feelings, and I thought the program was going to be over with by the time school started back. So I went out to El Paso. The 2 kids stayed with their grandparents. My wife went with me. She was going to stay 2 weeks and then fly back and take care of the kids. She was a teacher in Memphis. Well, we got to El Paso, and she decided that she didn't really like the idea because the program was going to take longer than we thought. So we made a hurried trip back to Tennessee, got the kids, rented an efficiency apartment, and started work.

And, believe me, in those days, things were a little different than working now-a-days. The Braceros came across the border at 6:00 in the morning, went out to the reception center, and we started work. They were processed through, and that meant a complete physical (in terms of looking at them, a chest x-ray, a blood test since we were there to do that), and then they were checked and recruited by the farmers, processed, and then went to the farm that afternoon.

The Braceros were all young, male agricultural workers, who were coming in for limited farm work. So our day started at 6:00; usually we were through about midnight. The largest day of processing workers was 4,500 people who came through that kind of process all in one 24-hour period. We finished up in late September or October. And I returned to Memphis.

The good thing about the Bracero Program was that Bill Watson [William Watson], who was then the Program Management Officer of the VD program, and I became quite good friends. In the spring, I had taken the federal service entrance exam and made fairly high marks on it. I had gotten a lot of job offers from other agencies, at a considerably higher grade than the VD program co-op salary. Bill and I talked about this, and then Bill had a long conversation with Johannes Stuart, who was in Washington then, and then Stu and I had a long conversation. The sum total of it was, by the time I got back to Memphis, I was converted from being a coop appointment to a regular appointment career status as a GS-5, as opposed to the normal GS-7. I used to kid Bill that at that time he was the longest co-op that had ever been, and I was the shortest co-op. I was converted in about 5 months.

So I returned to Memphis. By the second year on the job, I was, as a GS-7, the federal city rep in Memphis for the VD program. I recruited all over west Tennessee and eastern Arkansas. I gave the people we brought into Memphis a rapid training program on how to draw blood. Then they went to the interviewing school in Atlanta, and then they were transferred throughout the United States. We hired some 50 people that second year in Memphis.

Harden: How did you decide who was going to work out and who wasn't?
Did you talk to each person?

Griggs: I interviewed them all. I was the major interviewer at that point. There was not a central interviewing team; it developed later within VD for the large-scale interviewing. But we visited colleges, had an ad in the paper, and interviewed people. We tried to pick people who were resourceful, self-starting, understood kind of what they were getting into.

Then in the summer of the second year, because the pilot project had been very successful on the border, I went back to El Paso, which was the headquarters of the program. Five reception centers along the border, El Centro, AA, Nogales, AZ, El Paso, TX, Eagle Pass and Hidalgo, TX processed the Braceros who were initially screened at three centers in Mexico. We had 1 assignee in southern California, 1 assignee in Hidalgo, Texas, and me. I covered the Nogales, Arizona, and the El Paso station out of El Paso. That was my first real exposure to international work. We visited down in Mexico at the reception centers. Mexico had 3 such places, where the overall health of the workers was checked before they came to the border.

Harden: And this experience is what made you the logical person, I suppose, to be coordinator for the International Symposium on Syphilis and Treponematoses in 1960-1961.

Griggs: Right.

Harden: This symposium was bringing together people from all over the world, then, or the Western Hemisphere?

Griggs: It was worldwide. There were about 1,500 people at the symposium, held in Washington, D.C., at the Sheraton Park, from some 65 or 70 countries. It was a large meeting, probably a first-class meeting, with translation in French and Spanish. There were lots of papers, a lot of coordination in terms of getting the people together, letters out for the invited speakers, establishing everything that goes along with a meeting of that size. I had left El Paso and gone to Houston as the city rep. Then I went from Houston to Atlanta, when I was interviewed for this job as the coordinator of the symposium. I was offered the opportunity to live in Washington and commute to Atlanta. The VD program had moved from Washington to Atlanta in '57. Or I could live in Atlanta and spend a lot of time commuting to Washington and New York. The other sponsor of the program was

the American Social Health Association in New York City. And with Atlanta being a much better place to live than Washington, that wasn't much of a problem. That was a supposedly temporary assignment for 22 months to hold that symposium.

