

## INTERVIEW I

DATE: June 17, 1970

INTERVIEWEE: BOISFEUILLET JONES

INTERVIEWER: T. H. BAKER

PLACE: Mr. Jones office, Woodruff Foundation, Atlanta, Georgia

### Tape 1 of 2

B: If I may begin, Mr. Jones, let me summarize your career here just briefly, and please add anything that should be in it.

Your name is Boisfeuillet Jones. You were born in 1913 in Macon, Georgia, and educated at Emory--a bachelor's and a law degree in the late thirties. From 1935 to 1943 you were with the National Youth Administration, on the Georgia staff, then Georgia administrator, then regional administrator. You served as a naval reserve officer in World War II, assigned to the Bureau of Ordnance in Washington.

In 1946 you returned to Emory as assistant to the president and assistant professor of political science, and in 1952 became vice president and administrator for health services there. Then in 1961 to 1964 you were special assistant to the Secretary of HEW for Health and Medical Affairs. Since 1964, and now, you are with the Emily and Ernest Woodruff Foundation in Atlanta. Is there anything that should be added into that?

J: That's quite correct.

B: In these early years, in the years before 1960, did you ever meet Mr. Johnson?

J: Yes, I met him once in the early days of the National Youth Administration. He was the first administrator for Texas of the NYA, which must have been 1935-36.

B: I think so, sir. When you were on the Georgia staff, he was Texas administrator.

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J: I was on the staff in Georgia, I was not administrator. I had left law school to work with NYA beginning in the summer of 1935 when it was first created. I did not have intimate contacts of any kind with him at that time, but I did meet him once or twice only during that period. As I recall, he was twenty-six years of age when he was made the state administrator for Texas. I was somewhat younger than he was when I was made the state administrator for Georgia, but it was several years later.

B: I know this may be difficult to sort out after so much time, but did he make any particular impression on you then, as a young man?

J: No, because I did not know him that well. My impressions were only in Georgia where my operations were concerned, although I did know a few of the administrators in adjacent states.

B: He went on to Congress then while you continued with the NYA and rose to Georgia administrator and regional administrator. Did you have any contacts with him then?

J: No. My contacts with the congressmen were limited almost exclusively to the Georgia and southern states' representatives.

B: These questions are kind of for the record. During these years, before 1960, were you active in politics?

J: Not at all. In no way.

B: You list yourself as a Democrat.

J: I'm a Democrat; I was born as a Democrat. I enjoy telling my friends, particularly mixed political audiences, that I never even saw a Republican until I went to college.

B: But you did not participate either locally or nationally.

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- J: I did not participate actively. My grandfather had been quite active in state politics during his entire lifetime. He was a professional newspaperman, so I grew up in a political atmosphere but never personally participated.
- B: As a kind of political observer, considering as how you taught political science in the forties and fifties, did you form any opinion of Congressman, then Senator, Lyndon Johnson before 1960?
- J: No, my contact was so limited that I was unable to do that. You're asking about previous contacts to 1961. At the time of his heart attack the attendant physician was Dr. J. Willis Hurst, who was then completing time he had not completed during the Korean war in the Navy and was assigned as a cardiologist in the Naval Hospital at Bethesda. He was the one who took care of President Johnson. And the President I've heard several times attribute his life to the skill of Dr. Hurst. Dr. Hurst returned to Emory where he was in the Department of Medicine, and I saw both President Johnson and Mrs. Johnson on at least one, probably more occasions, when they stopped at the Emory University Hospital for regular checkups by Dr. Hurst.
- B: That's right, because you would have been vice president-administrator of health services there in the late fifties when this was--
- J: That's correct. It was a matter of courtesy and also because I admire both Mr. and Mrs. Johnson I made a special point to visit them when it was not inconvenient to them.
- B: Did their coming here for those checkups cause you any unusual difficulties, having patients like that?
- J: None whatsoever because they were casual checkups, he was not hospitalized except just

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for a diagnostic workup, and this was done very quietly with no publicity.

B: I might add--I'm inserting this just for the information of anyone using this in the future--that Dr. Hurst, who is still in Atlanta with The Emory School of Medicine, is doing a series of interviews like this too.

