

INTERVIEW VI

DATE: October 31, 1995
INTERVIEWEE: J. WILLIS HURST
INTERVIEWER: Ted Gittinger
PLACE: LBJ Library, Austin, Texas

Tape 1 of 1, Side 1

G: You want to start with--

H: New Orleans.

G: --with New Orleans. All right, sir, go ahead. He called you there on--I have it as the twenty-seventh of February.

H: Twenty-seventh. In February, the twenty-seventh of February 1970, I was in New Orleans at a medical meeting, the College of Cardiology, I believe, and received two calls from the former President. One was at 10:44 p.m. and the other one 11:30 p.m. And he wanted me to come to the Ranch in Texas, and as I recall it he had been having a few symptoms that worried him a little bit, and I concluded that he perhaps had episodes of angina, angina being a term we use for chest discomfort produced by coronary artery disease, but it is not the same term that applies--not the same phenomenon that occurs when someone has a heart attack. It's the same disease but not as severe as a heart attack.

We remained at the Ranch just two days, I suppose. [We] arrived on the twenty-eighth of February and left on the third of March, so we stayed several days.

G: Well, my record shows--the way I have these dates is a little confusing; they are computerized dates, is why they are that way. I have it on the first of March you seem to have gone. It's not clear from the diary just when you had left. But it looks like by the first you had gone and that would be--

Hurst -- VI -- 2

H: One day.

G: That would just be one day.

H: Well, that really was my recollection.

G: So you satisfied yourself that what he was suffering was angina.

H: It was angina, but at that point Dr. North and the others that were treating him there were doing all that was known to do at that point in time.

G: Right.

H: And after that he apparently continued to have some discomfort and was admitted to Brooke [Army Medical Center] hospital, which was appropriate. And he gradually had less discomfort and by several days and weeks later he was involved in a number of activities, apparently without discomfort. He did go into the Brooke hospital for viral pneumonia on the fifteenth of January 1971, but I was not involved with that particular episode. He later went through the vigorous activities of dedication of the LBJ Library and attended football games.

G: Did you come to the dedication?

H: Yes, I was here at the dedication.

G: Can you recall any impressions you had at that time?

H: He seemed as active as ever. President Nixon was here. And I do recall one comment President Johnson made. Referring to the manuscripts in the Library, he said, "It's all

Hurst -- VI -- 3

there with the bark off," implying that he wanted it all in there, anything that was ever said about him, anything of any sort and he was prepared to have it placed in the Library.

The next time I was involved medically was the twenty-third of March 1972.

G: Excuse me, Doctor, I note that on the ninth of October the archives reported that he was keeping oxygen at his bedside. Had that been going on for a long time, do you know?

H: I don't have that.

G: That's the second from the bottom.

H: I'm trying to think about that. I don't think I ordered that. It couldn't--I don't recall personally ordering that nor do I remember seeing it. But I suspect the report here is accurate. And it may well be that he felt better or more secure with it there. At times that I had seen him there was no particular indication for it. But a lot of people back then would feel that any difficulty they were having, perhaps they might be better with some oxygen. But I don't recall the details of that.

G: Okay.

H: And the next time I was intimately involved was the twenty-third of March, 1972. He and Lady Bird were visiting Lynda and Chuck Robb in Charlottesville. Johnson had severe chest pains at that point and Mrs. Johnson called me. I of course went to the hospital in Charlottesville, University of Virginia, where Dr. Crampton was attending the President. I slept in a little small area in the coronary care unit that first night. He actually had a very severe attack this time with the damage in the front of the heart, an extensive area of damage. The previous attack that he had back in 1955 was on the undersurface and extended out to what we call the lateral surface. This one was in the front, and diagnostically that certainly implies that several coronary arteries were severely obstructed, and regrettably it meant also that the chance of permanent significant

Hurst -- VI -- 4

muscle damage was more likely because of the two attacks and the last one being anteriorly, in front.

I stayed there two or three days and things were going well, went back to Atlanta, then went back to Charlottesville. And at this point he was very eager to go to Texas, to the Brooke hospital. It was basically earlier than we usually moved patients, and I negotiated to the best of my ability and suggested that that was not a wise thing to do. But he insisted on doing that.

G: What were his reasons?

H: I think, once again, he would be getting closer to home. I think he was always more comfortable at the Ranch and anything close to the Ranch, would be my impression as to why he wanted do that. So, knowing that he was going to do that, my job then was to be sure he was moved with the maximum safety. And so we, Dr. Crampton and I, organized a mobile coronary care unit, so to speak. In other words, we could monitor him every inch of the way, every minute of the time; we had all the equipment that we had in the coronary care unit, and basically with the two of us there with all the equipment we needed, we felt relatively safe having him transported, though we would rather he wouldn't move.

