The Global Health CHRONICLES
MALARIA CONTROL: CDC BEGINNINGS

Chin, Tom D.Y., MD, MPH (EIS 1954)

Date of Interview: August 9, 2012

Link to Interview:

Summary of Interview:

Dr. Tom D.Y. Chin became interested in public health as a child living in Hamilton, MT, where the Rocky Mountain NIH lab was located. He describes the serendipitous way he came to join the ranks of CDC and rose to the position of Coordinator of CDC's field labs at a very young age. He also relates his memories of personal relationships with former CDC directors Goddard, Bauer, Smith and Anderson. The history of the Kansas City Field Station that he wrote is attached.

Notable Quotations from Interview:

On how he learned about CDC and EIS:

"Bob Sappenfield [EIS Class of 1951]… came to Camp Polk, in Louisiana and so he introduced himself, what he wanted and so on. He wanted information on hepatitis and malaria and other infectious diseases. So that's how I got to talk to him and as I talked with him, I learned that he's an EIS officer—what an EIS officer was. But actually I heard about that in 1949 when Dr. Langmuir joined the CDC from a circular in the medical library in Tulane, talking about Dr. Langmuir establishing an epidemiology program. For some reason I remember that, so I could relate to what Sappenfield was talking about. So he said, 'Well, you've got your public health training. If you're interested in epidemiology, why don't you enter the EIS?' "

On the EIS course:

"The EIS course was really great. Very different from the epidemiology course in Tulane. It's much more theoretical whereas the EIS course was very practical. It was very challenging. Of course, Dr. Langmuir was such a wonderful lecturer and he made the subject interesting. Another person I think was great was Dr. Meyer, K.F. Meyer. K.F. Meyer was a great lecturer also. Actually I heard him when I was a junior medical student in Michigan. The medical school somehow invited him to give a lecture. He

gave a lecture on bubonic plague, psittacosis, tetanus and this kind of thing. I remember Meyer very well. So I told Dr. Langmuir about K.F. Meyer giving the lecture when I was a medical student. Dr. Langmuir was quite impressed."

On infectious diseases in the 1950s:

"And in the 1950s, there were many staphylococcus epidemics; that was the big thing. So many EIS officers were assigned to work on staphylococcus infections in hospitals. That was when CDC came along and established hospital infection control for the first time."

Key Terms in Interview:

Rocky Mountain Laboratory; ticks, fleas; tropical medicine; National Institutes of Health; venereal disease; malaria; bubonic plague; statisticians, epidemiologist, nurses, anthropologist; veterinarian; pathologist; Salk vaccine trial; parasitology; protozoan; polio; Kansas City Field Station; FDA (Food and Drug Administration; malariologist; venereal disease; hepatitis; tuberculosis; Council of State and Territorial Epidemiologists; polio; Polio Foundation; iron lung; staphylococcus; hospital; DDT; infection control; mycology; field station; enteroviruses; mammologists; St. Louis encephalitis; rickettsial lab; plague epidemic; immunologist; Seller's stain; rabies.

Key People Mentioned in Interview:

Andrews, Justin

Bauer, Dr. Ted

Brachman, Phil

Chick, Ernie

Cox, Herald R.

Dull, Bruce

Edwards, Phil

Frances, Dr.

Furcolow, [Dr. Leo]

Goddard, Dr. James

Goldenberg, Martin

Gravelle, Cliff

Jellison, Dr.

Langmuir, Alexander

LeMaistre, Mickey

Maynard, Jim

Meyer, Dr. K.F.

Melnick, Joe

Noble, Gary

Petersdorf

Poland, Jack

Powell, Ken

Quickel, Kenneth Jr.

Roosevelt, Franklin

Rowe, Johnny

Sappenfield, Bob

Schaeffer

Schaeffer, Morris

Sellers, Dr. Tom

Sherman, Ida

Smith, Dr. Larry

Stewart, Dr. Bill

Sulianti Saroso, Dr. Julie

Syverton, Dr. [Jerome T.]

Updyke, Elaine

Vonderlehr, [Dr. Raymond A.]

Wenner, Herb

Willis, Myron

Woodward,Theodore

MALARIA CONTROL: CDC BEGINNINGS INTERVIEW

Dr. Tom Chin 1954 provided by Dr. Chin

It's August 9, 2012. This is Karen Torghele. I'm in Kansas City, Kansas with Dr. Tom Chin in his office at the Kansas University Medical Center. First of all, I want to thank you, Dr. Chin for making time to see me today and I wanted to be sure it's okay with you if I record our interview.

This is fine. Glad to have you come.

Great. So before we start talking about CDC, I wondered if you could tell me how you came to be in medicine and in public health specifically. Tell me a little bit about your background.

Well, I came to this country in 1934 as a little boy at the age of 12. My father and my uncle had a restaurant in a little town called Hamilton, Montana. So after I came, I actually started out in Hamilton without knowing any English or anything, so I had to start in grade school from the very, very bottom. But anyway, Hamilton is a very unique city—little town, not a city. The town is about 40 miles south of Missoula. Missoula is a big city compared with Hamilton. Hamilton at that time had a population of 2,300. So I started out in Hamilton after I entered the United States from San Francisco. Actually, my grandfather was the first immigrant and my father came after that. So I was a third generation. My grandfather was first generation, my father second, I was third generation.

Hamilton is the town where the Rocky Mountain Laboratory is located and the Rocky Mountain Laboratory, which has always been under NIH [National Institutes of Health], was set up to investigate Rocky Mountain spotted fever in the western part of Montana, which caused high fatality among the people exposed to it. [They were] mostly male, the adult males that went hunting or working on the farm and got bitten by wood ticks, and many of them developed very severe disease [Rocky Mountain Spotted fever] with a high fatality [rate]. So that's how the Rocky Mountain Laboratory was established.

I helped in the restaurant, so I met many scientists from the lab who came to the restaurant to eat. I got to know most of them, many of them, so that's where I got my influence. They invited me to go to the lab and I learned how to do certain things from them; study ticks, fleas and so on, and that influenced me to go into this business. that's how I got started.

That's interesting. And then you went to medical school?

Yeah, I went to grade school, high school there. I went there in 1934 and graduated from high school in 1941. Then from there I went to the University of Michigan where I had my premedical and medical training. In 1941, as I remember, that was when the Japanese bombed Pearl Harbor. So just shortly after I got there, because of the war, we were sort of under alert. I entered medical school in 1943—it was an accelerated program in those days. I entered in 1943 and graduated in 1946.

That was fast.

Yeah. So, during World War II, I was in school. All the people that went to medical school around that time had to serve later after they graduated. So after my training at Michigan, I graduated in 1946, then I took my residency training, my public health training, and eventually got into CDC.

How did you find out about CDC?