J: He is now chairman of the Department of Medicine of the School of Medicine at Emory and a very close personal friend, I might add.

B: Then, sir, after the 1960 election you joined the Kennedy Administration as special assistant to the Secretary of HEW for Health and Medical Affairs. How did that come about?

J: I think I will have to go back and recount the circumstances that led to this kind of situation. While I was dean of administration at Emory the president gave me a memorandum in August of 1952 saying, in effect, that he wished to have prepared a blueprint for the development of Emory's health services, including the schools of medicine, dentistry, nursing, its hospitals and related medical activities. This was in order to make a presentation to the Emily and Ernest Woodruff Foundation, which had been for a number of years picking up the deficit for operation of the school which ran between a quarter and a half a million dollars each year. This was an unsatisfactory situation for both the university and the foundation, and they wished to find what would be required to remove the deficit operation for a modern medical school as Emory was fast becoming.

I prepared this plan in consultation with the deans and faculties of the respective professional schools in the health sciences. It was presented to the board of Emory and

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approved in principle and presented to the foundation board which, over the course of a year, did provide capital grants which made the operation of the plan practical.

Since that time the Emory Medical School has never operated at a deficit, although it has unmet needs as is true of all medical schools still. The chairman of my board personally and through the foundation--this is Mr. Robert W. Woodruff--has given or influenced the giving of considerably more than sixty million dollars toward development of the medical center at Emory.

Proceeding with the plan for organization of the medical center and some of the innovative activities that we undertook, such as creation of the Division of Basic Health Sciences to serve all of the schools as university departments rather than continuing independent operations on a somewhat competitive basis, and establishing a private group practice for the clinical members of the faculty which would benefit the School of Medicine both in terms of actual money and in terms of services of a highly skilled and large group of people, and the improvement of contractual relationships with the Fulton-DeKalb Hospital authority which operated the major charity hospital in the city for which the medical school had professional responsibility, as these plans developed and became successful Emory attracted attention nationally among others who were planning for problems which the medical schools and related health activities were facing.

In 1956 during the Eisenhower Administration I was invited to membership on the National Advisory Health Council as a lay member. The council is a statutory council created many years ago as the principal advisory group to the Surgeon General on all health programs for which the Public Health Service had an interest and responsibility.

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I served the unexpired term of a member who had been appointed and had not been responsive and who resigned. After two and a half years of this my term expired, and after the required interval of a year I was reappointed for a full term. I had resigned when I went to Washington full-time in the department.

It was while I was on the National Advisory Health Council, which has twelve members--six professionals, six lay-- that I chaired a subcommittee on environmental health, which in 1958 presented a report to the full council which endorsed it and transmitted it to the Surgeon General, advocating a high level unit in the Public Health Service to be concerned about environmental health. The problems of all kinds of pollution which now, in 1970, are critical issues of national concern at that time were not given very much attention, But we felt that attention was badly needed.

B: Incidentally, was that your idea, to focus on that area that early?

J: It was our idea; I can't say it was mine alone. But the members of this council in talking about problems recognized this as a major problem. Another, I recall, was the shortage of nurses. This led to improvement of nurse training support activities by the federal government; I won't get into that at the moment.

I chaired the subcommittee. It consisted of myself and two professional people who had knowledge in scientific areas of the environment. The chairman of the subcommittee of the House having to do with health appropriations, Congressman John Fogarty of Rhode Island, requested the Surgeon General to prepare a special report for his committee on environmental health. The Surgeon General, who was then Dr. Leroy Burney, who had the report of our council, asked that I chair this committee and that the

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two members of our subcommittee of the council serve. About twelve experts from various fields of environmental concern were added to the committee, and this group prepared a report for the Surgeon General that became the basis for a hearing before the House committee in early 1960 or late 1959, and was perhaps the first definitive public record of a concern about environmental problems.

Meanwhile while I was doing that particular job, I had a call from Senator Lister Hill of Alabama who was chairman of the Senate subcommittee that handled both appropriations and legislation for health, whom I had known for some period of time but had not seen in twenty years, asking if I could come to Washington to see him, which I did. He asked me to chair a committee of consultants on medical research for the Senate Appropriations Committee to determine the adequacy and effectiveness of federal appropriations for medical research. This had particular reference to the National Institutes of Health. I advised him that I was then doing a study for the House committee, and he did not seem to think that would make much difference. But I finished the House committee and then went on with this.

