

David J. Sencer CDC Museum

ORAL HISTORY COLLECTION

The Reminiscences of

John Drescher

DAVID J. SENCER
CDC MUSEUM
ORAL HISTORY PROGRAM

2008

PREFACE

The following oral history is the result of an interview with John Drescher conducted by Dr. David J. Sencer on April 1, 2008. It was recorded in video as part of the oral history collection of the David J. Sencer CDC Museum.

The interviews in the oral history collection provide insight into turning points and lessons learned in the smallpox eradication program and how they are remembered. Views and opinions shared here represent the individual interviewee and do not reflect the views of the Centers for Disease Control and Prevention.

This transcript represents a spoken exchange and reads differently than written prose. It privileges the interviewee's intended meaning, and the interviewee has reviewed, edited, and approved its content. Clarifying text appears in brackets. The transcript has been edited based on guidelines adapted from the Chicago Manual of Style.

Video recordings are available. For more information, please visit www.globalhealthchronicles.org

SENCER: First, just some formalities. This is David Sencer. I am interviewing John Drescher at CDC [Centers for Disease Control and Prevention] on April 1 [2008]. John knows that he is being filmed and recorded and has signed a permit.

[INTERRUPTION]

SENCER: John, do you want to tell us a little bit about your early life and what led you into public health?

DRESCHER: I was born in Portland, Oregon, the third child of a public health officer in the United States Public Health Service, Commissioned Corps officer. He happened to be stationed in Oregon at the time. Six months later, I was bodily moved to New York [New York] with the rest of the family and spent five years there. **[00:01:00]**

Then we went on to Pittsburgh [Pennsylvania], where he dealt with the pollution of the steel mills and whatnot in public health terms. Then we proceeded to Washington, D.C., where he actually became the director, I think, of the office of commissioned corps personnel, something in that—I don't know exactly the title, but he was four-striper doing that. Then, actually, he was offered a star, but decided to go to Paris [France] in the foreign quarantine program, and was in charge of Europe, North Africa, and the Near East, having to do a lot with making sure that people that wanted to travel to the states had TB [tuberculosis] chest x-rays before they came, that kind of thing, part of the quarantine program. **[00:02:02]**

There, I went to the French public school. [Speaks French, 00:02:06-00:02:08]. [Laughs] I learned some French. We were there three and a half years. Came back to New York, quarantine station on Staten Island. Attended school there and college, and graduated and went to work at the Albert Einstein Medical Center [Bronx, New York City]. By that time, my parents had moved on to San Francisco [California], another transfer to the Labor Department [United States Department of Labor].

So I worked at the United States Public Health Service hospital—it seems like a small family—and worked in bacteriology as a student. I got my living quarters and some pocket money. I streaked plates. I didn't read the plates, but I'd streak the plates. I'd make the media and do all sorts of errands, including assisted some autopsies. An interesting time. **[00:03:03]**

Then I was also working at the college in the language lab, the French language lab and as a biology laboratory assistant instructor.

SENCER: Which college?

DRESCHER: Wagner College on Staten Island. My sister and brother—my sister had gone to Columbia P&S [Columbia University College of Physicians and Surgeons, now Columbia University Vagelos College of Physicians and Surgeons] to become a physician, and my brother went to Brooklyn Law School. He became a member of the [United States] Foreign Service. My sister became a pediatrician. I just went to Wagner College, a smaller liberal arts college. I

received my BS [bachelor of science degree], and then I traveled to Philadelphia and got a job at the Albert Einstein Medical Center doing epidemiological research. [00:03:52]

It was actually trying to discover what drugs might prevent the ulcerations, or mitigate the ulcerations, caused by radiation therapies. That was one of the limiting factors on how much radiation could be put on a tumor, is that it would cause damage to the skin. We had different drugs in different amounts, and dosages, and vehicles to do that. I did that for a year, and then we didn't have enough data to publish, so I did it for another year. That's what happens in research. You just continue until you get enough data to publish.

Finally published, but then learned that the doctors in the lab that actually got the grant got to decide where we went with the research. They were doing interesting things, but I was stuck doing what we were being paid to do. I thought that was a little unrewarding, and I thought I needed to get a doctorate and get my own grant. I was casting around for graduate studies, and almost went to the University of California, Davis, veterinary school. [00:05:00]

I only applied to one school, and got rejected. My mother was out there and wanted me to come out there. I was naïve enough to think that I could just waltz in. It was nonresident status and whatnot, and didn't qualify.