I was in the Army. I entered the Army in 1951 to serve my two years; all those who had their medical training during World War II had to serve at least two years. I entered the Army in 1951, was assigned to Camp Polk, not far from New Orleans. Because I had my training and residency…and also yeah, I went to Tulane to get my training in public health. Actually I wanted to study tropical medicine, not public health, because Tulane was well known for tropical medicine around that time. So after my residency training I went to Tulane to study tropical medicine, from which I got an MPH in tropical medicine. Then the Korean War came along. Right after I obtained my MPH, I got married and needed a job; so I was recommended to take a job in southwest Louisiana as an assistant health officer. It was recommended by one of my professors in public health. I was in southwest Louisiana as assistant health officer for a year and a half before I entered the Army. After entering the Army, I was sent to Camp Polk which is not far from New Orleans. I was assigned there as a preventive medicine officer because I already got my MPH and had some public health background, so they say, "Okay, we'll assign you as a preventive medicine officer."

So I was the preventive medicine officer for Camp Polk. At that time, we had a lot of malaria and hepatitis cases coming from the soldiers in Korea. Many of them were sent to Camp Polk. So they sent an EIS officer to come and check on them. Dr. Sappenfield, the EIS officer assigned to the Louisiana State Health Department, was the one that came to check on them.

Bob Sappenfield?

Public Health Service Hospital New Orleans http://www.cdc.gov/widgets/phil/alt/ IMAGE #0001128

Bob Sappenfield, yeah, Bob Sappenfield. He came, introduced himself, what he wanted and so on. He wanted information on hepatitis and malaria and other infectious diseases. So that's how I got to talk to him and as I talked with him, I learned that he's an EIS officer—what an EIS officer was. But actually I heard about that in 1949 when Dr. Langmuir joined the CDC from a circular in the medical library in Tulane, talking about Dr. Langmuir establishing an epidemiology program. For some reason I remember that, so I could relate to what Sappenfield was talking about. Then he said, "Well, you've got your public health training. If you're interested in epidemiology, why don't you enter the EIS?"

So I said, "Well, I'm already here in the Army."

"Well, maybe you can get a transfer."

So I wrote to the Army and asked whether I could get a transfer or not and they said, "No, you have to serve the two years."

But in the meantime I kept in contact with Dr. Langmuir's office. I forgot who was the person in his office, the administrative person. A very nice person. I forgot his name. *(It was William H. Clark per TDYC 10/03/2012).*

Was it Mickey LeMaistre?

No. Mickey was an EIS officer. No, he was a not an EIS officer (Bill Clark was EIS 1951) But anyway, I had contact with him while I was in the Army. I was sent to Korea after Camp Polk. So when I got to Korea I kept communicating with him regarding my continuing interest in the EIS through Sappenfield. I told him I might be interested in the EIS program.

In Korea, I was the preventive medicine officer for the 8th Army. Also I was head of a small medical attachment. It's called 'Medical Intelligence.' It's a medical intelligence detachment. So I had two duties; one as preventive medicine officer for the 8th Army and as a detachment commander consisting of three people; the main function of medical intelligence is to find out what's going on in enemy territories.

Was the concern bioterrorism?

Well, there might be some concern about Bioterrorism because they wanted to find out what kinds of infectious diseases were going on in North Korea. But I didn't have to do the interviews since this was done by the Army intelligence; they had their regular interrogators and so on and they interrogated the prisoners and also the people—civilians traveling from North Korea to South Korea and asked them what kind of diseases they had and all kinds of information. So they recorded that and I merely had to review it. I didn't have to interview anybody because they got a lot of people to do the interviews. So it's called medical intelligence. It's very close to—I guess to what Dr. Langmuir referred to as epidemic intelligence,. So when I came back, after discharging from the Army in 1953, I went to see Dr. Langmuir through the communications I already had. I went to Washington first. I didn't know any better. I just went to Washington, to the public health service and they said, "Oh yeah, we're interested in you."

They said the tuberculosis division was interested in me because I had training in tuberculosis. And the venereal disease division was interested in me because in the Army I had worked on venereal diseases. So they offered me—said, "We'll be glad to have you."

I said, "No, I want to talk to Dr. Langmuir."

They said, "Well Dr. Langmuir is not here, he's in Atlanta."

So I took a plane and—no, I forgot whether I took a plane or a train. Doesn't make any difference. I think it was a train. I went to Atlanta to talk to Dr. Langmuir, and met him. He asked me a few questions about my visit and how I got interested in the EIS and so on, and asked me about the Rocky Mountain laboratory. I told him my experience at Rocky Mountain laboratory. I knew Dr. [Herald R.] Cox, the guy that discovered the Q fever organism and some other people associated with the lab. I think he was really impressed and he said, "I'll offer you a job, I'll offer you the job as an EIS officer, you can come in as an EIS officer." So that's how I got in.

That's an amazing story.

Yeah. So I was the first one that got an MPH among the EIS officers I think. *(Correction, Bill Clark also had an MPH when he entered the EIS per TDYC 10/03/2012)*

It must have been one of the earliest programs.

Yeah, 1954. I entered in 1954. Sappenfield was in 1951. He was in the first class, yeah.

Did you see Bob Sappenfield when you came back?

Oh yeah, I talked with him about—I met him during the EIS conference. Yeah, I knew Bob very well.

Did you know his son, Bill?

No.

He also was an EIS—

That's right, I did hear about that. I didn't know him but I heard that he had a son in EIS, yeah. That's how I got in the EIS.

That's very interesting. It's a unique story. So you did the course. What was the course like?

Oh, the course was in July. I was discharged from the Army in December and Dr. Langmuir wanted me to go in right away. I said, no, I already have a job lined up and I couldn't come in until July 1. Then he said, "You can come to the EIS conference in April."

So I went to the EIS conference in April. In the meantime I had to transfer my commission from the Army to the Public Health Service. It took some time. So I had to—actually it's a good thing I delayed it for six months. But the EIS conference was great. Wonderful reports. So it's not the EIS course but the EIS conference I attended in April. So not until I entered in July 1 that I took the EIS course.

The EIS course was really great. Very different from say the epidemiology course in Tulane. It's much more theoretical whereas the EIS course was very practical. It was very challenging. Of course, Dr. Langmuir was such a wonderful lecturer and he made the subject interesting. And another person I thought was great was Dr. Meyer, K.F. Meyer. K.F. Meyer was a great lecturer also. Actually I heard him when I was a junior medical student in Michigan. The medical school somehow invited him to give a

lecture. He gave a lecture on bubonic plague, psittacosis, tetanus and this kind of thing. I remember Meyer very well. So I told Dr. Langmuir about K.F. Meyer giving a lecture when I was a medical student. Dr. Langmuir was quite impressed. Said, "You remember all that?"

I said, "Well yeah, I knew Dr. Meyer as a medical student. At least as a lecturer."

So he must have been quite a dynamic speaker as well.

Oh, he was terrific. He would speak for hours. He was known to speak for four or five hours in one sitting. And it's true, in the EIS conference he would speak for two or three hours.