The members of this consultant group, twelve in number, consisted of three laymen and nine professionals. The nine professionals were quite well known people in the medical and biological research group, names such as Dr. Sidney Farber, Dr. Michael DeBakey, Dr. Alfred Blaylock. One lay member was General Sarnoff.

B: David Sarnoff of RCA?

J: Yes. Names of this kind who were highly distinguished people. I was over my head as a layman, but served as chairman. And we produced a report which was presented to the

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Senate Appropriations Committee in a hearing in the spring of 1960. This particular report attracted a great deal of attention and provided the base for a very large increase in appropriations for NIH over the objection of the Eisenhower Administration; and particularly a memorandum issued by President Eisenhower himself asking that the appropriations remain at the same level. This particular report was credited with justifying increases over a period of several years at least, and also suggested innovations that became established government policy in terms of medical research activities. For example, the clinical research units in medical schools, regional primate centers, and the beginnings of the concept of regional medical programs, which now is an ongoing activity of considerable moment--I could mention others.

The result of this was some attention by the medical and biological fraternity to me as a layman, and I was called by a representative of the Democratic National Committee in 1960, asking if I would serve as chairman of the health committee of the platform committee. I said well, I would be glad to do it, but I thought a doctor should be in that position. The reply was, "I thought you were a doctor."

The result was that Dr. Michael DeBakey was appointed chairman. I did serve on that particular committee, which was my first involvement, but this was, strictly from my viewpoint, a professional appointment in a political setting.

B: Do you recall who it was that contacted you?

J: I don't remember the name.

B: In that kind of work did you or Dr. DeBakey have any direct contact with the candidates after the convention--Mr. Kennedy or Mr. Johnson?



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J: I did not. Others did. But I took no active part in the campaign as such.

B: Then this led more or less directly to your appointment?

J: This is the long way around to answer your original question, but these circumstances began to build up an acquaintanceship in the medical fraternity. In middle December of 1960 Governor [Abraham] Ribicoff called me from Connecticut and said that this job of special assistant to the Secretary for Health and Medical Affairs existed in HEW [Department of Health, Education, and Welfare], that it had never amounted to anything, and he wanted to either make it significant or abolish it.

B: I assume that by then Abraham Ribicoff was the secretary-designate.

J: He had been designated by President-elect Kennedy as his choice for secretary of HEW.

B: Did he promise that this would be an active, innovative, and important position?

J: He said he wanted to either make it significant or abolish it. He had talked around, and my name kept popping up as someone who should be considered for the job. I said, "Obviously, you've been talking only to my friends." He said, "So far as I know, you don't have anything but friends."

Well, that was the introduction. I had never met Governor Ribicoff. So at his invitation I did go to Hartford to see him. He was still acting as governor and had problems there. He said before I came, in our telephone conversation, "I don't know whether I'll like you and I don't know whether you'll like me, but I'd like to discuss the job with you." I called my wife after I had talked to him and said, "Unfortunately, I like him!"

In any event, we got along quite well and he said he would like to recommend me

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to President Kennedy, whom I had never met, for this position. I told him I had obligations at Emory, I had a new program I had just undertaken, that I would not come unless I could come on a leave basis from Emory. I did not wish to make a career of government. I had been in government before twice and out, and although I enjoyed government service, it was not a career I sought. He said, "I think that's the basis on which you should come." I told him I'd let him know as soon as I could. My board gave me an indefinite leave of absence, I decided I must do this when offered this kind of opportunity, and ten days later I called him and told him I would come if the President wished to appoint me. This was right at the end of December.

The next day, which was New Year's Eve, Mr. Kennedy called me from Palm Beach, saying that Mr. Ribicoff had nominated me and he understood I was willing to come. He wanted to thank me for being willing to come to Washington to help with health, and he'd like to announce the appointment in the next thirty minutes. This was how fast Mr. Kennedy moved. And this is how I became involved.