At the same time, I learned about the smallpox eradication program with WHO [World Health Organization] and CDC in Africa. I thought that would be something I would really like to invest myself in. I wrote to—at the time, I guess it was USPHS [United States Public Health Service] in

Washington—to ask about openings. I was referred to the New York VD [venereal disease] program. [Laughs] Surprise to me. Interviewed by [Robert J.] Bob Baldwin and accepted into the program. He said to qualify for a position with the smallpox program, you'd need to have some basic experience in public health, and this was the way to get it. **[00:06:04]**

I was assigned to Bedford-Stuyvesant and Fort Greene, in the Brownsville area of Brooklyn [New York City]. We would do case finding and serology. We'd monitor the laboratory results for reactive serologies, and we'd do contact tracing. It was a very contentious type of arrangement, where you would interview people that had VD that weren't very cooperative, that would be sometimes threatening, sometimes hostile. One time, our clinic came under sniper fire. **[00:06:50]**

The goals of the program when I joined were the eradication of VD—of syphilis. Then it became the eventual control, and then the reduction in incidence. It left a little bit to be desired for my altruistic motives for joining, of trying to do some good. I did that for two years.

Then I was able to interview for the smallpox program. I was, I think, one of the youngest ones selected. I think my background in French helped quite a bit, and my enthusiasm. I was assigned to Zinder, Niger, a Francophone West African country, above Nigeria. I always have to explain, because people don't—now the Niger of yellowcake [uranium powder] in the news [forged documents suggested Iraq had tried to purchase yellowcake from Niger, used by the United States and United Kingdom as casus belli against Iraq in 2003]. In any event, I went to training at CDC. **[00:07:56]**

It seemed like a two-month training program. It was very extensive. We had French language sessions with a Berlitz [Corporation] teacher. We had mechanics training where we learned to take apart the carburetor of a Chrysler Dodge truck, and all sorts of things, including how to maintain Ped-O-Jets and the strategy of containment. At that point, it was more a mass vaccination program of just plain making sure that everybody got a certain—that the population was immunized at a certain level, and that would theoretically stop the transmission. [00:08:49]

I arrived in Niger and was posted on the Sahara Desert, basically. I guess I shouldn't really get too much involved with Africa, because this is India—

SENCER: Go ahead.

DRESCHER: Okay. What we would do was big sweeps of surveillance. Then we'd go out to, literally, oases, and check out the nomads. We'd have rumor reports that we'd have to follow up on, of basically chickenpox, and measles, and other infirmities. The WHO—I mean, not WHO. It was USAID, was sponsoring the program, as far as the funding. They insisted, more than CDC insisted, on a measles immunization program at the same time, which complicated our job quite a bit, because it required a cold chain. In sub-Saharan Africa, it is very difficult to maintain a cold chain. You had to keep the vaccine cold before—or else it would just be giving them water if you injected the vaccine that hadn't been kept at a proper temperature. [00:10:12]

In any event, we ran around looking. Did scar surveys, another thing. Looked at old cases to find out if maybe there were some new ones around where the old ones were. There are reasons why the last cases are where they are. They're the most remote. They're the most unsupervised as far as the medical structure of the country. Those are the areas to look again. We looked, and we didn't find any new cases. I never actually saw a case of smallpox in my fourteen months in Africa. We then had a meeting at Accra, Ghana, in which USAID came and said that the program was terminated. [00:11:00]

We were very disappointed, because we had teams mounted. We had the infrastructure there. We had these big Dodge trucks, and we were ready to—give us another vaccine, and we'd go to it. But anyway, the program was dismantled, and I returned to New York VD.

This time, I joined, down at Worth Street [Manhattan, New York City], the private physicians' shop, they called it. This had to do with the reactive serologies from private physicians. Private physicians needed to be contacted to get permission to interview their patients. There's some diplomacy involved and some negotiation to get them to cooperate, and that was the focus of my attention. [00:12:00]

About six months into it, I received an offer to go to Miami [Florida] to start a gonorrhea screening program. Upon arrival—in fact, it became a national award-winning program—or rather a statewide award-winning program. I also assumed the responsibility of all of the VD program from Miami, and from Dade and Monroe counties [in Florida], from Fort Lauderdale

[Florida] down to—not Fort Lauderdale included. Just Miami to Key West [Florida]. It was very pleasant living there. We had a large Cuban population. **[00:12:47]**

We had Haitian refugees. I'd go to the incarceration. They incarcerated them out in the Everglades [Florida], and I'd get up in the morning and go out to the Everglades, and interview my Haitian refugees, who also had VD, some of them. It was—oh, that's right. The county also then loaded the leprosy clinic on me, and the health screening for all of the hotel workers, which is a major undertaking in Miami. I had all of those responsibilities.