And he held people's attention.

He held people—but some people left because, you know. But he would lecture until the last person stay, if necessary. But, of course, a lot of people stayed for the lecture. Dr. Langmuir was a great speaker, he was a great speaker at the EIS course and Myron Willis was the statistician I think at that time, besides Ida Sherman. Ida Sherman did not teach so much in the EIS course. Myron Willis was the one that taught statistics. He was a good teacher.

Ms. Ida Sherman and Dr. Alex Langmuir. Photo from http://phil.cdc.gov/phil/details.asp Image 11258

So those are people that stood out in your mind as good instructors.

Yes. The EIS course, Dr. Langmuir was the only person that gave the lectures because there weren't any trained epidemiologists the way that he wanted, so he did practically all lectures besides K.F. Meyer I think. K.F. Meyer was the only other lecturer I think, maybe one or two others.

Do you have any sense for how your class did things differently than the first few classes of EIS officers?

Well, I guess the first two classes were mostly physicians. I didn't study carefully, but my class—I think the first and second class had physicians, veterinarians and I don't know how many veterinarians and statisticians. I don't know whether there were any nurses or not but in my class, definitely we had physicians, veterinarians, statisticians, and nurses; we also had an anthropologist. As a matter of fact, we had an anthropologist. So it's a multidisciplinary class.

And what was the purpose of including those other specialties?

Well, I think in the early days epidemiology was consisted of mainly physicians. But later on the other disciplines like veterinarians became interested in epidemiology. Statisticians played a great role in epidemiology although they're not epidemiologists per se, but statistics are such an important component of epidemiology. And the nurses certainly could go into epidemiology, their training is broad enough to go into epidemiology. I remember one anthropologist in our group.

What did the anthropologist end up doing for his assignment?

I don't remember what he was doing. I don't remember.

Interesting. And I understand Phil Brachman was in your class.

Phil Brachman was in my class, yeah.

And someone named Ernie Chick.

Oh yes, Ernie Chick was in my class.

So it was Chin and Chick.

Yeah, Chin and Chick. Chick and Chin. Sounds like chicken chin. Chick was taking pathology here at KU. He was from KU and I don't know how he got in but he's a pathologist. At least he was in pathology. So he was assigned back over here. Interesting. I don't know why they assigned him back over here. It's unusual because Dr. Langmuir usually assigned you somewhere else; "You ought to go somewhere else and get some experience." But he was sent back over here.

I'm sure he had his reasons.

Yeah, must have been some reason. I don't know what reason but it was strong enough for him to be sent back here.

So then you all chose the area that you wanted to work in.

Right.

You listed your choices.

Well, yeah. Three choices. Three choices. When Dr. Langmuir asked me, I already made up my mind about choices. They gave you a sheet of paper, you had to rank it and so on. My first choice was with Joe Melnick at Yale because he was a virologist, a very well-known virologist. And my second choice was with Dr. Frances at the University of Michigan. Of course, I came from the University of Michigan. And my third choice was Dr. [Jerome T.] Syverton at the University of Minnesota because I was interested in going into virology or a related area.

Singleton?

Syverton. S-y-v-e-r-t-o-n.

That's an unusual name.

Yeah, it's a German—Syverton is a German name I think.

So you knew about him and you wanted to work with him.

Yeah, I knew about him. I read some of his papers before and also Dr. Melnick of course was well known at Yale, and Dr. Frances, I knew him from my medical school experience. So I told Dr. Langmuir, then he asked me, "Why do you choose those three areas?"

I said I wanted to learn more about laboratory work in virology, besides epidemiology. So he looked at me, he said, "Yeah, but you have no laboratory background."

I said, "I have some laboratory background because although I did not spend much time in the laboratory, I knew Dr. Cox, Herald Cox in the Rocky Mountain laboratory. I used to go to his lab. I also worked with Dr. Jellison as a student in his lab, so I know a lot about basic laboratory procedures."

After my residency, I went to see Dr. Cox to see if I could spend a month in his lab, he was the head of virus and rickettsial research for Lederle at that time. So I said, "I went there and I learned how to grow viruses in chick embryos and even learned how to grow tumors in chick embryos. So I know a lot of techniques used in virology.

And he looked at me and he asked me about my training at Sea View in tuberculosis, because I had a year of training in tuberculosis there. Then he looked at me and said, "Well, you have training in tuberculosis and chest diseases and Furcolow needs a person who is trained in chest diseases. I will assign you to the Kansas City field station."

"Additionally, the 39th and Rainbow campus became "an international center for the distribution of the [Salk] vaccine for polio virus," thanks largely to the work done by pediatrics professor Dr. Herbert A. Wenner in his Virus Research Laboratory. Prior to the polio vaccine becoming available nationwide in 1955, Wenner, according to his Medical School colleague Dr. Tom D.Y. Chin, had been "one of the key collaborators of the vaccine evaluation program." Beyond conducting important clinical trials, Wenner also developed an improved technique to grow and alter the polio virus in tissue culture, thus enabling more efficient production of the vaccine."
From University of Kansas History July 1, 1952

http://kuhistory.com/articles/the-country-and-our-state-are-looking-to-us/

I didn't even know the Kansas City field station.

Had you ever been to Kansas City?

No, I never been—no, no, let me see. Yeah, yeah. On my honeymoon I drove by KU [Kansas University] through Rainbow Avenue; there was a sign, it said "KU Campus." I remember a sign there. I had never been to Kansas. He said, well, with your training you would be great with Furcolow. So he wouldn't change his mind, not even talked or gave any other reason. I said, "I want—"

"You will go to Kansas City field station."

I said, "I want to learn virology!"

"Okay, I'll send you to Dr. Syverton's lab for two months. After two months you go to Kansas City field station."

I said, "Well, in that case I'll just go there directly." So that's how I got here.

When I got here Dr. [Herbert A.] Wenner—of course, he had a virus research lab over here that I didn't know anything about. So I was assigned there during the Salk vaccine trial which was in1954 and that's the same year I arrived. I think Dr. Langmuir didn't know about Dr. Wenner. He said, you can spend some time with Dr. Wenner. So he assigned me part time with Dr. Wenner.

Did that work well for you?

Oh yeah. Yeah. He had a terrific laboratory, a very, very good laboratory. And he was at that time, which I did not know, coordinating all the laboratories that participated in the Salk vaccine trial.

That's a big job.

Yeah, big job. He got about 20 laboratories throughout the country that he had to coordinate.

When you tested the vaccine, it was different in those days wasn't it? You didn't have to get permission.

Oh, let me see. No, not very much at the schools because they had classes. They stratified the study population by different grades and different schools and so on. There might have been some permission requirement, but I don't remember the details.

You participated in the investigation for the Cutter vaccine?