At the end of that particular assignment, I went back into the VD program at headquarters as the Assistant Chief of Operations and Development. I had responsibility for the grant program, in terms of working with the states and the major cities in submitting and approving VD control grants. By now it's late '64. I got a call from Bill Watson 1 day, and he said, "There's going to be a program for smallpox and measles control, with USAID [US Agency for International Development] sponsorship and funding, that D.A. Henderson [Donald A. Henderson] is starting to get together, or and I'd like for you to go over and talk to D.A. about being the Program Management Officer and deputy of that program." So I went over and talked to D.A.

Harden: And I understand that you had to do some selling about how to structure the personnel for this program.

Griggs: D.A. had come out of the Epi program, and while he had had some exposure to Public Health Advisors, he had not really worked very closely with them at that time. I had to sell the idea of a joint effort with an M.D. epidemiologist and an Operations Officer. It clearly was going to be a program of operations, not just one of technical expertise.

Harden: This is very important. Would you talk a little more and define what a Public Health Advisor did, how he was trained, and then explain if Operations Officers did the same thing or were slightly different?

Griggs: The title "Operations Officer" was created for Africa, but they would actually have been civil service Public Health Advisors in the United States. The Operations Officer title was more descriptive for the African people than the title "Public Health Advisor" because we wanted it clearly understood that these guys were operationally involved. Just like in the Public Health Advisors in the United States, they worked with local health or state health departments or regional offices. But they pretty much had the understanding and expectation that they were responsible for getting the job done. Generally speaking, it was a situation in which, not that we can't do it, but how can we do it? In other words, if it needs something else, what do you need to get it done?

Public health advisors started out just interviewing and

running down contacts, and then moved up to supervisory positions, grant writing. In some instances, they were literally functioning as VD control officers. So it was a multitask, multifaceted background and job. I might add that growing up on a farm didn't hurt any, either, because it was all of the kinds of things that you have to do in getting jobs done.

And if I may digress for one second, we had a problem out in El Paso, in terms of who was running the public health aspects of the bracero program. When we got there with 4 people, the quarantine people asked where the other 20 people were. But we couldn't slow down. We had to run these people through at that speed. So we had to work out a system that would let us, with 4 federal employees and a couple of local hires, handle that-drawing bloods and processing them; getting the results shipped to Austin and back again. So there was a lot of that kind of thing that came along. So I was used to multitasking and making do with what we had.

Harden: So after you convinced Dr. Henderson to have Operations Officers in the smallpox program, what was the next step? Did you have to go out and hire people? How?

Griggs: When I started with D.A., probably in November, there was an expectation that there was going to be a program, but there was a daunting list of things that had to be done before July 1966. When we started, no project agreements had been signed with any country in Africa, and there was no project proposal. We had to recruit personnel. We had to negotiate a PASA (Participating Agency Service Agreement), which would provide the funding for the program. We had to negotiate project agreements with Country-Specific Plans for each country in Africa. This would require an agreement between the US Government and each of the Ministers of Health of those countries to do the program. We had to develop a training program for the new employees to begin in July; it had to include language training as well as epidemiology and technical matters. We had to develop needs and specifications for all materials that would include quantity and quality and develop the Requests for Proposals (bids) for the equipment. We had to develop a comprehensive Manual of Operations, both technical and operational (which WHO later took and issued it as though they had written it!). We had to develop the knowledge required to write individual country agreements that would be negotiated and signed by the host countries. All of this went on simultaneously. And we did it!

I think D.A. came around relatively quickly to understanding the need for the Operations Officers. He and Henry

Gelfand, who was one of the other physicians in the office then, did a fair amount of interviewing physicians. Not only were we looking within the current EIS class, since we had the opportunity to get the young docs who came to CDC as an alternative to serving their draft time, but we were also looking outside of the Commission Corps. I might add that we got some very outstanding physicians that way. Don Hopkins [Donald R. Hopkins] was an individual who was hired as a physician from outside of the EIS, a direct hire. We also hired several more experienced physicians who went overseas. In most countries, the model was to have a physician epidemiologist and an Operations Officer. In a few of the smaller countries, the physician epidemiologist served 2 countries with an Operations Officer in each country. In Nigeria, because of its size and complexity, in addition to the headquarters office in Lagos we had multiple docs and OOs.