The details of Mr. Ribicoff's conversations before he came to me, I've never learned, and it's not my business.

B: When you were discussing the job with Governor Ribicoff, did you discuss specifics, that is, what plans, legislation, or anything?

J: Not at all. We had a two hour conversation. He indicated the first thirty minutes he wanted me to come, and we talked about procedures and other appointments and problems of this kind. Only generally did we discuss programs.

B: You see often now writing to the effect that Washington in that spring of 1961 when the

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Kennedy Administration was taking shape was a time and a place of a good deal of enthusiasm and hope and optimism. Did that atmosphere exist?

J: Quite definitely it was an exciting atmosphere. Nearly everyone you met, particularly in the circles that I naturally was exposed to, represented people who had responsibilities and were excited about them. The morale was extremely high, It was just a very exciting time to be in Washington.

B: Within your own specialty was there immediately any formal ordering of priorities; did you get together and say, "Now, let's do something about health care for the aged," or anything like that?

J: The Medicare program, as it finally was dubbed, is really our hospitalization insurance program for the aged under Social Security. It was not actually a health program as such, it was a Social Security program. And it was Social Security that had the major burden of this, not the health activities or the Public Health Service or any of the other direct health services of the department. The problem which people didn't seem to recognize was that the cost of hospitalization which was much greater for the people in their senior years, was a threat to the Social Security of the retirees. And it was to meet this demand of support for the retired citizens that this program was first proposed, not so much that it was an obligation of the federal government to provide direct health services.

B: Were you involved directly then in any of the bill drafting or legislative activity for that program?

J: Yes, I was involved mostly in interpreting the program to professional groups, particularly medical groups.

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B: That doesn't sound like it would have been much fun in those years. As I recall, the organized medical groups were unanimously opposed to it.

J: The groups were all hostile to the legislation, I think without exception. But they listened, respectfully I might say. There was some very animated discussion. But my position was very straightforward; I merely interpreted the position of the administration that advocated in this legislation, and the reasons for it. "Factually," I said, "it has nothing to do with the physician-patient relationship. It does not put the government in the examining room with you and your doctor," as was claimed by some of the propaganda of organized medicine. It merely provided an insurance program to compensate the costs of hospital care. This is simply all it was, as an extension of the Social Security system.

There was an interesting sidelight. Mr. Wilbur Cohen, who joined HEW as assistant secretary for legislation at the same time I did, and whose office adjoined mine--in fact, my office was next to the Secretary's and his was on beyond mine--had the burden of this particular legislation. He had long been an expert in Social Security matters and was quite well known to the legislators. He naturally was the one invited to appear before groups, particularly medical groups, and accepted many of these invitations and always spoke with great clarity about the purpose. He was maligned by those opposing the program as being overly socialistic and other epithets that might be applied to him by determined opposition. Secretary Ribicoff in effect grounded Mr. Cohen, saying to him that "There isn't much you can say that will change any of these people to whom you talk. Let Boisfeuillet Jones do this. He at least isn't tainted." So by order of

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Secretary Ribicoff I represented the department in many of the appearances that otherwise would have been made by Mr. Cohen, and perhaps others, rather than me.

B: We've been using the phrase "organized medical groups." Actually it was the American Medical Association that was the major opponent, was it not?

J: Yes, but I was speaking of specialty groups from the various specialty organizations within organized medicine, of state medical societies, this kind of component of AMA, or independent organizations.

And not all, I might add, were unfriendly. Some advocated this program, but they were, of course, in the minority.

B: I was just going to ask you if you had gotten any help from professionals. And a related question, if being a nonprofessional handicaps you in that kind of work.

J: It's both a handicap and an asset. Because I am a layman, I always considered being such an asset in dealing with the medical professions. The reason for that is that the questions are generally policy questions. The actual professional decisions one never interferes with, so you leave professional decisions to professionals. But where the public interest is at stake and you're speaking of social policy, there's no more reason why a layman should [not] speak than not. A physician is so highly respected in our society, and properly so, in his profession that this aura of respect frequently carries over into respect for his judgment on matters for which he has not been prepared. And from that standpoint, I think a layman has a contribution to make, especially when health policy is no longer, and should not be, solely a prerogative of professionals.