Then [James W.] Jim Hicks, the guy who had recruited me into the African program, called me and asked me if I would like to do a three-month tour in India. I told him, "Sure." It's funny, because he said, "Don't you want to talk to your wife about it, and your family?" I said, "No, no. I know they'd be enthusiastic about it." Sure enough, they were. Of course, my wife had always wanted to go to India. **[00:14:01]**

When I got home, we proceeded to make plans, and she bought tickets for herself and the kids. I waited for the WHO ticket, and it came. The day before Christmas, they wanted me to leave. I persuaded them to wait until the day after Christmas and arrived in New Delhi [India] on December twenty-ninth. Actually, left on the twenty-sixth, but got there the twenty-ninth. Stayover in Paris, where my brother was a diplomat at the embassy.

I got to New Delhi. [Dr.] Nicole Grasset was in charge of the program, [Dr. William H.] Bill Foege was the CDC rep, and [Dr.] Zdeno Jezek, a Czechoslovakian doctor, was another

epidemiologist—and [Dr. Lawrence] Larry Brilliant were two other epidemiologists in the office. [00:15:02]

They provided an orientation. Very brief, less than a week. At the end of it, Bill Foege asked me to—posted me, I should say, to Gaya, Bihar [India]. Gaya was the area with the most outbreaks in the world. There were some seventy-eight outbreaks in Gaya. Zdeno Jezek, from the central office, was in charge of overseeing the area. We traveled to Patna, the capital of Bihar, and had a state meeting, in which we discussed all the cases in the state and got introduced to all the personnel. [00:16:02]

Then Jezek and I drove down to Gaya, and we had a district meeting, at which time he introduced me to all the other epidemiologists. We had JMOs, junior medical officers. These were Indian doctors that were like interns or young physicians. They'd all have—a component of their training involved service to the government. They were fulfilling their services, and they would be associated with the program in a junior capacity. [00:16:42]

There was still a caste system, where there was a lot of differentiation made between seniority, and junior, and different ethnicities, and whatnot. There were a lot of differences. We as internationals were oddballs. We thought maybe we'd be at the lower end of the rank or the top of the rank. No, we weren't. We were, sort of, hard to figure. That served to our advantage, I think, that we weren't put into a pigeonhole of their order.

One of the advantages we had was that we would come—we had met with the ministry—the minister, himself, of health of India. We had support from, of course, WHO, Dr. [Halfdan T.] Mahlar, and CDC, and whatnot. When we went to the field, we spoke with a certain authority. Our next promotion didn't depend on the district magistrate or the local civil surgeon. [00:18:05]

We were out of their system. It made it easier to deal with the situation than it would be—for instance, my junior medical officers were very reluctant to confront authority.

SENCER: How did the fact that you're not a physician influence how you worked?

DRESCHER: Funny you should ask. First of all, I think Bill Foege selected me—most of the class were epidemiologists, people with lots of degrees from different countries. Even in country, then, I'd have—the junior medical officers were all doctors. Of course, all the local medical officers were physicians. It became a little bit of a problem, because here I was being asked to supervise people that, in a sense, outranked me. [00:19:02]

Jezeq made the decision to introduce me as a doctor, which was fine, except I got into a couple problems later with that. But at first, it mollified—it served a purpose. Whereas with the venereal diseases, when I was back in New York, one of the basic training that I had in venereal disease was a medical training. I mean, it was every bit as good as a medical school section on communicable diseases. [00:19:47]

We had also interviewing school, which was another strength of the VD program, where you'd learn how to approach an interview in terms of—even the positioning of yourself a little bit higher than the interviewee, and going through a large description of the medical facts so that when they start talking about their symptoms, they don't make up ridiculous claims. You keep them focused. Then the turning the corner issue is, okay, what about the contacts? When was the last time? All this kind of thing. There was a structure to it. Those skills helped.

In any event, I was put in charge of other international epidemiologists and the local staff. We had about six hundred people. It seems strange to think of that many. This was in our three-district area. There were international epidemiologists, there were JMOs, there were vaccinators, there were searchers, there were drivers, there were other kinds of assistants. **[00:21:01]**

A lot of them—most of them, all of them—were in the employ of the government at some way. They would be given a per diem when they did field work, and I'm talking about five rupees, a pittance, a quarter or something. A very little amount of remuneration. But it was something. Of course, they were—we had midwives, and nurses, and family planning people. Everybody was roped into our project for the time of our push. So we had all these people at our disposal.

[00:21:46]

One of the things that came up talking about not being a physician but being perceived that way, came up as a problem when, one day after I—within two weeks, I think, I took over the district from Jezek, and he went back to New Delhi. Then I went around—during the time he was there, we went out together, and we saw lots of cases of smallpox, full blown. We saw a lot of ones that

had been cases, but they'd gotten infected, and there were secondary infections. Some just terrible conditions and people dying of the secondary infections, which was unreasonable. I was pretty well prepared. I knew the ropes, and I knew how to do a containment, not just theoretically, but actually. When he left, I took over. **[00:22:48]**

I held my weekly district meeting as he did. Something about Jezek is, he loves the charts. This was back before the computers, but he would have the whole wall of the room plastered with different charts showing the different outbreaks, and the different incidents here, and the national trends. I continued that, because it seemed to connect. People expected that, so I continued all that.