Harden: My understanding is that there were an awful lot of details regarding the equipment that had to be used in the project. You had to deal with trucks, with doing procurements for trucks that were U.S.-made, getting them rigged up to have refrigerators for measles vaccine. Can you tell me about what all you had to do at this time from that standpoint?

Griggs: Well, we had the benefit of a little bit of history of this. To backtrack 1 second . . . When measles vaccine was first in the process of development at NIH [National Institutes of Health], the Minister of Health from Upper Volta came over on a leadership grant visit. He was being shown the measles vaccine, and he said, "Measles is a major killer of children in my country, and I would like to offer my country as a place to field test the measles vaccine for you."

So in '63 or thereabouts, the USAID signed a project agreement with Upper Volta to go out and do several hundred thousand measles immunizations. CDC was asked to provide an EIS Officer to work with Hank Meyer of NIH as an advisor in the field for this team. USAID provided some trucks and the Ped-O-Jets (foot-operated hydraulic instruments that give an injection of the vaccine) to use the vaccine with; Merck, which had the measles vaccine, provided the unlicensed vaccine. And the program went to Upper Volta.

The first year, it was more successful than expected. I think they did about 700,000 vaccinations, and the next year the measles incidence in Upper Volta just dropped off to practically nothing. So the surrounding countries said that they would like to have a measles program, and USAID was negotiating to do that.

They asked for 3 or 4 EIS Officers, and the program was expanded to 2 or 3 countries. The second year, they did not do the program in Upper Volta; they did the surrounding countries. The third year, Upper Volta got measles back-right back where it was to start with. So it was known early that in order to be successful in measles, it was going to require a fast-hitting, multiple repeat because the birth rate was so high that you built a new supply of susceptibles each year.

So the reason the smallpox program actually came into existence was that USAID come back to CDC and said, "We would like to have a major measles program, and we need 20 EIS Officers to be assignees to work with these countries on doing this." And D.A. picked up on this and said, "Measles is going to be a never-ending problem." So D.A. proposed the business of adding smallpox eradication to this measles program for West and Central Africa. The idea of pushing for a global smallpox eradication program had come up in WHO [the World Health Organization]. And this part of the world was probably going to be the toughest to try to do it in.

So it was proposed as a 19-country program, starting in Congo, and over to Chad, and Central African Republic, the whole West and Central Africa. That, USAID would consider doing. We were putting together this proposal as to what it was going to cost for such a program-this was the project agreement proposal that I was talking about earlier. For that proposal, based on what information was available from the old measles program, we had to determine what kinds of vehicles were going to be required for each country, what kinds of vaccine, how much refrigeration space, the whole bit. This was all calculated into this project agreement for each individual country. It totaled up to a \$46 million, 5-year eradication program for smallpox and control of measles in the 19 West and Central African countries. Subsequently, the other, 20th country was added, which was Fernando Po, which became Equatorial Guinea So we did our best guess as to needs on the basis of the life expectancy of the trucks, in terms of replacement on a 2-year basis; the life expectancy of the Ped-O-Jets; etc. All of this was listed by country. We started with 16 countries the first year. The second year we added 3 countries, Sierra Leone, Guinea, and Liberia. The third year, the 20th country was added.

Harden: When you had to estimate the life expectancy and plan for the budget, were you correct? Did the items last that long, or longer, or not as long?