B: The bill you were dealing with here had been around in Congress since the Truman years

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in essentially that form. Had there been any hope in the first part of the Kennedy Administration of a broader, more sweeping measure?

J: I think the hope of the Kennedy Administration was to get a measure through.

B: Just to get one passed, huh!

J: They were trying to limit the provisions from the standpoint of breadth of coverage and financial practicability within the Social Security structures.

B: One of the major stumbling blocks was Congressman Wilbur Mills, the chairman of the House Ways and Means Committee. And in the fall of 1963 there was a rumor in Washington that somehow or another Mills' objections had been overcome. Do you know anything about that?

J: This was a matter that Mr. Cohen handled directly. Mr. Mills, although differing with Mr. Cohen on many policies, had a great respect for the integrity of the facts that Mr. Cohen would present to him. So therefore he relied heavily on Mr. Cohen in the whole negotiation process.

The problems for the elderly in terms of medical costs, of which hospital costs were the major components, became so intense that some kind of relief was obvious. It was just a question of what the relief would be and when. I think Mr. Mills came to this conclusion and then undertook to devise legislation which would do two things: meet the legitimate need and be within a viable Social Security system--viable economically.

The AMA opposed this so bitterly that when it became fairly evident that the program would be adopted, the AMA then came in with a strong recommendation for an insurance program that provided for a more adequate coverage, including physicians' fees

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for those who needed it--the indigent. They pressed so hard for this that Mr. Mills and his colleagues adopted this also as a part of the program, but did not discard the Social Security aspects of it, the end result being Medicare and Medicaid. Medicaid was really the socialistic aspect of the program, whereas Medicare wasn't. So AMA, by its opposition in the first instance and by its advocacy in the second instance, ended up with a total program which was much more "socialistic" than would have been true had they not been so violently opposed to a more moderate program in the beginning.

B: That was a confusing issue at the time, at least to someone like myself just reading the newspapers. Did the AMA just make a tactical error in their lobbying strategy?

J: I think you as an historian, and your colleagues, will record as time goes by that the AMA could not have done more to have promoted federal involvement in financing of health services by insurance and otherwise than it did by its violent opposition to legitimate aspirations of people.

B: I think that's probably true.

J: This is impressionistic, but I think it's an accurate one.

B: My impression is the same, again just from reading the newspapers at the time, because they did get pretty vitriolic. Incidentally, was there ever any thought of bringing bigger guns to play than yourself--of President Kennedy or Vice President Johnson speaking to any of these organized medical groups?

J: I personally arranged a meeting between President Kennedy and about eight of the hierarchy of the American Medical Association, and developed the agenda for the meeting. The discussion had to do with about nine items, the ninth of which was

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hospitalization insurance under Social Security. There was free discussion on the first eight items, some of which had been deliberately picked as being compatible and on which there was agreement. When it got to the ninth, by agreement no one of the group spoke except Dr. Ed Annis, who had by that time become the official spokesman of AMA in opposition to this program. Dr. Annis was fixed in his views, and any discussion with him was a monologue. There was no give and take of views at all. It was merely a repetition of a fixed position.

President Kennedy made the point, a very valid one I think, that the Social Security approach was the only approach that would limit benefits to the availability of funds to pay for them; that if a program was adopted that covered only certain groups but covered them from general revenues, there would be no inhibition on the part of those who advocated more and more benefits from providing those benefits when the government did not have the money to meet them; that the Social Security approach was a conservative approach which would limit benefits to the availability of trust funds under the Social Security program as actuarially determined and as determined by experience. He cited farm subsidies, for example, as appropriations from general revenues up in the billions, which could no longer be justified, but which could not politically be removed. And there was no understanding whatsoever on the part of Dr. Annis, and the others remained silent. But this was one confrontation.

B: What was Mr. Kennedy's private reaction to that meeting after it was over?

J: He was so accustomed to this that his reaction was one of being glad he had the meeting, made no particular progress on that special issue, but did in terms of the vast majority of



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the programs on which there was agreement.