I went back to my quarters that night, and the next morning—or late that night, I guess it was, maybe midnight—I got word that somebody, a vaccinator that had left my meeting on a motorcycle back to his district, had tried to overtake an ox cart. It's funny about the roads in India. Even the best roads, in the rural areas, anyway, are like one lane. One lane of tarmac. **[00:23:58]**

You're playing chicken all the time. Everybody wants to be on that main one, and if you're big, you stay on it. If you're a Jeep, you get off, because if you're a truck, you just barrel through. You're always just going down that, and you've got to be very aware of what's happening. Usually if it's two Jeeps or something, each of you would take one side of the car onto the shoulder, and you'd pass, and you'd get back on. That's just the way things happen.

Anyway, this guy was overtaking an ox cart, and a bus was coming the other way. A little miscalculation. His leg clipped the ox cart, severing the calf muscle. He also fell and had a chest wound. His hand was under the handlebars and got scrunched. I got word that he was hospitalized, so I went to the hospital. [00:24:55]

As soon as I arrived there, they were prepping him for surgery. They asked me if I wanted to join them in the operating room. I said, “No, thanks. I have other things to do. Go ahead. Proceed.” He got out of there, and I turned my attention to his hand, which was pretty well mauled. I said, “Well, what did the x-rays show on the hand?” He said, “The x-ray technician is on leave, and nobody else can run it.” This was a government hospital. I put him on a litter, and with the help of my team, we took him to a local clinic where they had an x-ray machine and got his chest, his leg, and his hand x-rayed. [00:26:00]

Of course, I was willing to pay for this, but I was given professional courtesy, which was very nice. Nothing was major showed in the x-rays. A couple broken ribs, et cetera, but nothing too bad. That’s the way we left—oh, yes. I looked at my—I put him in the ward. It was a bed with dirty linen. It used to have a mosquito net. It was wired for a mosquito net, but no net was there. You couldn’t see the track because of the flies. Wing to wing flies, the whole—also, you don’t get fed in the hospital unless you have—merchants will come through and sell bananas and stuff. I arranged for meals to be purchased, and basically left him in the care of the hospital. [00:27:06]

A couple of days later, my JMO, junior medical officer, came to me. He had been a trauma—during his internship was in the emergency room of a Delhi hospital and had seen a lot of

trauma. He said that vaccinator's leg was grossly infected. He wasn't being given the correct type of antibiotic, and it was insufficient, in any event. Even if it were the right type, it was still not enough. He was going to lose his leg, if not his life. And here's—[00:27:53]

The junior medical officer couldn't confront the director of the hospital or the attendings to correct the situation but came to me. I had to be the one to confront—in a way, it was a confrontation—the director, and politely asked that wouldn't it be—that things seemed to be amiss. That doesn't seem to be getting better. It seems to be getting worse. Can't we think about maybe changing the antibiotic? Whereupon he bristled and said, "He's under my care now. But if you'd like to assume the responsibility, I'll sign him over to you." [Shows emotion] [00:28:53]

Now not being a physician really came to the fore, because I was saying to myself, I hope that junior medical officer knows what the heck he's talking about. Anyway, I trusted his judgement, and I accepted the responsibility. I got this guy a room in the electricity board. It had a bed—clean bed, clean sheets, even a shower, and a mosquito net that worked. I went down and got him massive antibiotics. A couple days later, he was much better. I was just very relieved. We kept that up. Then I reported the incident to WHO, thinking, a little bit—the way it came out, a little proud of myself that I'd probably saved this guy's life. At least his leg, if not his life [00:29:57]

The response I got from WHO Delhi, though, was very disconcerting. He said, "First of all, the vaccinator in question is Nepali." I thought, So what? But it made a big difference, because the Indian government would subsidize the care of their nationals. When it was the international, the

guy from Nepal, they didn't have the wherewithal, they didn't have the interest, they didn't have the possibility of assuming any of his care. First problem.