Griggs: Well, we had some problems with vehicles that had not been

expected. The Dodge truck was the vehicle that was chosen by bid. Bids were requested from Dodge, GMC, and Ford, and Dodge won the bid. And it was an eminently suitable vehicle. I was familiar with Dodge and was pleased that they won the bid. But we ran into the difficulties with the roads. This truck, being a long-bed crew-cab, had a lot of weight on the 2 axles, so a lot of axles were broken in Africa. And while we sent over with each truck each year a best guess as to what was going to be needed for repair, replacements to keep the vehicles running, it soon became apparent that we needed a system that would provide rapid turnaround in emergencies because if a vehicle was down, everything came to a stop. So we negotiated with an Atlanta Dodge dealer, a parts replacement general contractor, on a task order. We could just order what we needed, and it would be air-freighted to Africa. We would get a cable saying, "Gotta have this," and that day it was ordered and put on an air freight shipment. And it was usually in Africa in about a week, 10 days.

Harden: And who actually did the replacement of the part? The Operations Officer?

Griggs: Yes. But I'm getting ahead of myself a little bit. Going back to the spring, when we were writing these agreements, we actually had people start in late spring-Henry Gelfand, for example. And George Lythcott, who was a doctor working on a program in Ghana from NIH, was selected as the director for the regional office to be established in Lagos. Mike Lane [J. Michael Lane] and a couple other people were visiting the countries, negotiating project agreements, explaining the program, moving towards getting signatures.

After the participating agency service agreement had been signed with USAID and it was a pretty sure bet that we were going forward with this, we started recruiting people and started security clearances on doctors and Operations Officers. They were to report to Atlanta the first of July to go through the EIS course, which was normal training for that period. And then these recruits were to stay on for an additional training course in smallpox activities, in which there was a mechanic's course. It was lengthier for the Operations Officers, with a shorter version for the Medical Officers, to learn all about these Dodge vehicles and how to repair them. Now, keep in mind that the repair of the trucks was the responsibility of the host country. I mean, their facilities, their mechanics, supposedly. And they had had some exposure to Dodges, but not a lot.

But the Dodge turned out to be a very good vehicle. I was last in Africa shortly after retirement in 1989, in Togo, and I

saw 2 of the Dodge trucks that had been there. The last one was probably sent to Africa in '70 or '71. And in '89, 2 of them that I saw out in the field were still running.

Harden: Let's talk about going to Africa. Being the headquarters operation, you had to help all these people get settled in all these different countries. How did that work?

Griggs: After the decision was made to have a regional office in Lagos, we were going to send 9 people there. We had a young, not brand-new EIS officer who was going to be the epidemiologist. George Lythcott was going to be the director. Jim Hicks [James W. Hicks], a senior Public Health Advisor, was going over as the administrative officer. Bill Despres [William Despres] was the assistant administrative officer. We also had a Muriel Roy, a US secretary, Gordon Robbins, as a health educator and Nat Rothstein [Nathaniel Rothstein] as a virologist. We were going to be there primarily to work with the vaccine production facility, to develop a creditable one there in Lagos to make smallpox vaccine. We also had a statistician, Davis [Hillard Davis] and Bill Shoemaker as an equipment specialist. So 9 people were sent there. And they were to provide a nucleus of expertise. They could rapidly get from Lagos to the surrounding countries in those various areas statistics, senior epidemiologic skills, or an administrative function, or whatnot, rather than trying to have all that kind of expertise in each country or from CDC.

I first went to Africa in the summer of '66, with responsibility for working with the Department of State, embassy, and USAID, in terms of lining up office and housing space for the regional office people. We located offices, prevailed upon USAID to sign the contracts for the offices and houses. An activity out of Washington, called the regional office, had the responsibility for several of the smaller countries. So really all of the administrative sorts of activities were handled by the embassy, on agreement between USAID and the embassy and those countries. Providing office space was the responsibility of the host country, and they actually had an office in the Ministry of Health, or in an appropriate health building with the Ministry of Health. And the housing was provided by the US Embassy on a contract basis.

Harden: And that worked out okay?

Griggs: Worked out fine.

Harden: In 1966, D.A. Henderson moved to Geneva, with WHO, and Don Millar [J. Donald Millar] came back from London to take over, is that correct?.

Griggs: Don had been at the London School of Tropical Medicine, getting a degree, and he came home in the summer of '66. Don was missing during most of the preparation for the smallpox program. He got back just as we were getting folks to start.