He having made his decision, I felt my job was to make this as safe as we could. So Dr. Crampton and I flew with him, he had no difficulty on the trip, and he was admitted to Brooke. Dr. Crampton returned to Charlottesville. I stayed on a few days, and then returned to Atlanta. And then I got a call from Dr. North on the seventeenth of April. He was having a lot of irregularity of the heartbeat, and so I flew back down and made all the suggestions I could. Dr. North was in complete command of the situation, knew what was going on. We talked about it and came up with the best plan we could with the drugs that we had available in 1972. And he continued to convalesce at Brooke.

At that point I was president of the American Heart Association, and because of that and because I was involved in the care of President Johnson I was asked to be on "Meet the Press," along with Ted Cooper, who was then in charge of--director of the

Hurst -- VI -- 5

National Heart, Lung, and Blood Institute. And so we did that, and I recall asking Johnson if there was anything in particular that he wanted expressed on "Meet the Press," with Mr. [Lawrence] Spivak, who was in charge then. Spivak was an excellent person. And what he said was, well, that he came out of the people and that people generally have heart attacks and have problems of that sort and he's no exception. He was trying to identify with the fact that he's one of a large number of people. And I can't recall whether I was able to get that point in on the program or not. But I did ask him for his advice about what I could say about him on the program.

G: Was he pleased with your going on the program?

H: Oh yes, no problem about that. And then, following that, he gradually recuperated and the concern came then by May, something like May, where he was beginning to have more shortness of breath and congestion related to the heart attacks. In other words, he had had two heart attacks, and they were sort of on both sides of the heart, so to speak; the first one being underneath and to the side, and the last one being in front. And of course this leads to scarring of the muscle, and it means that you remove a certain amount of muscle power when you develop these scars that replace the heart cells. So he developed congestion then and that required medication.

And then he later, as I understand it--I didn't see him at this time, but a couple of months later I think he had some additional chest discomfort and he went into Brooke hospital then, and the doctors there at the time, as I recall, felt it was angina pectoris. Brief episodes, but not quite heart attacks. And in the meantime, though I don't have the dates on this, he participated in a symposium, I think, here at the Library.

G: Yes, I think it was that winter.

H: Yes, and one of his last appearances was that he got up and calmed the troubled waters of whatever was happening at the meeting that he felt could be done in a calmer way.

Hurst -- VI -- 6

G: Some observers there remarked on the fact that he seemed to be popping pills while he was on the podium.

H: That was the word that came, that he was using nitroglycerin and so forth. Which would not surprise me at all, that he--under any stress or extra activity, that he might need some nitroglycerin. But then he continued and I think even became more active, including playing golf and doing a number of things of that sort. And then [he] died suddenly on the twenty-second of January, 1973.

G: I note that Jack Anderson in September wrote an article saying, "LBJ is calmly getting his affairs in order for his early demise." Did LBJ talk to you in those tones?

H: Well, the only hint that I remember like that is that he did return to smoking, not just right now but earlier. And he discussed this with me, and I indicated that I really didn't think it was a good idea. He had stopped for many years; he had stopped abruptly, without fanfare, so to speak, at the time of his 1955 heart attack and he had gone without it for all those years, seventeen or so, although he often remarked how badly he wanted to smoke. He never got over the fact that he wanted a cigarette. But he negotiated in this fashion, he would say, "Now, Willis, can you guarantee me that if I don't smoke I'll live a lot longer?" And I'm sure I responded something like this: "No, I can't guarantee that in an individual, but we know that if a group of people like you smoke, those that smoke don't do as well as those that didn't smoke. Now as to an individual that's not possible for me to say." And then he added something like, "Well, I don't have many pleasures left, and I think I'd like to enjoy what time I have left." I do know that he was getting his business in order, from informal chats with him and other people. He was, as he said, "simplifying" his work.

G: There are some reports that that led to a clash with A. W. Moursund. Did you ever hear anything of that?

Hurst -- VI -- 7

H: Led to a clash with--

G: Between LBJ and A. W. Moursund, Judge Moursund.

H: About smoking?

G: No, about him settling his business affairs. There was some kind of difficulty there.

H: No, I didn't hear anything there, in that regard.

