

INTERVIEW I

DATE: June 29, 1969  
INTERVIEWEE: DR. MICHAEL E. DeBAKEY  
INTERVIEWER: DAVID McCOMB  
PLACE: Fondren-Brown Building, Texas Medical Center,  
Houston, Texas

Tape 1 of 1

M: Well, for the sake of the record, Dr. DeBakey, I'd like to know a little bit about your background. Where were you born, when, and where did you get your education?

D: Well, I was born in Lake Charles, Louisiana, and got my preliminary education in Lake Charles at the grammar school and high school there.

M: What was the year that you were born?

D: I was born on September 7, 1908. And following that I went to Tulane University where I got all my college education; got a bachelor's degree, bachelor of science degree, and then went into medical school at Tulane and got my M.D. degree there, and subsequently got my master's degree. Then [I] had some training in surgery at the Charity Hospital, my intern and residency there in surgery under Dr. Alton Ochsner.

M: Excuse me. How do you spell that name?

D: It's O-C-H-S-N-E-R.

M: Thank you.

D: Following which, in 1935 and 1936 I went and studied in

DeBAKEY -- I -- 2

Europe as what they call an assistant etranger, a foreign assistant, to Professor René Leriche, who is one of the pioneer vascular surgeons, at the University of Strasbourg. Subsequently I went and spent another period of foreign assistance. I was about a year in the University of Strasbourg and almost a year at the University of Heidelberg, under Professor Kirschner, K-I-R-S-C-H-N-E-R. Then I returned home and went on the staff, the surgical staff, in the Department of Surgery as a full time member of the Department of Surgery at Tulane University with Dr. Alton Ochsner.

M: And then where did you go from there?

D: I was there until '42--

M: You must have been in the Army.

D: --and then I went into the Army. I was in the service from '42 through '46. I was assigned to Surgeon General's Office, in the Surgical Consultants Division under Dr. Fred Rankin, who was Chief of that division. In some respects, I suppose, this really got me interested in government, because I had the opportunity to learn a great deal about governmental medical services, and I became more involved and more interested in overall problems.

M: Were you in Washington at the time?

D: Yes. I was based in Washington, although I had temporary service overseas. In fact, I had temporary service with each one of the armies overseas in the European theatre of operations, Mediterranean theatre of operations.

But this gave me an opportunity, because of the kind of work

DeBAKEY -- I -- 3

that I was involved in, to become interested in what might be called the socioeconomic and administrative and organizational problems in medicine in the country. I initiated a number of projects in this regard. One was the medical research program of the Veterans Administration. I suggested to the Surgeon General the need for such an organization to follow up on various kinds of medical problems that had taken place in army personnel, and this provided a good opportunity to do certain types of research of a long-term nature. This program was subsequently adopted, and I worked at the National Research Council to get it organized.

M: Is this your first experience with what you might call Medical Administration?

D: Yes. That's right. That was my first experience. But that I think initiated, and, in a sense, stimulated my interest in the broader problems of medicine, particularly as they have social relevance. Then I continued my interest in these matters and made a number of suggestions about ways and means of improving the, you might say, organizational and administrative roles in medicine. Then I served on the Medical Committee of the Hoover Commission, and this gave me further opportunity to study the organizational and administrative matters that relate to the federal medical services, and of course, how they touch upon the civilian population.

There are a number of recommendations that came out of this study that were adopted by the Hoover Commission. Subsequently one of them of considerable importance was the one that recommended the

DeBAKEY -- I -- 4

establishment of the National Library of Medicine, which is a direct outgrowth of this study. This was adopted by the Congress; Senators Hill and Kennedy joined together to put in a bill to establish the National Library of Medicine. This was subsequently passed, and the National Library of Medicine was then established. I served on the first Board of Regents of the National Library of Medicine and subsequently was Chairman of that Board. So this was a very important development.

We also initiated the establishment of a Department of Defense Medical Advisory Council. I served on the initial Committee, and again I've been reappointed to that Committee. I'm serving on that Committee now. So I've had a continuing interest in these matters and an education, so to speak. I also served on the second Hoover Commission, the medical committee of the second Hoover Commission, since, you remember, there were two of them.

M: Yes.

D: I became more and more interested in the medical research and what might be called the delivery of health care relating to the knowledge gained from medical research. So I became interested in the National Institutes of Health. I served on many of their study sections and on their councils, but especially those relating to the Heart Institute, because my field of interest was in cardiovascular diseases.

M: Did you have much contact with congressmen and senators?

D: Oh, yes. You see I began my contacts with congressmen when I was

DeBAKEY -- I -- 5

trying to push the idea of getting a National Library of Medicine started. This really provided me with the opportunity to contact and to work very closely with some of the congressmen, like Senators Hill and Kennedy and other congressmen, Fogarty, who were interested in the medical area.

M: They were fairly receptive to these ideas?