Harden: And I have a quote here that you said to him, "Welcome to the NFL." You want to explain that, and talk about how it was to shift from 1 leader to the other leader?

Griggs: Well, Don and D.A. had a considerably different management philosophy, I guess you would say. I didn't know Don. I may have met him, but I had not remembered meeting Don until he showed up at the office coming back from England. We hit it off quite well. Don was completely unexposed to the operations office or the Public Health Advisors, but he quickly saw their value and was a champion of the Public Health Advisor throughout the remainder of his career, even after he became Director of NIOSH.

So after Don came in, the program was moving right along, in terms of the training activities; project agreement signings were slow. We had planned on sending the first people to Africa in September to get things kind of on the road at the end of the rainy season and be ready to start at the beginning of the dry season. The last pro-ag [USAID term for a project agreement] was signed, I think, in March of '67. There were considerable delays in getting all of these, and there was some very fancy footwork involved in getting pro-ag signed. It's too bad that George Lythcott's not here. George was a master at getting things done in Africa. I won't say how, but he wound up getting an appointment with the head of the government of Nigeria at the time after the coup. And he got a commitment that the pro-ag would be signed, and it was signed. That was the big one, with the regional office going into Nigeria and the 3 or 4 regional assignments within Nigeria. And because of its size and complexity, northern Nigeria had a Medical Officer and 2 Operations Officers. It had a male and a female Operations Officer, the only female Operations Officer we had, because of the expected difficulty of working with purdah, in terms of getting the women vaccinated. And it worked out quite well.

Harden: What was her name?

Griggs: Vicky Jones [Clara Jones].

Harden: Were there any unusual occurrences that you can think of that you can tell me about?

Griggs: There were so many things that were happening. We had some problems with 1 individual, I recall, who had difficulty with a security clearance. He never got it cleared, so he was very unhappy. The people who were sitting in Atlanta with families, living in temporary quarters, and being delayed about going overseas, were considerably unhappy.

Harden: And this was all coming back to your desk?

Griggs: Mine and Don's. For the docs, it would go to Don, and Don would come to me. If it was the Operations Officer, he'd come to me, and then we'd try to get it resolved.

Don and I went to Nigeria, for a meeting-it was after the program had started. The folks who were in Africa came to it, and they were less than happy campers, I guess is a good way to describe it. For a variety of reasons.

During the training session, because of the cross-cultural problems they were going to be facing, we tried to give some insight into the things, the do's and don'ts, or at least, "Think twice before you do it" type things. And I remember very vividly, one of the wives who had been aghast at the thought of having a cook, a nanny for the kids, a gardener, and a night-watch person, and maybe a small boy for the kitchen, depending on how many kids they had. This was the typical number of servants a family would have. She didn't want that.

But when she got to Africa, she was very unhappy because she was in an apartment. (We lived by the ground rules that the American embassy had, that folks with no children and single people were usually put in flats and apartments. If possible, families with children were given a house with a yard.) So when Don and I got to Yaounde, this woman was very unhappy because she was in an apartment when other folks had houses. So the uptightness about the ugly American with hiring the people and going to the market and sending the local hire to the market to buy food and whatnot, and not shopping for themselves, soon became a thing of the past. People realized that they just couldn't cope with that kind of activity.

Harden: Very interesting. What was the toughest problem that you recall in this whole endeavor?

Griggs: Oh. I hadn't even thought about that. I guess what caused the most consternation were the delays in getting project agreements

and getting people out there, ready to go.

Harden: So the beginning was [the hardest?] Once it was going, it was [ok]?

Griggs: As you can imagine, people have a tendency, if a program says they're going to do 300,000 vaccinations, to want 400,000 doses of vaccine because they're going to have some loss at the end of the day. (Vaccine that is opened is discarded at the end of the day.) So they ordered more vaccine than they needed. Or some didn't order enough vaccine. It was a problem trying to second-guess people in the field, or respond back and forth to people in the field about what the realities of the program are. For example, you've got to have the vaccine, you have to discard it if it's at the end of the day, but if there are only 2 people left and you're going to be there in the morning, you don't necessarily open a large vial of vaccine to throw away-that type deal.