Now, the other area that I might touch on is that I, in the best manner that I could muster, of course, always discussed his problems with Mrs. Johnson, and tried to be as honest as I could but always with the hope that I think any good physician should translate to his patients. I did discuss with her after the Charlottesville attack that this obviously was a severe situation and that I was concerned that perhaps something could happen suddenly. This I discussed with her before he left Brooke hospital, having been moved there from Charlottesville. And so the manner in which he died was not a surprising manner. I hope those that read this will understand these problems that doctors have, and I struggled my best to be as honest as could be but obviously not wishing to produce undue fear. I did the best I could with that and, I believe, succeeded at that reasonably well.

The other thing of interest that I go back to [is] the Charlottesville attack, dealing with the smoking again. At that point LBJ did not have a press secretary, nor did Mrs. Johnson, and the press, of course, were seen in abundance around the Charlottesville hospital. It fell my lot then to talk with them in a fairly good-sized room. And I always carry some three-by-five cards; I have on these cards my own schedule for a week and then I add whatever happens and then I give them to my secretary and that actually becomes sort of a little diary. And this time I had rolled up a three-by-five card to where it sort of looked like a cigarette, I suppose. But anyway, as cameramen will do, they placed their television camera on my hands after I had rolled this little card up and it looked like a cigarette, and I knew nothing about the avalanche of problems that I might

Hurst -- VI -- 8

get into because of that. I didn't even know they had done that. But after that I got calls from--got letters from Heart Association as far away as Hawaii saying that this was terrible, for the president of the American Heart Association to be smoking on television [while] taking care of the former President. I got a call from Luther Terry, who was a friend of mine, and had been surgeon general and was the one who was able to place the warning label on the cigarettes, and he just couldn't believe that I had done that. And of course, I tried to point out to him that it was nothing but a three-by-five card, I've never smoked in my life. And I'm hoping that they bought it, but did sound strange as I was trying to explain it, you see. But I recently went through some of my notes as President of the American Heart [Association] and I noticed that I addressed the board of trustees of the American Heart Association--

(Laughter)

--for about two pages trying to assure them that I had--

(Laughter)

--never smoked and explaining it to them to the best of my ability. But that was a side issue. If he had known all of that, I'm sure he would have had a really big, big laugh about that, because that was the sort of thing that would just tickle him no end.

Now I think I ought to end this discussion pointing out that, starting way back in 1955 with his first heart attack, that the length of time a patient stayed in a hospital then, and the length of time used to recuperate, was far longer than now. We did by 1955 feel that people should be rehabilitated to their former position. This was strongly embedded in me by my mentor, Dr. Paul White, with whom I trained in cardiology at the Massachusetts General Hospital. He was the one--among others, but he was a major one--who pointed out that we were keeping people in bed too long, they are not getting up and becoming active. And that they ought to return to work; this business of automatically retiring is not proper, and that not only that, you ought to return to the same job. So that's the contribution I made to Lyndon Johnson back in 1955--I'm sure that many people could have taken care of the attack itself. Our knowledge and our methods were limited compared to what we do now, but nevertheless many could have done that. But my urging him to return to work, placing him on a low-fat, low-cholesterol, low-calorie

Hurst -- VI -- 9

diet--which also was taught to me by Paul White, who pushed not only that exercise, returning to work, but also the use of diet and urging patients not to smoke, and the entire risk factor concept was pushed by Dr. White and all of us that worked with him during that period did likewise. All of that was pushed at a time when I was getting advice from the people who didn't quite buy all of that, that he should retire, he should never go back to the stressful strain of being a politician and working under the stress he did in Washington. But I always felt he handled that extremely well.

A side issue: I was in New Zealand and was asked to be on television. I was there giving a series of lectures. I was asked to be on television, and before we went on the air the interviewer told me he was going to ask about this, that a lot of their politicians had heart attacks and so forth, and I urged him, "Now please don't do that, let's not discuss that. I'm here in New Zealand under auspices of the New Zealand Heart Association and I wish to discuss the prevention of the disease," a number of things like that. Of course the first question he asked me was exactly that. It dealt with whether or not the stress of the work of the politician didn't contribute to their having heart attacks. And I responded, and I think it is a reasonable thing for people to remember, that my experience had been that most politicians are under more stress when they are *not* in office, that the really superb politician wants to be on the firing line. And [that] when they want to be there but are not because they got defeated, that could be stressful to them. Well, chances are that the stress under those circumstances contributes to the production of symptoms, but it's hard to prove that stress alone produces the disease.