One of the problems that we had was the overriding publicity given to the Medicare program, as polarizing opposition between organized medicine and the administration and/or Congress, when there were vast areas of agreement in constructive ways that would have overshadowed other program but publicity-wise, never did.

B: Did Mr. Johnson, then the vice president, get involved in this, assisting in dealing with Congress, for example?

J: I'm sure he did, but by my personal knowledge I am not acquainted with what he did.

B: It would have been at Mr. Cohen's behest, I gather.

J: Mr. Cohen was managing this.

B: Did you see much of Mr. Johnson in these years of the vice presidency?

J: Not a great deal. When I saw him it was usually in connection with official functions or private social functions. I was very fond of both of them and would have enjoyed seeing them more. My wife and I did attend dinner by invitation at his house when he was vice president one evening with about thirty people. It was a dinner he gave in honor of Senator [Richard] Russell of Georgia and several other senators, and we were fortunate to be included among a small number of guests.

B: Did Mr. Johnson seem happy or content as vice president from what you saw of him?

J: This would be hard to say. I didn't see him enough before or after to judge this matter. I would assume that, being an activist and being in the position where he was not in the position to call the tune or pull the strings directly on his own initiative, he would not have been as happy as otherwise may have been indicated.

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B: Stories went around then and later about certain people in the Kennedy Administration making fun of Mr. Johnson, or worse, absolutely forgetting about him. Did you ever see or hear of anything like this?

J: I never experienced any of this in my whole time in Washington. Not that it didn't happen, but I just never personally experienced any of it.

B: For the record here, you have not made a similar interview like this for the John F. Kennedy Presidential Library Oral History Project, which in a way is a shame because during these years there were a lot of things going on. The revamping of the Food and Drug Administration, the Surgeon General's report on smoking must have been in the works while you were there, the krebiozen episode, the thalidomide episode were all in these years.

I believe you told me that you and Dr. Harvey Young of the Emory history department have done something on the krebiozen episode?

J: And also covered in brief some of the reorganization activities in connection with the FDA. I might add that one of the most significant things we haven't discussed were some of the pieces of legislation we got through. For example the Health Professions Educational Assistance Act of 1963 was the first time that we'd been able to get significant legislation through the Congress that provided direct assistance for the teaching of health professionals. There had been nursing assistance programs and other types, but this was medical and dental.

B: Who originated that? Is that an outgrowth of your previous work on the advisory council?

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J: No, this was in a different context. The deans of medical schools, Association of American Medical Colleges, whose meetings I had been attending for six or seven years, more as an observer since the dean of the medical school at Emory was the official delegate and representative--I had come to know many of the medical school deans. At a meeting in Miami of AAMC in the fall of 1960, I believe it was--

B: Excuse me, sir. The AAMC is--?

J: That's the Association of American Medical Colleges, whose full name I just mentioned. I was in the lobby chatting with several deans and one said to me, "What can we do to get federal legislation to support medical education? We've had very generous support of medical research, what we need is support of the teaching function."

My reply was, "I don't think you're going to succeed in getting legislation until you as a group decide what it is you want. You will recall that the medical school deans at one time advocated federal support of medical education, and then some time later opposed this as a group. Now you want it again." I think AMA has been consistently opposed, that is, organized medicine--the American Medical Association--although I do not know their position at this time, this was in 1960. I suggested that they get a program of precisely what they wanted, back it, and then present it to the administration and committees of Congress, and strongly support it.

One of these people was Dr. George Agard, who was then president-elect of the organization and he was dean of the school at the University of Washington. About a week after the meeting I had a call from him, he had just been installed as president, saying that he was setting up a ten-man committee to draw up a white paper having to do

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with the needs of medical education as the basis for a legislative program. He wanted me to serve on the committee. I agreed to do it, it was the first function I had had with AAMC in the seven or eight years I had been attending the meetings.

The committee met about three times in Chicago. I personally drafted, subject to some modification by the group, the preamble which described a medical center in relation to medical education as a basis for federal responsibility and support of medical education. I participated in the drafts. The committee was at work when I was invited by President Kennedy to come to Washington. I then resigned from the committee, of course. The committee continued to function, and in about February or March, made an appointment with me in my new position; came to Washington and sat in my office and presented me with the report that I had helped draft.