D: Oh, yes, very receptive, and they were, I would say, very enlightened about the importance and the significance, the implications, of these projects. I think it was very stimulating for me to see how some of our congressmen were so dedicated and so enlightened and knowledgeable about these matters. This required a great deal of activity.

M: Did you have any contact with Lyndon Johnson in this period?

D: Well, yes. You see, as a consequence of my interest in these areas and the important role that the President played in Congress before he became Vice President, I had the opportunity to meet him and therefore [had] an opportunity to talk with him about some of these matters. So I got to know him when he was a Congressman, and from time to time I'd go see him to see if I could get him to help us steer some of these bills through. He was extremely gracious and understanding and certainly treated me very kindly. I was especially moved by his seeming interest in health, you see. I think that some people, you know, have the idea that his interest in health occurred only later. But actually he had a longstanding interest in health, and I think a very good basic understanding of the importance of health to our people and the desire to provide it.

DeBAKEY -- I -- 6

M: Well, this would seem to be a significant point, since there is the opinion that Lyndon Johnson was mainly a political tactician with interest in getting bills through rather than having any deep feelings about the substance of the bills themselves.

D: No, no. I always had the distinct impression that he had a real feeling for . . . . In fact, I think [he] has a sense of humanitarianism in him in this regard. He understood the needs of people in terms of their health needs. He recognized that a large segment of the population was not getting good health care, that it was not being delivered to them, that they were not in a position to get it. And I can recall so well my experience with him on the Medicare. I had previously become chairman of a special ad hoc committee in the National Democratic Party for advising the Platform Committee on the health program. This was quite a distinguished committee of lay and medical people.

M: This was in 1964?

D: No. This goes back to, I think, 1960.

M: That early?

D: Yes.

M: Was it when Kennedy became President?

D: Yes. It was after he became . . . . Well, it was before that, you see.

M: Before that?

D: Yes. We came out strongly for Medicare. And then when Kennedy became President, of course Mr. Johnson was Vice President, well we

DeBAKEY -- I -- 7

tried to work very closely with them, those of us who had come out so strongly for Medicare, to try to move this bill. There was great opposition at that time in the medical profession. So, we rather stood alone, some of us, and were targets for their attacks. I recall so well an occasion when President Kennedy was anxious to have a group of medical people come and stand with him on a television presentation he was going to make to the people about Medicare. I was asked to help get some medical people to come there, and I was amazed to see how few we could get to stand up, even though some of them were for it.

However, as you know, President Kennedy failed to move this bill through Congress. But Mr. Johnson did move it through, and I'm sure that he moved it through because of his strong feeling about the need. That is not to say that President Kennedy did not have the same feeling, because I think he did, but I always had the impression that President Johnson had a much stronger emotional, sort of gut reaction to this matter than President Kennedy. Of course, I think that President Johnson was definitely a better sort of political strategist and tactician in achieving the goal of, let's say, getting a bill through than President Kennedy.

M: How did Johnson win the hearts, or at least the assent, of the medical profession for Medicare? Do you have any insight on that?

D: Well, I would say that he didn't really ever win them. I think that he finally persuaded them that it was necessary for them to accept this, and therefore to work with the Administration to develop a

DeBAKEY -- I -- 8

bill that was the best bill that they felt, as well as the government felt, would get through. But I think that from a political, sort of tactical standpoint, what Mr. Johnson did was to get enough support in Congress to be sure that he was going to get this bill through, and then to persuade the medical people that they were fighting a losing battle to block this; therefore, they ought to come on in and help write the bill, you see. This is what really forced them to do it, because they never did really accept it.

M: Did you play any role in the passage of the Medicare Bill?

D: Well, I testified, yes, and I worked to support it. I gave talks about it. I went to see congressmen about it. Sure, I did as much lobbying as I could.

M: Of course now, by this time, you're in Houston.

D: Yes. I had moved to Houston in 1949, when I was asked to come here to be the chairman of the Department of Surgery in Baylor College of Medicine. So I had moved to Houston by that time, yes.

M: Again, for the sake of the record, you have been based here ever since, have you not?

D: Yes. That's correct.

M: And later becoming Surgeon Chief at Ben Taub?

D: Yes.

M: Is that correct?

D: Yes. That's correct.

M: And President of Baylor, of course, recently.



DeBAKEY -- I -- 9

D: Well, recently I became President of the College. That's right. When the College separated itself from the University, and therefore from its Baptist affiliation, and became an independent corporation and [got] a new Board of Trustees. That's right.

M: Well, now, working here in Houston with all of your multi-faceted medical duties, how did you have time to go to Washington and do this other lobbying and that sort of thing?