Second problem is, in India, if you develop an employer-employee relationship with somebody, then if they have a sickness, you're liable. You continue that person on your rolls. You don't just disassociate and say, you're fired, you're out of here. You have the responsibility. **[00:30:58]**

Well, this WHO is the responsible organization, yet they were not willing to put this guy and make him a WHO—an employee of WHO, which he wasn't. He was getting a little per diem. That's it. They said to me, "You are our representative, and we forbid you to pay him anything on our behalf," because I do represent them. It was a lesson learned. I continued to provide things like meal, and paid for his room and board, and whatnot, until I left—until he—well, he recovered eventually, but I actually was transferred to Calcutta [now Kolkata] later. **[00:31:55]**

Just to follow up on that, when I was in Calcutta a couple of months later, I got a letter from him saying that he wanted more money for travel back to Nepal and for physical therapy for his hand. Under the circumstances, I couldn't. Even if I did it privately, it would be construed as part of the WHO, and I was told I couldn't do that, and I didn't. Now this guy, who I had probably saved the life of, thought that I had let him down. That was a difficulty.

There was another time when not being a physician came to the fore, and that was when I had a report from a professor at a local medical college about a student that had smallpox. I went to investigate, and it was classic chickenpox. The scabs were—I mean, the pustules were in stages.

They weren't all coming at the same time. Of course, I had other—my junior doctors look at it, too, and they all agreed. We all agreed it was chickenpox. [00:33:11]

But they couldn't—I mean, here's a medical professor, and it was very difficult to convince him. What we compromised on was, first of all, that I thought it would be a good idea to vaccinate the school anyway, because these are physicians that came into contact with a lot of people, a lot of patients, sick people. If anybody is going to be exposed, they'd probably be well off to be protected. Not that they weren't probably already vaccinated. I offered a vaccination team to vaccinate the school, and I also sent some scabs to the laboratory, just to have something in my back pocket in case—well, first of all, to prove beyond—I mean, we took no chances. I was very leery of taking any type of risk. This is not a time to make any foolish pronouncements, so we did a scab that proved to be— [00:34:17]

SENCER: How long were you in India, John?

DRESCHER: Beg your pardon?

SENCER: How long were you in India?

DRESCHER: Actually, I arrived in December of '74, and I left on 7/7/77 [July 7, 1977]. I returned to the States. About three years. There was—oh, yes. There was one outbreak that was more interesting than most, and actually, the *Good Morning America* team arrived, unbeknownst to me—I mean, un-preannounced—at this outbreak. [00:34:56]

It was toward the end of the campaign. It was at the juncture of the north-south, east-west main thoroughfares, the roads in my district. To get to the village itself, you had to go on a riverbed. There was no road to it. It was about a half mile on a riverbed. You could walk there from the road, but to get there by Jeep, you'd have to take the riverbed.

In any event, I went there. It was toward the end. We had a lot of resource put into that. We had the watch guards. We had—well, let me tell you how containments happen. First of all, you don't rush in and do things. You've got to exercise a lot of patience, because you have team members and vaccinators, and people are just itching to do their thing. **[00:35:55]**

You must meet with the village elders; of course, with the index case and family; and with the teachers, or the educated, or the—what do you call it—the religious head, or ministers, or the gurus of the village. They were very hospitable. You'd always have tea and cake, and you'd discuss everything. Of course, you discuss the case. They'd have questions, and you'd have to answer them. This went on for an entire afternoon. You made no move at that point to actually do anything. You were just setting the scene, because it's very important to have the village behind you. If not, it's chaotic, and it doesn't work. **[00:36:59]**

At the end of this, you've gained some rapport with these village elders, and you turn the corner and talk about the need to make sure the spread doesn't continue, and how the vaccination would do that. Then you offer them the first doses. If they accept, then there's a role model for the whole village. That's how it started. Then you take the teacher that knows the kids, and coopt

him, either actually hire him, or somehow you entice him to participate. Sometimes they volunteer. You would go around just in the room and enumerate all of the families. **[00:37:54]**

Then once you have the families and the compounds enumerated, you'd go down. How many kids does this one have? You'd make yourself up an index of everybody in the village. That was the preliminary work.

Then you'd bring out your vaccination team. They knew where they were going. They knew the different compounds. They knew what to expect, how many kids were there. They made sure that they found them all. This usually happened after dark, because the farmhands would come back from the fields, and everybody would be in the village. You'd have the lights on. It was a festive atmosphere. You made it pleasant as possible, because you don't want to go running around—and there was joking around, and whatnot, but we made sure that everyone had been immunized. **[00:38:56]**

You start with the index case family. You then pay them. You find out, why would they have a reason to leave? Well, they need to go out and get things. We'll provide them. I'm missing some commerce today. You'd pay them. You'd pay them to keep them—to help them have a paid vacation, to stay home. Years ago, the containments happened in hospitals. They thought—you know, that's how we'd probably do it here. We'd put them in an isolation ward. In the third world, that doesn't work. You put an index case in the hospital and you tried to isolate them, and everybody gets infected. That's what the experience was. So keeping them in their houses was the best way. We'd actually have a guard at their compound door, and record everybody that

wanted to come in, and everybody that left, and made sure that everybody was vaccinated. Of course, we'd discourage people visiting at that time. [00:40:09]

Then the whole village was contained. On the road to the village, we'd have, actually, one of those gates, and try to prevent, or at least monitor, who was coming and going, and what their vaccination status was.