The result was that we took this report and we made a legislative program of it. In my judgment the White House--and over my objection, but practically they were correct, I'm sure, at the time, did make provision for assistance to the health professions in a legislative program. We did get it through the Congress that year. It has been amended since, and several of the things that we had had to leave out because we couldn't get them through have been added.

B: What was the reason for your objections?

J: To leave it out?

B: You said that the White House did that over your objection.

J: I didn't want to leave out any of the things that were needed.

B: Oh, I see.

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J: But they said, "Politically we can't get this through, and we shouldn't invite opposition when we know we're going to have it if we try to get this through without these provisions." I think, as I recall, one of them had to do with grants in aid to medical students in need, but not financially support this. It was felt that the opposition of AMA would be so strong to this, as was true, that it would tend to jeopardize the whole package.

B: You said there was other legislation that your office originated in those years?

J: The Mental Health-Mental Retardation Act was another major program that we were successful in having enacted into law.

B: This was the one that created the new institutes at the National Institutes of Health for mental health?

J: No, the National Institute of Mental Health was already in existence. What this did was to make special provision, first for mental retardation, which had not been given much attention. But the main thrust of this legislation in terms of mental health was federal support through grants in aid to states to bring mental health care to communities where people lived and to take mental disease--mental conditions--to the extent feasible out of these very large mental institutions, through which care was grossly inadequate. In other words it was to put mental health in the mainstream of social service along with physical health and care, the two inseparable.

B: The Kennedy family is known to have a direct and personal interest in mental health and mental retardation.

J: Their particular interest was in mental retardation, and their personal involvement gave

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impetus to this program and led to bringing mental retardation out in the open and making provision for more adequate management of retardation conditions.

B: Did you have to settle for less in that bill too?

J: Well, yes, in one respect. I strongly advocated that, in addition to grants in aid for construction of community comprehensive mental health centers under certain established criteria, that we also provide a four-year subsidy on a diminishing basis for staffing such centers. The then Secretary of HEW [Anthony] Celebrezze, who had replaced then Senator Ribicoff, took that out of our proposal in the department and then under considerable persuasion added it back in.

B: Considerable persuasion from yourself, sir?

J: Yes. And supported by professional people on his staff, but this was my responsibility primarily.

B: Was his line of reasoning that there again was the AMA's bugaboo of direct federal money going to individuals?

J: Yes, and then if we build these things, communities ought to operate them. My proposition was that we had built Hill-Burton hospitals all over the country, particularly in the South where the rural areas had no hospital facilities available; we had by incentive grants encouraged communities to extend themselves to provide the matching aspects, the result being a facility which they had lacked and which they then needed. They were very proud of them. But having extended themselves to build these facilities, they incurred a very great problem of managing very large deficits for the first two or three or four years of operation until the facility was in full swing and then could support itself.

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To avoid this as a deterrent to development of community mental health centers, it seemed to me wise to also provide an incentive grant in aid on a diminishing basis over a three or four year period--I suggested four years--to overcome this initial problem. This is true of any business the first two or three years of operation, they expect losses until their momentum builds up; the same is true of service institutions depending on fees for service.

Incidentally, this particular provision got knocked out at the White House, but is now law by amendments to this particular act passed in, I think, 1965.

B: Was there anything in those years that you badly wanted to do and could not?

J: Yes. There was one thing I failed on that I very much wanted to do. When I keep saying "I," it is not me alone, but I in relation to the professional people and the agency people in the department. But in the position I was in I had to judge whether this was something I wanted to do--some I initiated, and some I responded to.

The one that I very strongly advocated was an environmental health center in Washington for research and administration of programs, comparable in the environmental health area to the National Institutes of Health in the biomedical research area. We were confronted with problems. The *Silent Spring* of Rachel Carson, increasing use of pesticides, the fear of fallout from atomic bomb testing at that time and other exposure to radiation, all the therapeutic and diagnostic--particularly diagnostic--x-ray, the proliferation of radiation without knowledge of its dangers or risks, the development of peaceful uses of atomic energy with fear on the part of people as to what this might do if it were in their contiguous area--these things made it very clear that we

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needed to know much more than we knew about problems of hazards to individuals from their environment over which they had no control. It also extended to problems of research on such hazards as thalidomide, which you mentioned, and the efficacy of various drugs, and quackery items such as krebiozen as a cancer cure, so-called, which was nothing but a straight fraud.