So what I'm saying here now is that if we saw him now with what he had in 1955, obviously, with the progress that has taken place, our approach to his management now would be very different from what it was then. We did have data from Dr. White and Dr. Bland indicating that at a certain point in time, if there had been no symptoms and no problems and if the heart attack had been of a certain sort, that the survival time was so-and-so. That information was very useful, because we had to have some information to justify our recommendations. Later on, you see, when he ran against Goldwater, we needed that type of information. We knew that a patient with a heart attack that was located in the under surface and lateral part of the heart, who had no symptoms for a

Hurst -- VI -- 10

number of years after the attack, was likely to survive for the next four, five, and six years. And when we did have to decide, as I have mentioned earlier on the tapes, whether he should run against Goldwater or not, he was asymptomatic, working twenty hours a day. With the type heart attack that he'd had back then, I felt reasonably comfortable that we could get through the next four or five or six years.

Now today we would do a coronary arteriogram at some point in time to find out the extent of the disease, you see, and where the blockages were located. You would not need that test for diagnostic purposes; we had all the evidence we needed to make a diagnosis. But in order to determine what to do for the future, at some point along the way, I'm sure today, every knowledgeable doctor would do an arteriogram.

Then things, you see, went awfully well for a long time. I did say near the end of his presidency, as I mentioned earlier on the tapes, to Mrs. Johnson that this time I felt that perhaps I couldn't promise as much as the first time. I suppose I was getting a little edgy that so many years had passed and we had been very fortunate, but that this is a chronic disease that may make its appearance later. He had done quite well, but all of the data we had at that point, including the severe fatigue on October 4, 1967, would make me think that we were sort of on thin ice to expect him to have no difficulty for the next four years.

I think I mentioned in the earlier tape how that came about, that I was concerned that he was so bone tired. Lady Bird came to the White House from the Ranch later that day--well, I met her at Andrews at midnight and we had a long discussion on the way back from Andrews to the White House about that. I had postponed my flight from Washington to Atlanta until she got there so we could talk about that. She has all of that in her diary. As I said earlier too, though, I think that he had multiple reasons that he did not choose to run at the end of his presidency. His health, I think, was one of the factors. He always worried about his father, who I believe had a stroke; he had a bad feeling about a stroke. He hoped that that wouldn't happen. And I believe members of his family died reasonably early in life.

By the time he begins to have angina pectoris he was out of office but doing pretty well. He would have periods of angina but, overall, remained active. Today, of

Hurst -- VI -- 11

course, I would order an arteriogram and then determine if medical treatment or surgery or angioplasty was needed. The increasing angina that preceded the Charlottesville heart attack in 1972 would be an indication for an arteriogram in 1995. Now we would clearly have a coronary arteriogram and decide about angioplasty or coronary bypass surgery or medical treatment. None of those would have been done for diagnostic purposes; it was clear what was wrong with him. The coronary arteriogram would be done to determine the best strategy of treatment. Well, in 1972 there was no angioplasty available at that time. I actually brought Dr. [Andres] Gruentzig from Zurich to join my department at Emory. That date was 1980.

G: How do you spell that name, sir?

H: G-R-U-E-N-T-Z-I-G. Gruentzig. He's the one that developed angioplasty. And by 1980 it looked like a good way to go, and so I enticed him to come to my department at Emory in Atlanta. Regrettably, he died in a plane crash in 1985. But he was responsible for the development of angioplasty; that was picked up all over the world.

In 1972 even the arteriograms were relatively poor quality compared to now. And surgery was in its earliest developmental stages. The indication for surgery, in that primitive time, was persistent disabling angina pectoris. If you could get the patient through a period of angina using rest and drugs, you did not recommend surgery. Today, of course, bypass surgery or angioplasty would be performed in most patients.

The information regarding improved survival following coronary bypass surgery was not available till 1978. Prior to that time you operated for disabling angina. That's the way it was then. Well, you see, even when he had his little flurries of angina they did calm down, and with treatment by Dr. North and McGranahan and me he would even get back to a little golf.

Now, after he had his rather massive heart attack in Charlottesville there was a new problem. That attack destroyed a lot of heart muscle. Coronary bypass surgery, viewed at that point in time, would not restore the heart cells that had been replaced by scar tissue. So, even when he developed some congestion, knowing that the reason he

Hurst -- VI -- 12

developed the congestion was considerable scar tissue in the heart, coronary bypass would do little good. Also, the risk of the surgery is very high when a lot of heart muscle is destroyed. This was especially true in 1972.