And the business of getting the parts. Having been in the field myself, I know it's never fast enough. "How come I didn't get it yesterday?" is the attitude.

So there was a certain amount of confusion and consternation constantly. But the program had a budgeted cost of \$46 million. It was completed at a cost of just over US \$30 million-largely through some good work on the contract officer's part, being innovative and looking at alternative sources for things. So it was \$16 million under cost, and it was completed in West and Central Africa a year ahead of schedule in terms of smallpox eradication.

Harden: That is an amazing story. Tell me about the bureaucratic relations between headquarters in Atlanta and the regional office in Nigeria, in Lagos.

Griggs: Sore point. The regional office was designed to start with as a resource of experts to be available for the countries. I wasn't involved in recruiting George Latchet, so I don't know what was said to him. George felt that the regional office was the director and that Atlanta was to provide support to the staff in the Regional Office. This misunderstanding was resolved, I think amicably, and George stayed through to the end of the program, and I think he was satisfied. He would have much preferred to have been running the program, but I don't know how to say much more about it than that.

Copies of memos and reports went to the regional office so that they were aware of what was going on, but things did not go

through the regional office to be signed off on. Dave [David Sencer] just walked in, and I 'm sure that he may have a different story about this regional office conflict, but it was resolved. People were not ecstatic over the way it resolved, but the program operated.

Harden: If you were going to undertake the program again, would you do anything differently?

Griggs: Knowing what I know right now, I might do something differently. Not a lot. This doesn't sound right coming from me, but we didn't make a lot of mistakes in the smallpox program. Things were thought out, were worked out. We had a couple of people who I might not have recruited, but we didn't bring anybody home for improper action, or for not doing their job. And to have had 46 people in the field at 1 time-and overall, I've not even looked at the number, but probably with replacements, probably 60 or 70-people overseas-and not to have had somebody that didn't work out? We had a medical evac [evacuation] or 2, now. But I 'm talking about bringing somebody home for either being unable to carry out their work or the host country's saying, "Get this guy out of here"-that just didn't happen.

Harden: That's also very impressive, is it not? Did you ever have any doubts that the program was going to be a success?

Griggs: No, none, after it got off the ground, in terms of smallpox eradication. Success in terms of measles control? An awful lot of people thought it couldn't be done. It was proven that it could be done with the right kind of input. Bob Helmholtz [Robert C. Helmholtz] ran the program in Gambia out of Senegal, and Tom Leonard [Thomas A. Leonard] doubled with Bob in Senegal for a short period of time. Tom was in Mauritania, when the '68 conflict occurred there, and the US Government left. Tom went and finished his tour in Senegal, but The Gambia had a good person who was in charge of the program, had a Minister of Health who was very much in favor of this. It was a small enough country, and while it was had poor roads, it had a river that ran through the middle of it, and you could get up and down the river. And The Gambia interrupted measles transmission and kept the country measles free for a couple of years. So it could be done. But it required an awful lot of effort, and I don't think Africa was ready for that effort. But smallpox was a success.

Harden: How did you all, in headquarters, deal with the feedback you

were getting, in terms of your conversations? The feedback from the people on the ground, and what you then said back to them?

Griggs: There was a weekly newsletter that went out to all the field staff, which was kind of folksy. It originated in Atlanta. Don dictated material for it, and I added to it. It covered what was going on, what the problems were, what some solutions to problems were.

There were lots of phone conversations. In those days, you connected to French West Africa through Paris, and English West Africa through London, with a radio call from there on down. So you started out with a voice that they could hear at least 2 floors above you, to build up impetus on the radio, and after a long conversation you almost lost your voice sometimes.

Harden: What do you think that the Africans learned about CDC and about America from this program?

Griggs: Some of them already had exposure to CDC. They had been CDC EIS officers in with the measles program a little bit earlier. The Operations Officers were told that their responsibility was to get the job done, but not to do it. If you do it, if you're out on vacation or out sick, things are going to go to hell in a hand basket quickly. So while it's much more difficult to train your counterpart to do the work, it's worth the effort if you want something left when you are not there. And you could very quickly see the difference when this philosophy was accepted and followed through on, as opposed to when work was done directly by the Operations Officer.