D: Well, I simply took the time. It's always a matter of priority of time for anyone who has a number of activities. It's just a question of where you put your priority in use of your time. I put a high priority on these matters that concerned the medical profession and that affected the health of our people, to give time to it in Washington, to work with the Administration and with congressmen in pushing ahead on these matters, and particularly in getting money for the programs. Because it's all very well and good to talk about the passage of a bill or getting enabling legislation for a program, but it's of no use at all unless you can get money to implement them. This has always been, I would say, the biggest problem of all.

I think that as far as health legislation is concerned, Mr. Johnson has done more in this regard than certainly any other President in our government. He passed more bills and more enabling legislation and more programs, so I think there can be no question of his interest in this area. And you see, I think the evidence would clearly indicate this was not a political stratagem as far as he was concerned. Because you don't get

DeBAKEY -- I -- 10

much, let's say political mileage, from the passage of these various kinds of political, legislative programs. There just are not that many votes in that area, you see. And secondly, you get no political mileage from the medical profession. They're generally opposed to these things, and their history, certainly in the recent past, has been to support the Republican political area rather than the Democratic.

M: You might be in a position to give some insight into why the medical profession is that way.

D: Well, I think this is a curious phenomenon in many respects, because I think generally speaking the individual physician is not that way. But when you get physicians organized, then there comes to the forefront in the organization those members of the profession who might be called the militant political members, and they're generally the radicals, you know. They're at the end of the spectrum, and since the medical profession would very unlikely have any of the left end of the spectrum you see, they're mostly in the middle of the spectrum, then the militant, radical group is going to be at the right end of the spectrum. They tend to give time and effort and to be highly vocal about their position and to, in a sense, achieve a certain political leadership. And I think this is what does it. I think that the great mass of physicians who are in practice are so busy and so involved in their practice they tend to let somebody else fool with the organization and the administration and the political area. This by default goes to the people who want to give it time, and

DeBAKEY -- I -- 11

they're the militants, you see?

M: I see.

D: This is one of the reasons that you have this sort of conservative appearance, and also conservative attitude, on the part of organized medicine. You take, for example, almost any state or county medical society; it's difficult to get a meeting where you'll have a majority of the doctors in that area. In fact, only a small minority will come to these meetings. But at the professional meetings, let's say, specialty societies, the doctors go, because they're interested in the professional activities and their own education and so on.

M: Then, for political purposes, if you want to reach the medical profession, you should go to the professional meetings. Is that right?

D: Well, the trouble is that they tend to avoid any political aspects in the professional meetings. That is, the professional scientific meetings will tend to not consider any political aspects.

M: Well, then, if you are trying to persuade your colleagues to accept Medicare, where would you contact them?

D: I would contact the better professional scientific leaders.

M: This would be on a personal basis?

D: Yes, and that's what I did, although I did try and talk to various groups, professional groups.

M: Did you happen to work with Wilbur Cohen any on Medicare?

D: Oh, yes. Yes, I did. I got to know Wilbur Cohen very well. He's a very able, dedicated man, who I think has done much to improve the health care of the people of this country. [He] contributed

DeBAKEY -- I -- 12

greatly to the program. I did have the opportunity to work with him very closely.

M: After Lyndon Johnson became President, did you have any contact with him?

D: Oh, yes.

M: What was your initial . . . ?

D: Well, I had contact with him. I suppose the main and perhaps major contact came about through his appointing me Chairman of the Commission on Heart Disease, Cancer and Stroke.

M: That's a Special Presidential Commission?

D: Yes. This was, I think, a very important landmark in health legislation.

M: Can you tell me the details about how that came about?

D: Well, there had been previously a Heart and Cancer Committee that had been established by President Kennedy. And of course, this had come about, to a large extent, through the recommendations of the Platform Committee, members of the Health Committee that advised the Platform Committee of the National Democratic Party. One of the things they suggested was the need for a special study of heart disease and cancer, and such a committee was established by President Kennedy when he became President.

And it is of interest [that] we made a special report to the President, and unfortunately the day that we did this was the day of the Bay of Pigs. So we sat around the White House and never did see the President. We were finally told that he was just too busy

DeBAKEY -- I -- 13

with this very urgent matter. So we left our report. We never heard anything more from the White House about it, and it was never implemented, and nothing was ever done. So when Mr. Johnson became President we revived our efforts to do something about this.

M: How did you do that?

D: Well, various friends of the President, citizens, and some of the congressmen suggested to the President that the best way to do this would be to establish a commission, a Presidential commission, and to get distinguished people on it. He accepted this idea quite enthusiastically.

M: Do you remember anybody in particular who suggested this to the President?

D: Well, I would say that probably the one person who did more to push this idea, to initiate and push this idea, was Mrs. Albert Lasker. I worked very closely with her as one person who had gotten to know her well through working on her jury, and of course having also at one time received the Lasker Award for Clinical Research.

M: Now, let me clear up a point. When you say, "working on her jury," what do you mean?

D: Well, she supports through a foundation the Lasker Awards, and they have these juries that select the candidates to win the awards.