So nowadays, of course, coronary arteriography is more fully developed, and there are many other ways of studying the problem using nuclear tests, echocardiography, et cetera. We approach the condition differently now. Also, some of the excellent drugs that we now have were simply not available during that era. In many ways this shows the enormous progress that has been made in the management of this type of problem.

Today, if he arrived with a heart attack like Charlottesville or even like the one in 1955, today we would use what we call thrombolytic agent, which dissolves the clot. And this improves the likelihood of survival of the heart cells enormously. So nearly all the progress has occurred since then, since 1972.

So the timing of his difficulties did not fit the timing of the extremely useful procedures that are available today. I hope that point is clear. In other words, our diagnostic ability in determining exactly which coronary arteries are narrowed is very good today. We did not need any particular additional tests to know he was having the attacks, you see. But today you would want to know the extent of it, where the blocks are. And from that, and with all of the natural history studies we've made on these patients, and with the advances made in perfecting angioplasty and coronary bypass surgery, you would move to use them far earlier than we did a few years ago.

If someone back then was asymptomatic you did not operate. [In] 1978 the first proof came that you could improve survival with this operation if you chose the patients properly and if your operative risk was low. None of that was done because the tests were in a primitive form back then. We didn't need it for diagnostic purposes, and the rule of the day was you don't do surgery, primitive as it was back then, if the patient was asymptomatic. Well, he went through the whole presidency without trouble, you see. And then by the time he begins to have some angina, even with the poor drugs back then it calmed down so surgery was not indicated. Then, after the massive heart attack in Charlottesville, it is unlikely that the surgery would have been of benefit, because a great deal of heart muscle had been destroyed. Neither bypass surgery nor angioplasty will

Hurst -- VI -- 13

change scar tissue back to good heart muscle. Now, is that clear? Because I want that to be clear.

G: It's perfectly clear to me.

H: When somebody asks me that sometimes I think, well, we didn't do all those things, we didn't use drugs, we didn't use thrombolytic, we didn't use angioplasty, et cetera, in him for the same reason that the Pilgrims that landed at Plymouth didn't come on the Concorde. There was no Concorde then.

G: Precisely.

When he had his 1955 attack and came to the hospital, was it you that told him at that time that he had to quit smoking?

H: Yes.

G: What did he say?

H: I have to answer that sort of parenthetically. I hope it's on the earlier tapes; it may not be. He was out at, again, George Brown's place playing dominos with Mr. Brown and some other people, and he had chest pain and he commented on it. So Mr. Brown gave him some of his medicine--

G: Yes, you've documented that very well in the earlier tape.

H: --which was quinidine. That's not exactly what you would take for the difficulty.
(Laughter)

Tape 1 of 1 Side 2

H: I vaguely remember seeing this young doctor just for a few seconds as we were putting

Hurst -- VI -- 14

Johnson--maybe he didn't come in. I didn't have a chance to talk to him, at any rate. Maybe I saw him a second, but he may not have even come in. I'm sure he was a little bit awed by this group of well-known and powerful people. Johnson told me this, because I didn't talk to the man. But he said, "What do you think is wrong?" And the doctor said, "I believe you are having a heart attack," which was a perfectly good answer. And Johnson, impatient that he could be, said, "Well, I think we better start acting like it!"

I was in my Washington apartment when I got the call to come to the hospital. I was there waiting for Johnson to arrive. He really did appear ashen and clammy, as Mrs. Johnson reports in the foreword to my book and Jim Cain's book, *LBJ: To Know Him Better*. She thought he looked like he was actually dead.

And so I performed an electrocardiogram on him and it showed a heart attack on the under surface going out to the side of the heart, the lateral surface we call it. And I distinctly remember this, he looks up at me, squints his eyes, and says, "What do you think?" And I said, "Sir, you are having a heart attack." He said, "Are you sure?" And I straightened my spine and said, "Of course I'm sure. Absolutely." And then as I later got to know him over the months and years and decades, it is obvious that he didn't like fuzzy answers, and I've always thought it was very important, if he had to have an attack--and I wish he hadn't--but if he had to I was glad it was clear-cut, so I could say yes, without any question.

G: At what point did you tell him to stop smoking?

H: Within hours to a day.

G: Do you remember his response?

H: I really don't recall that he rebutted or argued. He just quit.

G: Mrs. Johnson says at one point that he asked for one more cigarette. Is that your memory?

Hurst -- VI -- 15

H: I just don't know. I don't know. She could have been in the room, you know, when I wasn't there.