At this village that I was talking about, half a mile up the road from the juncture of the main roads, we had a typical—I mean, a textbook containment. Everything going swimmingly. I was there into the night doing the vaccination, and decided that I really didn't want to get stuck in the mud going home, so I stayed. I tried to stay. I asked to be accommodated in the village.

[00:40:55]

They were very, very accommodating, and a nice bed was put on the nicest patio of the nicest compound. I had a mosquito net and the stars. It was just a very tranquil scene. I slept a very nice night. The next morning, we were trying to figure out what the finances were involved here. How much money would we have to pay the people to stay in their compound? It turned out that the entire village serviced the truckers on the road. It was an area of prostitution. [Laughs] The nice accommodation that I was offered was the best bordello in town. [00:41:55]

The *Good Morning America* crew arrived, and they left without ascertaining some of the story, I think.

SENCER: You ran home and told your wife immediately.

DRESCHER: [Laughs] Oh, yes. Actually, I had the advantage that my wife came to India. Even though I was on a TDY [temporary duty] and they weren't invited for the first year, she was just so enthusiastic about coming. She had been in Africa with me, and the boys. She was not to be denied. She was just very, very, very excited about the idea of going. She's always wanted to go to India. She had always wanted to go to India. So this was an opportunity. Even if we didn't meet up in country, she was going to come and have her tour. We eventually did meet up, but it took a little doing, because I was in a very remote area. In any event, let me see. **[00:42:55]**

Another time—and this is my last case. Yes. My last death. This is extremely hard to talk about, and I was just reliving this in my letters before I came to this interview. I have to do it a little superficially, because if I get caught up in the detail—and I've written it down, so you can see it.

What happened in this case, there was an outbreak, and it was contained the correct way. We did the vaccination of the compound. We did the entire village. We did a ten-mile-radius search. We had the posters up for the hundred rupee reward, twelve dollar reward. It was very effective. We had all of the textbook—we did it according to the book. **[00:43:57]**

I even posted one of my junior medical officers to live in the village. This is—in fact, at the time, this was the last outbreak in India. There's a heightened scrutiny to make sure that everything was done right. I was very pleased with the containment. We had done what we did in all of them. We'd enumerated everybody. We'd vaccinated everybody. We had challenged everybody

that came in. We had done everything. Every day, my junior medical officer was there listening for rumors, and seeing if anybody else got sick, et cetera. He was a doctor. He could go around and provide some—all of these—everybody would provide some clinical care, just being human and being professionals. They got some benefit from having the junior doctor there, so they were pleased to have a doctor in their village. **[00:45:06]**

Then one day, he contacted me and said that he had heard—[shows emotion] okay—that he had heard a rumor from a merchant that sold herbs in the marketplace that some family was buying herbs for fever and rash. He found out who it was and went to that compound. They didn't let him in. They just denied it. **[00:45:47]**

He said—this is a cultural thing—he said to me, “You, as the guest of the village, would be”—that I could ask for a glass of water from the compound, [shows emotion] and that they would have to honor that. That's just something they just must do. Sure enough, they did. We were there together when they opened the door. [Shows emotion] Discovered an infant in the back room with full-blown smallpox. **[00:47:00]**

You know, you felt very bad about it, because it shouldn't have happened. In retrospect, we tried to find out how this came to pass. What had happened is, the child, a newborn, had been visiting the mother's village at the time of the outbreak. Had left before the containment, but after, apparently, exposure. Then came back and was a case, but they were too ashamed or fearful to report it, so tried to just treat it themselves. Once they were discovered this way, they became

very, very supportive, and—what do you call it—deferential, and meek about thinking that they had really messed things up for everybody. [00:47:55]

We were also—I was also—the child died. My main concern at that point was making sure that the burial site was dug extra deep, so I arranged for that to happen. Babies like that are not cremated, but they're buried in a plain white cloth along the riverbed. We've had actual examples before of dogs digging up smallpox cases like that, so I made sure it was very deep. Then bought the bed, and the bedding, and the clothes, and anything that had come into contact with the child, and had it burned. Also monitored the funeral procession to make sure everybody was protected, from a very respectful distance, because it was a tragedy in their family. It was a tragedy in our program. A personal tragedy, also. [00:49:03]

I was a little bit fearful that they'd be resentful and mad that we hadn't prevented their case, but instead, they took the opposite.

SENCER: What did you think when the last case was announced?