No, I was already, in 1954, assigned to Dr. Wenner's lab to work on the vaccine trial. Still a lot of specimens to be collected for follow up. You know, I had to go to the field, collect stool specimens and collect bloods and so on. That's in 1954. But in 1955 during the Cutter incident, I was still busy with the Salk vaccine trial. So Ernie Chick was the only one assigned to—yeah, Ernie Chick was the one assigned to investigate the Cutter incident.

That's what I'm remembering from your previous interview.

Yeah. No, I didn't have much to do with the Cutter vaccine incident.

Speaking of polio, was that a particular interest of yours when you came in and was that one of your specialties?

No, no. I was interested in parasitology in Tulane because of tropical medicine, and was interested in the protozoans at that time. As a matter of fact, at one time, after I finished at Tulane, I wanted to study immunochemistry of protozoans. I wanted to get a Ph.D. degree, but somehow as time went along I did not go in specifically for a Ph.D. degree.

So your interests were developed by your job.

That's right. Of course, I had chest disease training at Sea View —I was assistant to Furcolow. I could read x-rays and so on with him and was very helpful to him. But my interest was in the virus laboratory with Dr. Wenner, although I did participate in my second epidemic investigation on histoplasmosis. That was written by Berton Roueche.

Berton Roueche http://en.wikipedia.org/wiki/Berton_Rouech%C3%A9

I have that book and I read the chapter about that investigation.

Yeah, that investigation.

I think that's where I learned about the TDY Chin and where that nickname came from.

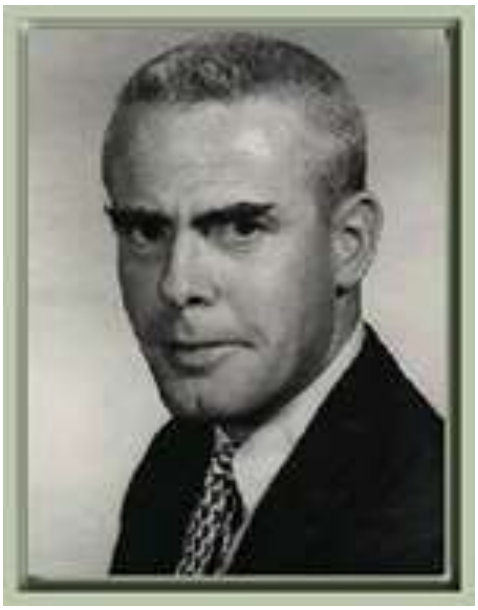
Right (laughter). Dr. Goddard gave me that I think.

The CDC director?

Yeah, yeah. So he called me "Too Damn Young" Chin.

You must have felt very prominent for him to give you a nickname.

Well, actually he was probably one of my most—I guess impressed. As CDC director he impressed me more than anyone else.



Dr. James Goddard, CDC Director 1962-8
http://www.cdc.gov/about/history/pastdirectors.htm

Tell me more about him.

He came in 1962 as the director and in 1962 I was made the chief of the Kansas City field station, the director of the Kansas City field station. And I guess he—I don't know, but I met him in Atlanta one time as I was walking in the parking lot and he was driving a little—not a van, you know, you stand up, as you drive. You could stand up and drive that kind of car—it looked like a van. As I was walking, he stopped his car. There's Dr. Goddard. I don't know where—he knew me somehow. So he asked me to get on and he would take me to where I wanted to go, the entrance of CDC. While he was driving, drinking a Coke or something, and kept on talking. Somehow he knew something about me, that I was appointed as the head of the field station and so on. But I don't know how he knew it. Anyway, as we were talking, he said, "Now you're going to be the head of the field station, you ought to get some management training," he said.

I said, "Management training? No, I never thought about that."

"Yeah," he said, "there's an organization called the American Management Association giving a short course, a brief course on management for middle managers." And he said, "You ought to take that, I want you to take that."

So at his recommendation I took it. It's a wonderful management course. What it does is you go to New York, the headquarters of the American Management Association where they have classrooms and other teaching facilities. The course was taken usually by middle managers from all types of industries, such as steel mills, banks and so on. So I registered and took that course. You take one week of lectures and conferences with all those people, must have been at least 100 people in the class. Then you would go back home and practice for three months. Then you would go back for another week, for a total of four weeks. I thought it was a wonderful course. I told Dr. Goddard after my experience for the first week, which was followed by three months of practice

and so on. I told him that the course was really great. I met him only off and on. But he always asked me how I was doing.

So the nickname came later after he got to know you.

Yeah, he told me he's the one that called me Tom 'Damn You' Chin.

It's kind of an honor.

Yeah (laughter). He was a very dynamic man. He always wore his admiral's uniform. Oh yeah, he was just like a military man. And when he's in CDC, the flag was up, when he's out, the flag was down.

Did he start that tradition?

Pardon?

Was it just when he was the director?

Yeah, he was director. He ran the place really like an admiral. And he was very sharp. Whenever faced with a problem, he would cut right through it, without any (laughter) just cut right through it. Because of his skill, I guess you could call it skill of management, and because of that he was asked to shape up the FDA [The Food and DrugAdministration**]**. So after he'd been at CDC a couple of years, three or four years, they needed him to shape up the FDA as the FDA at that time was lousy apparently.
So he went there and straightened out the FDA. He was transferred I guess from CDC. He was there for about four years, I think at CDC.

Who was the director when you started?

I think Dr. Bauer, maybe 1954.

Theodore J. Bauer Director 1953-6. Photo from
http://www.cdc.gov/about/history/pastdirectors.htm

Yeah. Dr. Bauer was a very good man. He was very impressive—he's a very thoughtful man. Yeah, Dr. Bauer. And very personable. I knew him quite well. And Ted Bauer, I forgot what group he's in, his background, but he was very personable. Of course he was a malariologist.

I had very nice chats with him off and on when I was in Atlanta. He had all girls, five daughters.

Among the directors, I knew also Larry quite well. He was from venereal disease.

Clarence Smith?

Yeah, Larry Smith, yeah. He was from venereal diseases.

Clarence Smith, CDC Director 1960-62. Photo from http://www.cdc.gov/about/history/pastdirectors.htm

And Dr. Anderson was from TB and venereal diseases.

Robert J. Anderson, CDC Director 1956-60. Photo from http://www.cdc.gov/about/history/pastdirectors.htm

Dr. Andrews?

Yeah. I had conversations with him but not close conversations; very formal.

Did you know Dr. Vonderlehr?

No, I didn't know him.

The first director, Mark Hollis—

Only by name. I might have—he was an engineer I think, a sanitary engineer?

Yes.
But I don't have a very good memory of him. That was before my time. I understand he was very good but I don't remember anything special about him. So the people that I knew most was Jim Goddard and Larry Smith and Ted Bauer. And Dr. Anderson I had off and on conversation with him. But the person that really impressed me was Jim Goddard.

It sounds like he really took a personal interest in you.

Yeah, for some reason.

In your course did they talk about Malaria Control in War Areas and how that program worked before CDC began?

Actually very little about malaria. Some about malaria but not…very little.