G: Let me ask you this. You've recounted how concerned you were when you saw him on October 4, 1967 because he looked so worn. At any time previous to that during his presidency had you felt any concern, any undue alarm?

H: Well, as I reported--as Bird reports it in her diary, our conversation in the back of the car, I said, "Now Bird, you know, I never have said this to you before." So although I'm sure I might have seen him a little fatigued before, what I saw then was far more intense and enough to where I said to her, "You know, I've never said this to you before, but I think that he is so bone-tired that he needs a change, he needs a rest." And I chided her a bit too because I knew she had not had her exams that she should. So the First Lady was not getting the medical attention that I thought she ought to get. So she promised to have an exam. And she did, she did. (The reader should read page 573 in *A White House Diary*, by Lady Bird Johnson. WH)
(Interruption)

H: Since this is to become part of a permanent record I would like to record some of the following observations that Jim Cain and I made over the years. We saw him as a highly intelligent, brilliant man with an awesome memory who, without any question, cared an awful lot about individuals. And as Ida May Cain wrote in our little book, *LBJ: To Know Him Better*, I suspect one of the things that he missed as president was he liked to really go see, as she said, Joe Stone in Dime Box, Texas to find out what in the world he could do for him. And whatever it was that he needed, he felt it was his responsibility to help him get it. That becomes a little hard to do when you are president because you've got the whole nation and all of civilization to worry about. He continued, though, to do that with individuals when he could.

But his nature was person-to-person, and without the slightest sign of prejudice of

Hurst -- VI -- 16

any kind about any subject. Well, I take that back, except perhaps incompetence, maybe. His view was that if you say you are a secretary and can type so many words a minute, let me see you do that. And I would add, you had better be able to do what you said you could do. Whatever the profession you were in, he would expect you to be excellent at what you were doing. And that's not a bad position to take. He worked twenty hours a day, absolutely tireless. During our trips we made abroad, he worked longer and harder than any of us. He had an enormous capacity to see the bottom line. Not only could he see the bottom line, but [he] could see around the corner as well. Not many people can do that, not many.

And with it all he had a sense of humor, even in times of great difficulty. He told stories that had points to them that would disarm an unsuspecting antagonist. Or [it] might be a story that would calm the waters of a debate that he thought was out of hand. I come to believe, watching what happened with him, that we as citizens, reading the newspaper, looking at TV, seeing the results of the big decisions that public servants make, that we really don't know any of them. I happen to believe that we can judge people better if we know how they respond to day-to-day affairs. Are they kind, are they thoughtful, do they show signs of humaneness, do they think about others, are they able to hold their head up when things are tough? He could do all those things.

Well, Jim Cain and I had the privilege of seeing him under all kinds of circumstances and my respect for him is unlimited in his ability to cope with problems. And I would just hope that people will understand what a kind and humane man he was. I regret, as is often the case, that all that is written does not contain these small things that I think add up to what a person is. Historians would say that what I am saying now is worthless.

G: I doubt that.

H: But I would say, straightening my spine a bit, I would debate with the historians that tell me that kindness and humaneness are worthless.

Hurst -- VI -- 17

End of Tape 1 of 1 and Interview VI

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
LYNDON BAINES JOHNSON LIBRARY

Legal Agreement Pertaining to the Oral History Interviews of

J. WILLIS HURST

In accordance with the provisions of Chapter 21 of Title 44, United States Code, and subject to the terms and conditions hereinafter set forth, I, J. Willis Hurst of Atlanta, Georgia, do hereby give, donate and convey to the United States of America all my rights, title, and interest in the tape recordings and transcripts of the personal interviews conducted on May 16, 1969; June 16, 1970; November 8, 1982; February 27, 1984 in Atlanta, Georgia; and on October 30 and October 31, in the LBJ Library in Austin, Texas; and prepared for deposit in the Lyndon Baines Johnson Library.

This assignment is subject to the following terms and conditions:

- (1) The transcripts shall be available for use by researchers as soon as they have been deposited in the Lyndon Baines Johnson Library.
- (2) The tape recordings shall not be available to researchers.
- (3) I hereby assign to the United States Government all copyright I may have in the interview transcripts and tapes.
- (4) Copies of the transcripts but not the tape recordings may be provided by the Library to researchers upon request.
- (5) Copies of the transcripts but not the tape recordings may be deposited in or loaned to institutions other than the Lyndon Baines Johnson Library.

Donor

J. Willis Hurst

Oct 22 1996

Date

John W. Carl
Archivist of the United States

Date

11-8-96