Harden: So that was a legacy, then, that was left from the program?

Griggs: That was a legacy that was left. To each of the training programs each year, we brought a cadre of docs and nurses. Now, Africa had a few docs, but most of the actual field activities of the program were carried out by nurses or kind of an African Operations Officer, if you want to call them that. A group of those came to Atlanta each summer-probably at least 100 people over the 5 years.

The last year of the smallpox program in Africa, when the CDC people were brought home, was '71. USAID wanted to follow up with a program for childhood immunizable diseases. Such a program subsequently came to CDC, through a participating agency service agreement. And the activities, the countries that were involved in this were virtually the same as those involved in the smallpox program, with some expansion into eastern and

southern Africa.

So, all in all, I would think that from the standpoint of foreign relations-forget about the health aspects of it-the money spent on the smallpox program was probably better or equal to anything that was spent otherwise. In the 20 countries, there were a lot of coups and counter-coups, changes of government, and a civil war in Nigeria right in the middle of starting the program. And no one was evacuated except the team that was in eastern Nigeria. But in terms of a coup and a change of government, the smallpox and measles program proceeded as if nothing had happened.

Harden: What impact did the program have on your career?

Griggs: Hard to say. I guess it was probably good. Dave Sencer came in as the Director of CDC during the program, and I could have said this better if he wasn't in here, but I'm going to say it anyway. The smallpox program was accused of being Dave Sencer's pets, the fair-haired boys, but I might add that when Don and I, or subsequently after Don, when Bill Foege [William Foege] and I went to Dave and laid out what we needed, Dave bent over backwards and gave us what we needed, to the extent possible, and it was sufficient.

Harden: Did this program have any impact on your family? Now, you were here in Atlanta primarily; you visited Africa but you weren't living there. But how did your family think about it?

Griggs: I had a good wife, who understood being gone 3 weeks at a time. George Lythcott tried his damndest to recruit me to go to Africa, to the regional office. And I turned him down. And obviously he had talked to D.A., and maybe to Dave, and I think they turned him down. Other than being away from home a short period of time, while I was in VD, I was home on weekends. But I traveled more days when I was working the 50 states than I did when I was working Africa.

Harden: Did any of your children go into health-related work?

Griggs: No.

Harden: Not a one?

Griggs: Not a one. As a matter of fact, my son may have had a negative impact from this. He was, I think, pleased with the work that I was doing, but he was adamant that he did not want to work for

the government. I don't know who brainwashed him.

Harden: Very interesting. Is there anything else you can think of about the program that we should capture in this interview, before we stop?

Griggs: Well, I'm sure that Don Millar and others will say it better than I would, but the things that were really learned about doing immunization work from the smallpox program, in this country as well as other countries, have made a big impact on US activities, as well as on international activities in other countries. Obviously, D.A. was head of the smallpox program in Geneva. West and Central Africa cleared up right quickly. It was obvious that some problems were occurring in India, Bangladesh, and other places. CDC people from the West Africa program went overseas into many of those countries, to either get them kick-started or to stay there and wind up. In Bangladesh, India, Andy Agle was in Afghanistan, so it was a maturing of CDC's international venture, I think. While CDC is a domestic organization, when I left CDC we had people assigned in probably 25 or 30 countries around the world, through WHO or through other avenues-the World Bank, UNICEF, etc. And this has contributed, in my estimation immeasurably, to other health activities. I think the Gates Foundation's work in international health goes back to the smallpox program. Bill Foege was a missionary in eastern Nigeria, and I guess was happy when we recruited him to be a contract doc for eastern Nigeria for us. And when he was evacuated, we brought him back here, and he became one of the lead people in smallpox. When Don left, Bill of course became the director. Went back to India for the wipe-up on that. I'm sure, no question in my mind, that the Bill Gates Foundation would not be doing what it's doing, if it were not for Bill Foege.

Harden: Thank you so much for speaking with me