DRESCHER: After I—basically, that completed. The index case in that village, then, eventually the scabs came off, and that became the last outbreak that I was supervising. Then I was asked to go to Calcutta. Calcutta was interesting. West Bengal is, of course, on the border with Bangladesh, and they were afraid of importations from Bangladesh, which was rampant. A lot of cases of smallpox in Bangladesh. [00:50:02]

That was an interesting area, to protect the border. Also, the higher parts of West Bengal are off-limits to Westerners. The Russians could go there, and the Czechs and eastern bloc, and, of course, the Indians, but the Americans couldn't. There was a Russian epidemiologist, Lev Kadakovich [phonetic]. He was on home leave, and they needed somebody to man the office, so they asked me to go there to oversee the operation while he was on home leave. Also, although I learned later he was a very, very nice guy, he also had a way—he was big, and had a big voice, and had a poor grasp of English, which is the only language we could communicate in, and didn't speak the local Hindi. We had difficulty communicating. [00:51:12]

One of my roles was to be an intermediary between him and the local Indians, who were very sensitive, and also, of course, to keep things going. I went to—it gets to the last case in a second. I went to Calcutta, and did the needful. Did all the things you—and basically became an administrative officer in the office, and kept things going. Then he came back from his home leave. I met him at the train station. [00:51:51]

Later, at dinner, I was having dinner at the hotel, and he came by. I jumped up, and I said, "Oh, let me introduce you to the"—I was eating with some epidemiologists on the team. I said, "Let me introduce you to—this is so-and-so, and this is so-and-so." He bristled, and said, "Everybody in Calcutta knows you are after me." I thought, God, what? No wonder they needed me here. This guy—I just couldn't—then he left. "Everybody in Calcutta knows that you are after me." All night, I thought about that, and I thought, What in the world? Was it an effect of the Cold War, and he was thinking I was replacing him, or that I'm after his job? I just didn't understand. I thought, this is going to be really difficult, to work here. [00:53:03]

We met in the morning at the office, and he explained. He says, “John, I was here before my home leave. I know all of these people. Everybody here is known to me.” It was just a misunderstanding of, Everybody in Calcutta knows that you are after me—knows that you came here after I’ve been here already. Everybody knows me. I know them. It was a funny way to get introduced to Calcutta. Immediately, we became working buddies. He really regretted later when I was asked to go to New Delhi. **[00:53:50]**

During that, the last case—there was a beggar, a woman, I think it was, in Assam [India], that was the last case. We were always suspicious that, is this really going to be the last case? That wasn’t just in the back of our minds. That was a real concern. We were also—this person had been living in the train station. It’s a homeless person. In the way of a lot of communication, so where was she exposed? There were a lot of questions about her. We were just thrilled that this was possibly the last case in India.

About that time, one of the WHO temporary employment issues is that they can’t employ somebody more than eleven months. If they do it a year, then they have an FTE [full-time equivalent] for you. They have to have a slot for you or something. They can do temporary stuff up to eleven months. In eleven months, you turn into a pumpkin. **[00:55:06]**

My contract was initially for three months. It was extended, and extended, and extended. Then they asked me—Nicole Grasset called me in Calcutta one night, a Friday night, and said, “How would you like to come to New Delhi and be the administrator for the program, all the smallpox

program for Southeast Asia?” I said, “Sure. I’m glad to do that. When do you want me?” She said, “What about tomorrow?” So I paid my apartment and got out of dodge, and took the plane to New Delhi. [00:55:51]

Then the guy that had been doing that was a Belize, Henry [phonetic], who was on home leave, again. So I did that—filled that position for a period of a couple of months, at which time they asked me if I would return to continue in that job for the next two years until eradication—because there was a two-year period in which we did active surveillance before the international commission would come and declare zero if, indeed, we had no more cases. We had to wait two years, and not just wait, but we had to do active surveillance during two years, so they asked me to do that. I was agreeable. CDC agreed to it.

I came back in December, and in January, went back to New Delhi as a CDC rep. I had embassy privileges. I had mail—what do you call it, the messengers thing? What do you call that?

Anyway, the mail to the embassy—pouch services. [00:57:00]

I joined the embassy club. There was a swimming pool. It was just night and day. In Gaya, Bihar, I literally carried my water in buckets to my room and took a bath out of a bucket of water, cold water. The water was not on all day. You’d have to leave the tap on, or have somebody catch your water during the two hours it was on during the day. Then you’d have water the next morning to flush. And the flush was just the hole in the floor. It was rough in a sense, but we lived on adrenaline. When I got to New Delhi, it was a whole other experience, and

it was the diplomatic side of things, the WHO headquarters, the SEARO [WHO Southeast Asia Region] headquarters. [00:57:53]

There were office parties, catered events, and all sorts of things, plays. You could go to plays and performances for peanuts. A couple dollars, and you could go in orchestra row [phonetic]. It was just incredible. We really, really, really enjoyed that. The kids went to the embassy school. It was a very good experience, too.