Did you know anything about it on your own?

Yes, I knew from Tulane. Of course, tropical medicine, malaria was still a big thing. And also when I was in the Army there was a lot of malaria. In Camp Polk I saw a lot of malaria cases among the soldiers coming back from Korea. So I knew quite a bit. Malaria was a—you have to know malaria if you want to go into tropical medicine, yeah.

And you saw the patients yourself and treated them since you were the physician for Camp Polk?

No, I was a preventive medicine officer.

So how did you handle the situation with malaria from a preventive point of view?

These patients actually still had malaria, they were sent back for treatment. So mostly they're convalescing patients, although some of them were still pretty sick because flying back from Korea only took a short period of time. So it was a matter of counting how many cases of malaria you had, who they were and so on. That's what Dr. Sappenfield was interested in, how many cases of malaria we had and how many cases of hepatitis, and other kinds infectious diseases. So it's more of a basic data collection. Since I had training in tropical medicine, I went to the laboratory, on my own, to find out what was going on. I was the preventive medicine officer. I went to the laboratory every day to work with the corpsman there. Although he was trained how to examine specimens but a lot of times he had some questions and asked me about them. He knew I knew a lot about parasites because of my training at Tulane. So I used to go to the lab and work with him. So he asked me questions about some of the specimens he had, what type of parasite, and so on. I would talk with him about them. This gave me a chance to find out what was going on. But what
Sappenfield wanted was essentially the number of cases of malaria, number of cases of hepatitis, and so on, and the possibility of looking into them.

So he was counting cases. He wasn't necessarily doing surveillance.

Well, no, that's right. Sappenfield was interested the number of cases that came in just to collect data. So how many cases came in and so on. But that's part of surveillance.

I was going to ask you about the beginning of surveillance and reportable diseases. I know that the Council of State and Territorial Epidemiologists began around the same time that CDC did, is that right?

Yeah, yeah, I think so.

And I wondered since you worked with the state health department and with the Kansas Medical Center if you knew something about those early beginnings of CSTE and—

No, I knew very little about…was organized probably around the time when Dr. Langmuir came to CDC.. I don't know when it got started. But Dr. Langmuir used to — played a very important role in the state and territorial epidemiologists group, and also it was unusual to be invited to go to their meetings, as I was invited only once. I had to give a talk about something, I guess that's why I was invited.

So otherwise was it just the directors, for instance, of the state health departments?

The state epidemiologists. It's a group of state epidemiologists meeting together. And of course, Dr. Langmuir being in the state so he represented CDC I guess, but I was asked to go there only once during all the time I was with CDC. I think it is an organization consisting of state epidemiologists and occasionally other epidemiologists are invited to its meetings, such as Dr. Neuberger who is interested in environmental health. He got himself invited to go there periodically. I don't know how. Maybe he knew somebody and said I would like to go to its meetings. So he goes there periodically, but I don't go to it. To Dr. Langmuir, it was an elite organization.

Dr. Langmuir had been in a state health department as well, right?

He was local, he was a local health officer, not in the state. He was a local health officer in New York in one of the cities or districts, Yonkers? He was either a district or city health officer. Anyway, it represents the state and territorial epidemiologists; they give reports of what's going on in their states from the epidemiologist's standpoint every year. Meet once a year I think.

The other question I was going to ask before we get too far away from polio, I was reading that there was an outbreak in Ohio in 1949 and it may have been one of the first outbreaks that Dr. Langmuir went to with some CDC people before EIS started. Do you know anything about that?

I don't remember Ohio but Baltimore was one of the early one, investigations in Baltimore but I don't remember specifically the one in Ohio, no. That was before the polio epidemics in the 1960s. But I know some of the early studies in Baltimore, for example, in polio some papers by Paul Wehrle—yeah, Paul Wehrle did an investigation on some polio outbreak, in it's early days. But I wasn't interested in polio until it appeared here in the 1960's. In 1954, I was involved with the Salk vaccine trial on polio, but in those days there were not a lot of polio. The incidence was fairly low. But before that, it was high and then later on after the Salk vaccine was introduced, there were some polio outbreaks. Mainly it was because Salk vaccine was given to the whites, the upper economic groups, whereas polio appeared among the blacks who

either did not receive or had no chance to receive the vaccine. So the outbreaks concentrated in the center of the city among the blacks.

Because they didn't get the vaccine.

They didn't get the vaccine. So that's the reason. But before, in the 1940s, polio occurred commonly, actually more commonly among the upper socioeconomic people. The reason for that was that the lower socioeconomic people were exposed to polio very, very early, so they acquired immunity to polio early in life.

And developed immunities.

Developed immunities. Mothers had high level of immunity, consequently they transferred the antibodies to the newborns. When the newborns got infected, the infection was inapparent or very mild. But they developed immunity to it, at the very, very young age.. So polio epidemics were due to environmental changes as well as behavior changes. Polio actually in the 1930s and 1940s was very severe. but it occurred mainly among the younger upper socioeconomic groups. Whereas the blacks or the people in the lower socioeconomic groups had already been exposed to the antibody from their mother, from the mother's milk, as well as from the poor environment, they were immune to polio. So when they got infected later on in life, the infection was mild or asymptomatic. When the primary infection was delayed until later in life, as in the upper socioeconomic groups, the infection became severe, since there was no preexisting immunity.

Interesting.

Yeah. Not too much in this era, but in the 1940s.

And later.

Yeah, and later.

And I didn't know if science was impacted by politics in any way that you recall during those early days especially in the early '50s.

In the early '50s…no, actually when I came in 1954, that's the golden age of virology. Tissue cultures were extensively used for research. Prior to that, it was difficult. Use of monkeys or chick embryos was much more difficult. But what really made public health was polio, because Roosevelt had polio and developed paralysis and, who was head of the Polio Foundation at that time? He's very influential, very political. Forgot his name. He's the one that ran the Polio Foundation. *(Basil O'Conner per TDYC 09/03/2012)*

Did he start the March of Dimes as well?

Yeah. Actually, really what led public health was polio. And the use of iron lung for treatment of polio.

In Kansas?

In Kansas, yeah.

I didn't know that.

Oh yeah. When polio patients developed respiratory paralysis, iron lungs were used to help them breathe. A special type of iron lung was extensively used in Kansas for the treatment of patients with respiratory paralysis. So the era of polio had really—put public health on the map, I think. Then the incidence drifted down. You know, even Dr. Stewart—I don't know whether, they didn't have his name as a director.

Bill Stewart?

Bill Stewart, yeah.

He was the director of—

He was an EIS officer.

He was Surgeon General.

Yeah, he was a Surgeon General. He was not director of CDC, he was Surgeon General, that's right. He's the one said "Infectious disease is already wiped out." So very little money was going into infectious diseases. Then the incidence of tuberculosis came back again,. But what really made infectious disease or public health again was the emergence of HIV in 1982.