M: She is a good friend of the President's, you know, a personal friend.

D: She is a very good personal friend. She was also a good friend of

DeBAKEY -- I -- 14

the Kennedys. She was largely responsible for the recommendation in the National Democratic Platform.

M: I see.

D: And [she] was a member at one time, I've forgotten which time, of the Special Ad Hoc Committee.

M: I see.

D: Then when President Johnson became the President, we renewed our efforts to revive this idea which had really been one of the commitments that the Democratic Party had made and accepted. So Mr. Johnson, instead of just setting up a committee, accepted the idea that it would be far more effective if it were established as a Presidential commission, which I thought was again evidence of his recognition of its importance, the health matter, and, secondly, of his own political astuteness. Because this gave it image and visibility, and the report became a rather important report, and from this some legislation came about.

M: Right. Now, how did they go about picking you as Chairman? How were you notified?

D: I was called and notified through one of the presidential aides.

M: This is Doug Cater?

D: No, it wasn't. I think it was Mr. Feldman, Mike Feldman, because he was a person that I worked with closely throughout the work of the Commission.

M: I see.

D: He had been one of President Kennedy's aides, and then he stayed on

DeBAKEY -- I -- 15

in the White House to become one of President Johnson's aides.

M: What did he do, call you up and ask you?

D: Yes. He called me on the phone and he [said] that the President has asked him to call me and ask me if I would be willing to serve as the Chairman of this Commission. Of course, I was highly honored.

M: Did you ever find out why you were selected?

D: No. I don't know why I was selected. I'm sure that the President was advised by a number of different people. You know, a number of people must have advised him that knew me. And, of course, he knew me. In any case, I'm convinced that he made the selection himself. Because he called me in, when we first met, to talk to me about this and to give me my charge. Then we went together to meet the Commissioners at the first meeting, and he talked to them. He has a very effective way of discussing matters with individuals or with groups and persuading them, so to speak, to work for him. He has a very effective way of inspiring and stimulating people to work towards a problem.

M: Well, now, maybe you can give me a specific example of that in your own case, when he called you in at the meeting.

D: Yes. When he called me into his office and gave me a . . . .

M: Was this shortly after they called you?

D: Yes.

M: Did you fly up to Washington?

D: I flew to Washington, and a rather interesting thing happened. I was waiting to see the President, and Jack Valenti was in the

DeBAKEY -- I -- 16

office with me and said, "The President's on the phone right now. If you'll just wait a moment he'll be ready to see you." And about that time I got an urgent long-distance call from New York. Jack Valenti came in, and he said, "There's a long-distance call here that I think you better take. It's from a doctor in New York, and it's about the Duke of Windsor." So I went to another room and answered the call and talked to the doctor, who told me that the Duke of Windsor had an aneurism of the aorta and that he wanted to have him come immediately to Houston for me to operate on him. Well, in the meantime, while I was on this call, the President finished his call. The Jack Valenti said [to the President], "He's on the telephone. I'll get him right away." So that's how the story, I think, got out that I made the President wait on me while I was on the phone.

Well, then I went in to see him, and of course, he was very gracious, as he always is when he meets you individually. He told me what he'd like to have us do. He thought that there was a need to do a good study of this problem. He knew that I knew more about what we ought to study, but he said, "The important thing is to come up with recommendations that will improve our capability of dealing with the problem of heart disease, cancer and stroke and provide the people of this country with better means of attacking these problems." These were large areas, large problems, you know.

M: Did he emphasize at all the political practicality of such



DeBAKEY -- I -- 17

suggestions, or did he say, "You give us the best ideas you can get"?

D: No. He never did that. I don't think he had any of that sort of, let's say goal, in mind. His primary interest was to see what we could come up with that would advance our ability and our capability of dealing with these problems. In other words, what did it take to do this? And what should be done about it? How are we going to improve our ability to deal with these very severe, serious problems that have caused so much death and so much disability and so much suffering? You could see he felt this, you know. He made you feel that he felt this, and he hoped that we would feel the urgency and the importance of this.

Then he said, "Now, how long do you need to study this?" And I said, "Well, Mr. President, it's difficult to say. But I would say an important, major study of this kind may take well over a year." He said, "We don't have much time." And I said, "We'll certainly do the best we can." He said, "Well, I am very anxious to have this in order to incorporate it in my State of the Union Message." This was in April or May, something like that, I've forgotten the exact date, and he wanted us to try to give him a report by October.

M: This is '64, isn't it?

D: Yes.

M: He wants the report for that '65 Union Message.

D: Yes. That's right. I realized we were under great pressure. But as I say, he has that ability to make you work.

DeBAKEY -- I -- 18

M: Did you agree to try to do this?