Then the commission came. You were part of that contingent. I remember—well, you looked. You went out in the field with the team, and came back, and decided that India was without incidence of smallpox, and we had a declaration, then, of zero. Then, actually, I was offered positions with WHO, in SEARO and in Geneva [Switzerland], but they were short term. Nobody had the funding for long-term commitments. [00:59:05]

I was leery about jumping ship, but I was almost ready to do it until you came. It was funny. [Laughs] Maybe I should say this off the camera, but you were there, and I was at the point in my career—this is what I wanted to do. I wanted the international exposure. I'd been doing it now for three years, and I just didn't want it to stop. The offers from CDC to come back were VD program in Cleveland [Ohio], and Detroit [Michigan], and New York again. I thought, Oh, I just—I got my guts up and asked you on the way to the airport, “Say, Dave, are things so tough in Atlanta [Georgia] that there's nothing but VD going on?” You said, “I'll look at that.”

[01:00:00]

I got the telegram from CDC saying that I was offered a position in the immunization program in Washington. “Sencer feels good opportunity.” [Laughs] I said, oh, you came through. I was very, very pleased, and decided that the continuity of the kids’ education and whatnot, I just could not accept—I could not afford to take a chance and go to Geneva for three months, and put them at the risk of things not having a solid foundation in school and whatnot, so we decided to come back. Washington seemed like an interesting—that started the whole—after the immunization, then there was the rat program. Rat program for promotion. Then the Agent Orange project out of the Pentagon. **[01:00:58]**

Then transferred to Atlanta and the ATSDR, the Agency for Toxic Substance and Disease Registry, one of the first cohort of that agency. Developed the first list of Superfund sites, with the National Governors Association, headed by [future United States President William J.] Bill Clinton. Then I got my real break, and accepted a transfer to the global EIS [Epidemic Intelligence Service] program. Fantastic program. The best program in CDC, bar none. Epidemiology is the science of CDC, and this is taking what we do so well internationally and developing a cadre of international physicians at the same caliber of expertise as the Americans, to create a cohort of equals in the world that can understand epidemiology, can communicate.

[01:02:06]

We had lots of successes with outbreaks, for instance in Thailand with the bad coconut milk that showed up someplace up in Washington. We solved those problems. We got the factory investigated, and shut down, and cleaned up, and stopped the epidemic, without going through all the diplomatic channels that we normally would have to. It’s been—the countries themselves

get so much benefit from a CDC-like Epidemiology Intelligence Service, EIS, program. They call it the global EIS program.

SENCER: What would have happened to you if you hadn't been approached to go into the smallpox program? [01:02:59]

DRESCHER: Well, I approached them. The whole reason that I approached HHS [United States Department of Health and Human Services, then the United States Department of Health, Education, and Welfare] was for the smallpox program. I was proactive in it. If I had never gotten an offer, I probably—who knows. My brother went to the foreign service. I was encouraged to take the foreign service exam. I had interest in maybe not the foreign service officer type, but the admin officer at an embassy or something, to get the foreign—I was very interested in foreign exposure, international work. So if it hadn't happened, I don't know that I would have stayed with CDC. It's hard to know. [01:03:52]

Then again, when [Dr. Donald R.] Don Hopkins, actually, started the global EIS program, that was a program. That still is a program, although—anyway, I could talk about its current status. But it offered such hope. It offered a real technology transfer between countries.

SENCER: Have any of your children followed in your footsteps in public health?

DRESCHER: No. One became a lawyer, I'm sorry to say. The other's a computer jock doing all sorts of technology things, and a master's [degree] in data communication or whatever they call

it, information technology. The lawyer is—at least he's my family's breeding pair. They're producing some offspring. That's nice. He works for—he worked for the largest firm in Atlanta, now the second-largest. No, no, not public health. [01:05:09]

No. Maybe this will end our—it started with my father. My mother was in science, too. It's dying out. My sister was a school physician at the University of California, San Diego, until she retired a few years ago, but no public health, I'm sorry to report.

SENCER: When you were at the quarantine station in Staten Island, did you live in the big white house?

DRESCHER: Actually, no. My father was the deputy director there, so we had other quarters. They're apartments, basically. That was a beautiful site, though. [01:06:04]

SENCER: [Dr.] Henry Holly was.

DRESCHER: Holly was, yes.

SENCER: He built a bathroom so that he could sit and look out over the straits.

DRESCHER: I can believe it, yes. Holly, yes. He was bigger than life.

SENCER: Thank you, John.

DRESCHER: Okay. Hey, thank you.

[END OF SESSION]