So you think when new epidemics came along, that strengthened public health.

Yeah.

The interest in public health at least.

Yeah, well, polio was the big thing, you know, because many kids got paralyzed from polio; also Roosevelt had polio. That's what made public health during that period, a very important period for public health. But that's before the—well, tha was around the 1940s, but 1950 was a little bit different. With the use of vaccines and of antibiotics, the incidence of infectious diseases dropped. But the interest in infectious diseases also dropped. Even some people that trained in infectious disease said, oh, we don't need to train so many physicians in infectious disease any longer. Petersdorf, for example, of the University of Washington, came out and said, "We're going to stop training so many infectious disease physicians."

Why do you think that was?

Because he thought the incidence was coming down and chronic disease was taking over. But he was wrong.

Do you think they thought that because we had antibiotics it would take care of the infectious diseases?

Antibiotics will take care of it, yeah. But then HIV came along. (*Also there is the problem of antibiotic resistance. Many organisms had developed resistance to antibiotics. Hospital infections continue to be serious problems. That's why CDC pays so much attention to hospital infection control. per TDYC 09/03/2012)*

It's amazing isn't it?

Yeah. And then hospital infection became more and more important. Now it's stabilized somewhat, but there's still a lot of mortalities associated with hospital infections. But hospital infection is not glamorous. Not like HIV.

Or a child with an iron lung.

Yeah, yeah, that's right. So those actually made public health. Not because mortality was coming from hospital infections. Not so glamorous.

Before we finish up I wanted to ask one more question I had thought of, and that was about epidemiology and lab. It seems like there is a pattern there of a separateness whereas in the previous interview with you it seemed to me that you were talking about integrating them more. Can you talk a little bit about how that relationship was during the early years.

When I first got to CDC, the laboratory branch, epidemiology branch, technology branch and the training branch, essentially four of them, and each one was very distinct. Dr. Langmuir had no laboratory support. There was no laboratory in epidemiology branch.

So they were two completely separate units?

Completely separate.

….that didn't work together or share resources.

Not so much. Not so much. For example, Dr. Edwards, Phil Edwards, was great with the salmonellas and Ecoli's but he did not work intimately with the epidemiologists. Elaine Updike was great in streptococcus but she just work on streptococcus, with no close working relationship with epidemiology branch.

How did that happen? It seems to me that—

Because in venereal disease for example—actually the public health service was known in venereal disease because venereal disease was so common in those days, or appeared so common. At that time, venereal disease did have its own laboratory; it was called the Venereal Disease Laboratory. It was very well known. It was intimately integrated with the clinical studies. So they did support clinical studies but then you have the situation such as in the study of polio. Well, laboratory branch had its own research program on polio, but they had no close contact with epidemiology branch which needed laboratory support for its epidemiological studies.

For example, when I first came here, Dr. Langmuir had no labs at all, so in order for him to conduct epidemiological studies, he had to go to laboratory branch to ask for support, "Can I send you 50 specimens?"

"Fifty! My interest is not in this area." Lab branch would give him the support he needed but with just a lukewarm enthusiasm. Another word, there was no mutual collaboration. At that time, the only one that had their lab and epidemiology activities integrated was the Kansas City field station. We had our own labs so the epidemiologists and the lab people would always have contact with each other. Dr. Furcolow was an epidemiologist but he had his own mycology lab. So he was able to integrate the field activity with the laboratory activity at the field station. To some extent you could do that in the university but not so well because the research done there is usually more basic. So that was really very difficult for Dr. Langmuir. Dr. Langmuir actually had very little interest in the lab itself, but he utilized the lab. He would say I, "Oh, I will send you a hundred specimens, you run them for me."

Well, who's going to do that, see? For example, one would say, "I'm interested in finding new viruses, I'm not interested in testing 500 stool specimens for you."

Were there some budgetary issues in there, too? They must have had separate budgets?

Oh, yeah, epidemiology branch had its own budget, laboratory branch had its own budget. They practically don't speak to each other. And we're the only one at CDC at that time was different. We had a mycology laboratory and we had field people working in there as well. In the Quonset building, the lab was in the back and the conference room in the front; so before you go into the field to collect specimens, you talk with the laboratory people first, say how many specimens you would need? Not just say, "Oh I'll send you 500 specimens," you see?

So there was collaboration rather than just support. Dr. Langmuir just wanted laboratory support. He's the one going to decide how many and what kind of specimens are to be collected.

So you think maybe it was an approach issue?

That's the approach. For instance, Dr. Langmuir, during the 1957 epidemic…

Of influenza?

Influenza. And I was the one that went to Grinnell, Iowa to do the study. When I gave him my preliminary report, I told him I had collected some specimens but I had to send them to the state to get them processed.

He said, "You ought to be able to do them yourself!"
I said, "Okay, you give me some money, I'll set up a lab. So I set up the lab for influenza for the first time. So I was able to coordinate and integrate the field work with the lab.

And how old were you when you did this?

That was in 1957; I was 35 years old. When I first came here in 1954, Dr. Wenner gave me a lab. He had a polio lab but he ran out of space. He got some contract money from CDC to run specimens, but he heeded more space. So he asked me to find some space and be the supervisor of that lab. I found some space in the Quonset building for that lab. Thus, I was able to do investigations on other things, to look for new enteroviruses and so on. This lab was gradually expanded to support all field investigations, including respiratory infections such as influenza.
In 1957, during the influenza pandemic, Dr. Langmuir gave me some additional money to create an influenza lab. Since I was the chief of that lab, I was able to integrate both the lab and field activities. We were the only one in CDC that could do that. At that time Dr. Langmuir had no lab under his control. Not until in the 1960's that the first staphylococcus lab was created in epidemiology branch. So not until quite late before CDC was organized in such way that epidemiology and lab were completely integrated. Now, for example, virology and epidemiology are integrated. So that epidemiologists in the field would have input in the laboratory as well. But before it was not—Dr. Langmuir would say, "Okay, I'll send you so many specimens, you run them for me, I'll analyze them." So we were the first one that could do that and it was quite obvious to the EIS officers even.

That's very interesting. That explains it in a very cohesive way to me.

Yeah, yeah.

Would you tell me about the pictures you have?

Well, I'll just give you a few and see whether you'll be interested. This one I think—

Dave Sencer.

Yeah. That was an epidemic of plague in 1968 and Dave Sencer sent me there. It was a big plague epidemic in Java. We had a team actually consisting of all kinds of people from epidemiology, from the lab and so on. We did a very good job actually for Dr. Sencer at that time. It was 1968. Dr. Sencer just appointed me as the director for all the field stations. So he sent me there, he say, "You go to Java, lead the team," and it consisted of people from different areas. We had entomologists, mammologists, and laboratory people and technology people all in one team, and we did a very good job. The government of Indonesia was very pleased with the work so they gave Dr. Sencer this plaque. I don't know whether you still have this plaque or not.

I'll have to look.