D: I agreed to try to do it, and then I realized that I had really taken on a pretty big burden. This meant that I was going to have to give up a great deal of my activities locally and spend a great time in Washington, which of course I did. We were fortunate in being able to mobilize some good staff people. Mr. Feldman, who the President assigned to work with us, was most helpful in getting us the resources we needed to do the job. We were also fortunate in having a group of dedicated Commissioners, very able, both lay people and medical people, experts.

M: Were the Commissioners selected by you or were they selected . . . ?

D: No. They were selected by the President and by his aides, although we did make some suggestions. I was asked to make some suggestions, which I did. And I'm sure others were asked to make suggestions. So that they were selected, however, by the President and his staff.

M: Well, now, you mentioned that you met and talked with the President in his office. And then you went out to meet the other Commissioners, or another group, or what?

D: Yes. Then he and I went out together and met all the Commissioners, and then he talked to them. He gave them the charge and really sort of inspired them. It was a very inspiring talk, just off the cuff, the way he's able to do it in a small group.

M: Did he say essentially the same thing that . . . ?

D: Yes, essentially the same thing he said to me, although he elaborated on it a little bit more.

DeBAKEY -- I -- 19

M: Apparently, from what I've been told, the President is very persuasive in meetings like that.

D: Yes, very. He really has a much different image, I would say, when you are in small groups with him than he has on television when he's giving a speech. He's not only much more persuasive, but actually gives you a more informal, kind of intimate relationship. I've seen him on television, of course, on many occasions when he was making a public speech, and it's never been, in my experience, as effective. In other words, he didn't come through the television the way he comes through to you when he's in front of you personally talking to you.

M: All right. Now you've met the President. You have met your other fellow Commissioners. He's charged you with your duties. You have Mr. Feldman to work with. Then what?

D: Well, then we went to work, and as I say, we were fortunate in getting a good staff. We had good cooperation.

M: Did you have offices there?

D: Yes.

M: Is that in the Executive Office Building?

D: In the Executive Office Building, that's right. We were also fortunate in getting very good cooperation from the various components of the executive branch of the government that relate to medicine, particularly the National Institutes of Health.

M: How did you organize this Commission?

D: We organized, first, the Commissioners into a heart disease section,

DeBAKEY -- I -- 20

a cancer section and a stroke section, and these were headed by physicians who were experts in the field who happened to be the Commissioners also. And then we gave each one of those groups a staff, some staff people, which were loaned to us mostly from the NIH and the Public Health Service. Then we also established some other subcommittees, like education, some of the economics aspects of the program, and a research subcommittee. We obtained consultation from many groups of people who were experts in these various fields. They came and worked with us, not just testified, but worked. We got testimony also from many groups and from many organizations, like the Heart Association and the American Medical Association and the College of Cardiology, and so on. Once we had all the facts that we could collect, well, then we sifted these, analyzed and reviewed them, and drew certain conclusions.

M: And then wrote your final report?

D: And wrote the final report.

M: What do you consider the most significant part of that report?

D: I would say that probably the most innovative aspect of the report was the development of the regional medical programs. Now, I was looking at the clock, and if you'll excuse me just a minute I've got to make a call before ten-thirty and I'll be right back.  
(Interruption).

M: You were talking about the report and you mentioned that one of the most significant . . .

D: Now, I would say the most innovative aspect is the regional medical

DeBAKEY -- I -- 21

programs, perhaps the one that has the greatest significance, and the establishment of centers.

M: These are the regional?

D: Yes. Well, this led to--

M: What's so important about that?

D: I would say that the main importance lies in the fact that it is a means, or a kind of a mechanism, by which the latest knowledge and developments from research in these areas can be brought to the people more rapidly. So there isn't a backlog and delay in getting out the knowledge being applied directly to the people, the patients, who have these problems. In order to implement this regional medical program concept, it was necessary to have legislation, because the existing legislation would not have permitted the use of money for this purpose, you see. So that's why the regional medical program bill has to be developed, written and established. Now, when the concept first came out in the report there was a great deal of opposition to it, again on the part of the medical profession.

M: Let me ask you one point about this. Did that idea come out of two or three people in the committee, or one person, or one group? Where did it come from?

D: Well, I would say it came out of sort of discussions among different people, but that it stemmed from the findings, to a certain extent. I would say that as Chairman I was able to kind of lead the way for these ideas that began to become crystalized, and to develop

DeBAKEY -- I -- 22

them and finally to put them in a way that was acceptable to the whole Commission so we got complete unanimity on the part of the Commission. So I think I had the advantage as Chairman, so to speak, to initiate and push the concept. That is not to say that I want to take full credit for the concept. Don't misunderstand me. But I did have, in a sense, the opportunity and the responsibility. And I have been credited by most of the people with [being] sort of the architect of the program.

M: Now you mentioned that you found resistance to this.

D: Oh yes, there was a great deal of resistance to the concept on the part of the medical profession, because there was a great deal of misunderstanding. Their first reading of the report led them, and I'm sure that this is because they are sensitive to the concept of a social medicine, socialized medicine, to feel that this was a program the federal government was going to run. So I had to do a great deal of cross-country traveling; meeting with groups of the medical profession of various kinds, state medical organizations and so on, trying to explain the program, trying to get them to understand it, trying to get them to realize that this was a voluntary program, that the government was not going to impose anything, and so on. We finally over a period of time were able to persuade some of the leaders of the medical profession and, secondly, persuade our congressmen. Because many of the congressmen were pressed pretty hard by their own constituents in the medical profession.

DeBAKEY -- I -- 23

I recall so well going, and I did of course a great deal of lobbying with the Congress at that time, to see one of the congressmen from Kentucky who is a physician and practitioner of medicine in a rather small town, has a little clinic. He's a Republican, and he was a member of the Committee, or of the Staggers Committee, through which this bill had to go. Now we were, of course, trying to win various congressmen on the Committee to vote for this bill. So I spent some time with him. He was very kind and gracious to me, and he told me very frankly that the AMA representatives had been to see him and had strongly opposed the bill and so on. Well, by the time we got through the discussion and he began to understand this, he then became a proponent for the bill. He then tried to persuade the AMA to go along with this bill, and he was one of the strong proponents on the Committee.

M: Who was this? What was his name?

D: Dr. Tim Lee Carter. He was a very fine, dedicated man.

M: Did you speak to the AMA, too?

D: Oh, yes. I spoke to the various groups and tried to persuade some of the leaders in the AMA to go along with this. Of course, I know many of them quite well. This year the AMA gave me their highest honor, the Distinguished Service Medal. And I've known them, and

DeBAKEY -- I -- 24

I've worked with the AMA, even though I oppose some of their policies. But they know where I stand, and they know I'm honest about my own convictions in this regard.

Well, we got the bill passed. But before we get to that point I think it might be of interest to go back a moment to the point at which we had completed the report. Because the President in the meantime was getting very anxious about having this report and having an opportunity to put it in his State of the Union message.

M: Is this October now?

D: Yes, and we were getting along and being pressed pretty hard to get it in final form. I was spending a great deal of time. When we finally got the report completed, then Mr. Feldman made an appointment with the President for me to go in to see him and give him a preliminary verbal report of the conclusions. He was very gracious, and he expressed great appreciation for our efforts and then asked me what essentially were our findings. I told him very briefly, and then he said, "Well, now, what is this going to cost us? And I told him what it was going to cost, I've forgotten the exact figures now, but they were in the report. He said, "My goodness, we just don't have that kind of money!" And I said, "Mr. President, it's not necessary to have all that money at once. We've got to build this program up. It's going to take time, and we don't need all that money to start with. But we're going to ultimately need that much money or more. This is a very important area," and so on.



DeBAKEY -- I -- 25

But he was a realist, you see. He realized that he might have difficulty getting this through Congress if it's going to cost too much. If they see a bill that's going to cost them a billion dollars, they are going to be a lot more reluctant to accept it than if they see one that's going to cost them, say, ten million dollars. This I'm sure was what he was thinking of. But he was a very strong proponent of this, and I'm sure that the only reason that we got this through was because he was himself dedicated to getting it through and worked hard to get it through. He made us work, and he put all of his most important legislative aides to pushing it in Congress. So I had to work with several of his legislative aides, met with them on strategy and going to see congressmen and so on. There was Mr. Larry O'Neill, I guess it was. Isn't that his name?

M: O'Brien?

D: O'Brien, I mean. Then there was Mr. Dungan and, of course, Mr. Feldman, and later, Douglass Cater. He had them all working for us. So I had to work very closely with them to get it through, because he was very eager to see that this bill was passed.

M: Were you satisfied with the work of the White House staff? Did they cooperate with you?

D: Oh, yes. Oh, they were dedicated people. They were wonderful people. He had truly wonderful aides, dedicated hard workers, extremely intelligent, and I was tremendously impressed with those people.

M: Who was it in Congress that gave you the most aid?

DeBAKEY -- I -- 26

D: Well, I think Senator Hill perhaps gave us the most aid because he had the power and the following in the Senate, and in Congress generally, and he was so highly respected. So I would say that he gave us a tremendous amount of aid. But I must say that Staggers, the Congressman to which the bill went in the House, also gave us a lot of aid and gave leadership to it. But we had support from Mr. Fogarty and from others, you see, in the Congress, who had been health leaders for many years.

M: Were you on hand when the bill finally passed and got signed?

D: Yes. Oh, absolutely. I was on hand when the President signed the bill and made a beautiful little talk and passed out the pens. I have one of the pens. It was a very happy occasion.

M: Yes.