And that picture was taken when I brought this plaque back to present it to him, given by the government.

Who are the other people?

This is Dr. Poland was with me at the time but now he's retired. But he was sent to the arbovirus lab in Ft. Collins later on, and he was an EIS officer and he was a laboratory manager for our program.

Do you remember their names?

Dr. Poland, Gravelle, I forgot his name. I can get it.

Class of '67 maybe or '68?

'68. I do have his name but I just have a mental block.

I don't know if they have that picture.

So you might want to check on it maybe.

Oh, this is very nice. A letter from Dr. Langmuir.

Yes, Dr. Langmuir when he retired he wrote me this letter. I thought you might like this.

(Reading from Dr. Langmuir's letter to Dr. Chin), "You're a good friend, a fine traveling companion and capable clinician, versatile epidemiologist, consummative chef, record collector of field stations and a master lion tamer."

I like the last one. Now this one when I was made director, Dr. Sencer wanted all the field stations integrated under one roof. So that's when they appointed me in 1966 to coordinate all the field stations at CDC except the one in Savannah. I have an extra one so you can have that if you want.

October 4, 1973

Dear Tom:

Congratulations from Boston, and regrets that I cannot be present in person at your retirement party. I well remember our first meeting in the Peachtree Seventh Building in 1954, your active participation in the EIS course that year, and your immediate impact on the expanding programs of the Kansas City Field Station which continued through your career.

Many dozen PHS Officers have responded to your effective leadership and wise guidance. You're a good friend, a fine traveling companion, capable clinician, versatile epidemiologist, consummative chef, record collector of field stations, and a master lion tamer.

My warmest greetings to you, Rita, Donna, and Robert, and welcome to the not-so-invory tower.

Sincerely,

Alexander D. Langmuir, M.D.

Dr. Tom D. Y. Chin
c/o Center for Disease Control
1600 Clifton Road, NE
Atlanta, Georgia 30333

Langmuir letter provided by Dr. Chin

Oh, thank you. So this was 1966.

Dr. Tom Chin 1966. Photo provided by Dr. Chin.

'68, yeah. Well, either one, which one you like.

They're the same only this is….

Yeah, this was in my office in the new CDC building.

Did you have one of those—no, it looks like you had a wooden desk.

Yeah.

You didn't have a green metal desk.

No, no. A wooden desk.

I would like this one if you don't mind.

Okay, yeah.

And this is when you were field director.

Yeah, 1968. I was made the coordinator of all the field station in 1966, so this is 1966.

You were made the coordinator of all the field stations.

They called it 'Ecological Investigations Program.'

I remember you talking about that in your interview.

Yeah, yeah. And I think he was very astute to do that, to coordinate all the field stations. He really…

He must have had a lot of confidence in you.

…he wanted to operate it.

No computer.

No computer. We had a calculator. Then when we opened the new lab from the Quonset building is when Dr. Langmuir and I think Johnny Rowe was the first director of this Midwest CDC in Kansas City.

You mentioned him, too, Johnny Rowe, R-o-w-e.

Yeah, yeah. I forgot who this person is. But this is Dr. Poland. He was an EIS officer. He was in—

This guy is Dr. Poland?

Yeah, Poland. He was at the University of Kansas. I recruited him. He was the first EIS officer recruited from Kansas.

How do you say his name?

Poland, just like Poland, P-o-l-a-n-d. Jack Poland.

And Granville you said this guy was?

Gravelle.

Gravelle. And he was lab?

Yeah, he was the manager of our lab. He was very good. Now this was probably the last meeting we had in 1972 of our program we called it Ecological Investigation Program in the CDC building.

And this was ’72?

Yeah, 1972 because our program was terminated in 1973 because the lack of funds. That’s during the Nixon era. Was a reduction….

You’ve even got names.

Yeah, I’ve got all the names in there.

Jim Maynard, he's someone you talked about.

Yeah, this one if you want to reproduce it and give it back to me.

Okay.

It's all the names.

Here's Cliff Gravelle.

Yeah. Bruce Dull was there.

Ken Powell.

Yeah, Ken Powell. Ken Powell was also assigned here. Yeah, he was an EIS officer assigned here. So we had a periodic meeting of all the field station people to come in, all the key people in the different field stations.

This is priceless. Gary Noble.

Yeah, Gary Nobel, he was assigned here and then up in Alaska. Actually he was assigned to Omaha first.

And he was the first EIS officer in Alaska.

Yes.

I learned that from my interview. This you want back.

Yeah, I'd like to have that back. I don't know what—this is Furcolow at the first epidemic we both investigated. We thought it was polio but it turned out to be encephalitis in Hidalgo County, Texas. He and I went down there and investigated it. It turned out to be the biggest epidemic of St. Louis of encephalitis since 1938. It was in 1954, my first year.

No wonder he calls you Too Darn Young.

(Laughter). So this was my first epidemic. It turned out that St. Louis encephalitis really was very common. Subclinical infections are very common. In one case we estimated 50 asymptomatic infections.

So for every symptomatic case there were 50 subclinical—

Yeah, subclinical. It was shown for the first time, and also shown for the first time that specific mosquitoes really transmitted the infection. No one had shown that before. So that was a collaboration between—we had entomologists from the technology branch

and then laboratory people—no, no veterinarian. But the laboratory identified the St. Louis encephalitis virus in the Montgomery lab. At that time the virus and rickettsial lab in Montgomery.

Who is the director of the lab in Montgomery?

Morris Schaeffer. I took the virology lab course there when I first came—I think I took it in 1955. Went down there and took the course. A very good course. One week.

He wrote sort of a history of the labs and I put his picture with it. Walt Dowdle gave it to me and it's very interested. I think Morris Schaeffer only died recently just a few years ago.

More than 15. I think he died in—after he left CDC he went to New York. The head of the city lab there.

I didn't know that.

Yeah. Then he was with WHO. He was a very, very fine fellow. I knew him very well.

Did he have polio as a child?

Probably. I never knew. Probably polio, yeah.

I know he was very well thought of.

Oh, he was a great virologist. Very personable. Very, very personable. So you might want to have that. This was the plague epidemic I was talking about in Java.

Who are these—

These two EIS officers. One is Thompson and—I forgot their names, I can give it to you if you want. Thompson and—

And it was '67?

It's '68. We went there, the epidemic. Let me see if I jotted it down somewhere.

And this is plague….

Yeah, they came and helped investigate the cases.

So you needed a mammologist because of the rats.

Yeah, we had a mammologist in this group. Let me see.

I hope it's okay if I write in pencil on the back.

No, go ahead, you can have that.

I can scan these and send them back to you.

Yeah, okay.

Oh, this is the date on it, 1954.

Yeah. '54 is it?

Mm-hmm. September 1954.

Is that right?

That's what it says.

Yeah.

San Antonio, Texas. So that's Hildalgo County?

Yeah. This was taken during the St. Louis encephalitis investigation yeah.