D: And then from then on we worked on other legislative matters, and I tried to help the President in a number of other different ways and to urge him on. Of course, he got many other and more urgent problems, but he never lost his effort and his interest and his concern with health legislative matters. As I say, in the final analysis he was able to get through more health legislation than any other President. In fact, more than all the others combined. So it was a very gratifying experience.

M: Did he ever express to you his motivation for this? Ever say, "I want this health legislation because . . ."

D: Oh, yes. He not only expressed it to me, he's expressed it publicly, and he's expressed it in groups.

DeBAKEY -- I -- 27

M: What was his motivation in this?

D: I would say he has both a personal motivation and, secondly, a deep compassionate feeling for people, and particularly for suffering humanity. I'm sure this comes, to some extent, from his own background, where he grew up in circumstances which led him to see and feel and experience some of the poor people's inability to get good health care. Now, of course, he knew what good health care was. He had received very high quality health care, and he knew how important this was. He wanted to see if he could find ways and means of getting this to all the people, or as many people as you could possibly do so, realistically. So he was strongly for all of this. I would say that the only difficulty the President had in achieving these goals was in the area of funding. And this of course stems from the limitations on the funding and finally the pressures that were brought to bear for funding in other areas, other social areas and military areas and so on.

M: In your lobbying activity was the argument thrown up to you that, "We need this money for Vietnam, and therefore we can't fund such a program"? Was that a factor at all?

D: Well, I'm sure it was a factor, but it was never put that way. I'm convinced it's a factor, but, you see, the funding must come through Congress. Congress is responsible for the funding although the Administration may propose the funding. Now I was always trying to push the Administration to propose more funding, but in a sense I suppose this has to be balanced in the Administration's

DeBAKEY -- I -- 28

mind against the realities of being able to get Congress to go along with the funding they are requesting. There are always the pressures from Congress to cut the budget and the pressures from the Bureau of the Budget to cut the budget. And, of course, these balances in our government are important, I think. I recognize this.

I remember in my early experience with the Hoover Commission we were trying to find ways and means by which we could get better coordination and a better mechanism for coordinating the various activities of the different branches of the executive branch of the government relating to medical service. We thought possibly the Bureau of the Budget might be the place, because legally their legislation would provide them a basis for doing it. However, historically their interests have been concerned with maintaining sort of the limits on the budget and holding down the budget, and therefore we finally came to the conclusion that the Bureau of the Budget was not the best place to do this.

Now, I think, philosophically, this is good. I mean these balances. You need force and counterforce in these areas, and of course at one time, at least on one occasion, I think I displeased the President because I made a strong effort in Congress to increase the budget over the Administration request and put a great deal of pressure. I'm not sure; I had the impression I displeased him from one of the aides.

M: He never said anything to you?

D: Oh, he never said anything to me personally. But I made it clear

DeBAKEY -- I -- 29

that I realized that I was lobbying for more money over the Administration request. It was not that I thought that I had a better knowledge of the overall budget, but that I was lobbying for what I thought were the needs in health. In the final analysis this is the way our government is set up, you see. In other words, philosophically our government is set up to respond to pressures for needs. I was merely playing the game in the political arena the way everyone plays it who is concerned with these matters, and indeed the way the President plays it. So I was not doing anything that the President was not doing or any other person who is, let's say, dedicated to these goals. These were not selfish interests. The President certainly had no selfish interests, nor have I.

It's that we were working towards these goals, and in his opinion, I'm saying his not personally, but the Administration, the budget that they set up was the best budget that they could achieve. In my opinion it was not, in terms of the health needs. So that philosophically I think it's important to recognize the way the government works, the way our government works, and therefore to work with it. And lobbying is a part of the way we work, you see. So you have these forces and counterforces, balances and counterbalances, and you try to put your force, your effort, your leverage in where you think it's needed. That's what we were doing.

M: You were seemingly in a somewhat unique position. You were representing the Administration in, say, the regional medical program

DeBAKEY -- I -- 30

and lobbying for it, and yet you were not hired by the White House.

D: No.

M: And in that nature you were . . . .

D: No. As long as I'm a private citizen, am not hired by the White House or by the Administration, as long as I'm not an employee of the Administration, I'm a free agent in terms of what I consider as a private citizen. As long as I was working in the development of the report, then I couldn't say anything outside. But once we made our report and we were discharged, then I became a private citizen, to work on it in any way I saw fit.

M: Now, do you see this kind of operation, bringing in outside people like yourself to develop a report, to develop a program and then to lobby, as an efficient way of getting legislation?

D: No, I don't. The most efficient way is probably not a democratic way. The most efficient way is for the government to establish in its own, let's say administration, full-time individuals to work on these things. But I'm not sure this is the best way to achieve the goals for the people; and secondly, in terms of our own political system of government, I'm not sure that is the best way either. I believe that having these kinds of private citizens from time to time come in and take a fresh look at a program and give a report, along with working with the government, with the staff people and so on, while it may not be the most efficient way, I think that it could possibly be a very effective way.