Okay, so that was—

Not plague. St. Louis encephalitis in Hildalgo County.

They thought it was polio…--

Polio at first.

…but it turned out to be encephalitis.

Yeah, yeah.

In Hildalgo County.

Yeah, 1968 the plague epidemic. The EIS officer is Robert Thompson. He was assigned to EIS officer in Atlanta and Kenneth … I cannot see it.

Quickel.

Quickel. He was assigned to University of Washington.

Is it Q-u-i-c…?

Q-u-i-c….

That's an unusual name. Quickel.

Yeah, I cannot read very well without the eye glasses.

Junior. Kenneth Quickel, Jr. and he was in Washington State.

Yeah, Washington State. Yeah, Q-u-i-c-k-e-l, Jr. He's the one that ….

And that's the plague epidemic in Java.

Yeah, in Java.

And that's the one for which you got the….—

Yeah, mm-hmm. Yeah, I think this is ….

Great. You are so good at memory.

My memory is not that good anymore.

So this one would have been—

1968.

Quickel. Was this one Quickel or Thompson?

The Global Health CHRONICLES

MALARIA CONTROL: CDC BEGINNINGS

Indonesia 1968 for Outbreak of Plague

Top photo:

Tom Chin, Martin Goldenberg, Jack Poland, Burton P Golub, James E. Sellers, Allan M Barnes, Herbert Schoof

Middle photo:

Martin Goldenberg, Burton P. Golub, Jack Poland, Dr. Julie Suliante Saroso, Indonesia Director General of Communicable Diseases

Bottom photo:

Robert S. Thompson and Kenneth E. Quickel, Jr. (EIS Class of 1967) examining an Indonesian child with plague.

Pictures donated by Dr. Tom Chin

No, not Thompson. No, this is assigned to Kansas City in Ft. Collins. I'll get his name later. I'll send it to you.

Okay. Wonderful. And this is Dr. Furcolow.

Yeah, Furcolow. Yeah, he and I—actually he was in NIH working with viruses before he came to Kansas City so he knew a lot about virology actually. He was a big help to me.

You spoke very fondly of him in your interview with Gary Noble.

Yeah.

These are wonderful. Well, I certainly think you earned your nickname, especially in this one.

Oh yeah. Actually if you're going to write about epidemic, this is Dr. Poland. Actually we went to the field and this is the group consists of the different branches.

So that's Dr. Poland.

That's me.

That's you! Oh yes it is. The hat threw me off.

Yeah. This is Poland. And that's Goldenberg.

Goldenberg, he was a lab person.

Yeah, I think Martin Goldenberg. I can get their names. And this was a—he's from technology branch, immunologist I think.

So that's Dr. Poland.

Yeah, and this is Dr. Julie—he's a director of communicable diseases in Java.

Oh, Julie Sulianti…Saroso.

Yeah, Saroso. Dr. Julie.

That's a long first name.

Yeah, she is very good. Sulianti. S-u-l-i-a-n-t-i S-a-r-o-s-o. She was a very personable person. Was trained in Tulane.

And she was the Java—

She was the director general communicable disease of the country.

And next to her is Dr. Poland. What was his first name?

The EIS officer….

This one is Thompson, right?

That's Goldenberg I think. Goldenberg, the laboratory person I think. I forgot his full name. He was assigned to Ft. Collins. He was a bacteriologist. I have their names somewhere. I can get their names.

Okay. What I'll do is scan these and send them back, the scanned copy unless you want the originals back because I can use the scanned copy or the originals. So it's Chin and Goldenberg, and this is in Java. These pictures make it come alive so much more.

Yeah, I think so. I think that outbreak was very interesting, not because they were interested in control of plague—not control of plague so much, but it was the commercial aspects of it ---because in Java they had ships going to Japan and the Japanese would quarantine the ships until they had been treated, you know, with DDT or whatever they needed to treat the ships with before they could go into their ports. That was really the main reason for requesting us to investigate and controlling the epidemic. They were more interested in having their ships fumigated so they could enter the Japanese harbors. That was the main reason. Controlling the epidemic was secondary.
I didn't know that before I went there.

Interesting.

Not so much because of plague but because the Japanese refused to have their ships enter their harbors.

That's very interesting. Well, these are wonderful.
It's a pleasure. Actually I'm trying to write all this up eventually but….

It would make a great story.

Tell me about Tom Sellers, Sr.

He was director of laboratory for the Georgia State Health Department and being the director of laboratory, he had a lot to do with malaria. Actually he was very well known in rabies. He developed a special stain for rabies, known as the Sellers stain. And then, who was the director of—the other director of—Andrews, Justin Andrews. See, Justin Andrews was director of malaria for the state of Georgia, as well as working for the federal government in malaria control.

Before he was director of CDC.

That's right, yeah, he was director of Malaria Control. And he had a lot to do with the CDC being located in Atlanta, at least according to Dr. Langmuir.

What role did Dr. Sellers play in that?

Because he's director of laboratory.

So he used his influence to try to—

Oh yes. He was very well known, not as a state—malaria occurred mainly in the southern states, why not in New Orleans? Why have it in Atlanta? I think the person that really had a great deal to do with locating CDC in Atlanta was Justin Andrews. That's what Dr. Langmuir—at least from my conversations with him about the early days because Dr. Langmuir went there in 1949 and Justin Andrews at that time was the director of malaria control for the State of Georgia.

And he and Dr. Sellers both pushed for CDC to be located in Atlanta?

I think so but I think Dr. Andrews definitely. But I have a feeling that Dr. Sellers had something to do with it because after all they worked together.

I see. Makes sense.

Yeah, and both of them were in the state at the time, and Dr. Andrews got a commission in the public health service just around that time, before he became the first director of CDC.

Very interesting.

Justin Andrews, how influential he was in establishing CDC.

Do you think that was a good thing for it to be in Atlanta and not in Washington?

I think so.

Even though you thought it was when you first went there to see Dr. Langmuir?

Well, actually I thought so because that's where they…(laughter)…

That's such a great story.

I thought it was in Washington so I went to Washington and found out that CDC is not there. Tuberculosis—they said, "Oh yeah, we have the tuberculosis division here and

they would like to talk with you." So they talked to me and said, "We would like to have you." Then the venereal disease division also. (Laughter).

Then I decided, "No, I'd better go and see Dr. Langmuir. He's in Atlanta."

Did you ever tell Dr. Langmuir that you went to Washington to see him first?

No. No, I probably told him I came from Washington (laughter).

Great story. Thank you so much for your time.

END

Cliff Gravelle (lab manager), Dr. David Sencer (EIS 1975), Tom Chin (EIS 1954), Jack Poland (EIS 1960), Kenneth Quickel, Jr. (EIS 1957)

David Sencer being presented with plaque from Indonesian government in thanks for help with bubonic plague outbreak by Tom DY Chin, 1968. Photo donated by Dr. Tom Chin.