M: This is a good way of getting new ideas.

DeBAKEY -- I -- 31

D: Yes. Very definitely.

M: Rather than, say, its coming up through the bureaucracy.

D: Yes, very definitely. You see, it's very difficult, I think, within a bureaucracy of any kind, whether it's a bureaucracy of a private organization, private industry or anything else . . . . In other words, I think as time goes on a bureaucracy becomes more and more rigid, and more and more fixed, and possibly more and more mediocre, because your brilliant minds refuse to fit themselves into a bureaucracy. Yet you need those minds, the people who divert from the middle road, so to speak.

M: From your point of view as the outsider doing this, were you frustrated by the experience, or was it satisfying to you?

D: No. No, it was very satisfying to me. It was frustrating only in the sense that you wanted to get on with the job, and yet you needed to coordinate it. When you have to coordinate anything with a large number of people [it is frustrating], and the larger the more frustrating because you've got to educate them and orient them and persuade them and that sort of thing. That's the inefficiency really.

M: But to you personally it was worthwhile?

D: Oh, yes, very, very worthwhile; very satisfying. And I think we achieved a major breakthrough in one form of delivery of health care.

M: And without this approach . . . ?

D: I think this is evidenced by the increasing enthusiasm of the

DeBAKEY -- I -- 32

medical profession for this program.

M: Then would you say that this regional medical program has worked out as you wished it to?

D: I would say that it has worked out only partially as I would like to have done it. Two things I think have held it back. One is the funding and the inability to use funds for certain purposes like construction. The other has been the time it has taken to orient and educate the medical profession. This has slowed it down considerably, but otherwise I am very gratified with it.

M: Did you become involved in any other major health legislation in the way you did with this Commission?

D: Well, not in this way. I became involved in a number of others. I touched upon them, but, you see, in this one I was almost full time involved. I was the architect for it and so on. But I continued to be interested in other health legislation and, in a sense, to get an input into them, and to work with some of the Presidential aides on some of them and to lobby for them.

M: Did you ever get involved in the campaigns, the political campaigns of Lyndon Johnson?

D: Only partially, to the extent that I contributed personally to the Democratic Party. But I've done this before, not just to Johnson. And secondly, to make a statement about the health of the President to counteract, really, some statements that have been made about his health.

M: Was this a specific incident?



DeBAKEY -- I -- 33

D: Yes. There was a statement made which in a sense politically jeopardized him on the basis of what was said about his heart conditions, and I made a statement about that type of heart condition.

M: Oh, I see.

D: Not specifically about the President, except that it touched upon the statement that had been made by the President.

M: Was this in the '64 campaign?

D: Yes, and, of course, I came out for him. But I didn't go out and do a lot of political speeches or anything like that.

M: Does this impress you with the political significance of the health of the candidate? It always seems in American history that the health of a candidate must be proven good.

D: Yes. Yes, I think so, very definitely.

M: And so you made a counterbalancing statement to that effect.

D: That's right, exactly.

M: Did you have much contact with Mrs. Johnson?

D: Yes. Quite a bit at the White House, social functions of the various kinds to which I was invited. And, of course, I am a great admirer of Mrs. Johnson. I was before, and became even a greater admirer when she was the First Lady. [She is] an extremely gracious, charming person, who again in smaller groups makes a much more impressive impression on individuals. She has a charm that is very natural and very attractive, and you can't help but be impressed with her intelligence. [She is] an extremely intelligent lady.

DeBAKEY -- I -- 34

- M: I've been told that if you really wanted to know how the Johnson Administration worked you should talk to some of the women. Among the women mentioned were Mrs. Johnson and Mary Lasker.
- D: Oh, yes, very definitely.
- M: Does this make sense to you?
- D: Oh, yes. I think you have to talk to both of them. They're both extremely intelligent and dedicated people. You quickly get this sense of dedication.
- M: Well, the point was that these women had persuasive influence on the President--
- D: That's right. Now, I'm sure they did.
- M: --that men would not have.
- D: That's right. I don't think there's any doubt about it. They had on me. Yes, they were.. Whenever Mrs. Lasker would call me to ask me to do certain things, I would drop what I was doing to do it. That's how persuasive they were.
- M: Now, let me wind this up with an open-ended question. We've been talking about an hour and a half now.
- D: Yes, I think . . . .
- M: Is there any other area that I should ask you about, say, the next time, or anything else we didn't get into?
- D: Yes, there are. What I'd like to do now is to get in touch with you again after I have had an opportunity to sort of organize the papers I'm collecting and review certain aspects of it. I'll jot down some notes, and then I'll be in touch with you. We'll

DeBAKEY -- I -- 35

have another session when it's convenient for you to come.

M: Good. Well, thank you for your time.

D: Yes. Fine.

[End of Tape 1 of 1 and Interview I]

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