It seemed that a group of scientists, representing various fields, would be responsive to the problems of FDA, of the Public Health Service, and useful to states and to industry and to the Department of Agriculture, Fish and Wildlife Service, Department of Interior generally, in terms of these environmental hazards.

With a great deal of effort we secured permission straight through the various steps for development of such a center at Beltsville on land that was available, owned by the government, and at which point the FDA already had some laboratories adjacent to the Department of Agriculture's major experimental work of a comparable nature.

Am I going into too much detail?

B: Not at all, sir, go ahead. This didn't require legislation at this stage?

J: It required appropriations. It may have required legislation, but I think we had enough legislative authority if we could get the appropriation for such a development. Senator [Robert] Byrd of West Virginia was bitterly opposed because he wanted no more federal establishments in the Washington area. He wanted to see these dispersed, placed around, but he particularly wanted such facilities in West Virginia. There were others who had this same attitude. We finally got around Senator Byrd's opposition without commitment of the project there, but we did have other things that he was interested in that were



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acceptable to him. We didn't trade off precisely, but at least satisfied him that what we were talking about was not an arbitrary extension of federal bureaucracy in Washington but a legitimate need which could be expressed only in the Washington area in relation to the National Institutes of Health and the administering services. Then we had in mind regional laboratories related to universities' activities in what we then considered six major environmental regions of the country--could be eight, could be ten, depending on how one divided them.

We went through finally two planning bodies that relate to the Washington metropolitan area, did this successfully. We went through the Bureau of the Budget which had negated this effort twice, but through appointment of a special advisory commission under the aegis of the President's science adviser and the President's Commission on Science and Technology and his Science Advisory Commission, we got another study made that endorsed our concept. This last one was chaired by Dr. Paul Gross of Duke University.

B: That's not the same as that committee's report on pesticides?

J: No. This was another--this had to do solely with the concept of an environmental health center, and it did advocate such a concept, and based in Washington.

Meanwhile, former Governor Terry Sanford of North Carolina was quite interested in having such a center located in the Research Triangle of North Carolina. He had been very active during the 1960 political campaign, and he asked President Kennedy for this for North Carolina. The President had on his congressional liaison staff Mr. Henry Hall Wilson, who was a congressional liaison officer who was himself from North

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Carolina.

B: And so was the Secretary of Commerce at the time, Luther Hodges.

J: Luther Hodges likewise. But before we went through this rather difficult period of salesmanship, if that's what one calls it, we had the approval of President Kennedy through Mr. Ted Sorensen. But I was told that the President himself did approve the concept.

We had just cleared the last hurdle and had advised Senator Hill, who had held up hearings on the health appropriations until he could include this in the appropriations for us--this is planning money for development of the facilities--and the day before he was to move in his committee the Secretary of HEW, Mr. Celebrezze, got a message from the White House that this facility was not to go at Beltsville. Apparently Mr. Sanford, who had been to see me a year before and I had explained the whole concept to him, had gone to the President on this. Mr. Celebrezze talked with Mr. Wilson at the White House, and Mr. Wilson said this was a firm statement--he didn't say it had to go in North Carolina, but it shouldn't go in Washington, the implication being it would go to North Carolina. Secretary Celebrezze sent the President a very strong letter, which I wrote, extremely strong, to which the Secretary himself was fully committed. This did not change the decision in the White House.

I then went to see Mr. Wilson myself, with the Secretary's permission. He said to me, "This is the decision of the President, and it must stick." I said the President had already made the decision on which we moved, "and you are reversing it for political purposes."

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He said, "Well, this is it, nevertheless."

I said, "Well, I'll tell you one thing. We may not get the center in Washington, but it will not go to North Carolina," which he didn't like much, and I didn't know how much longer I'd stay in Washington.

Then I went to Senator Hill and told him what had happened. He said, "Would you rather have the appropriation and let it go to North Carolina or not have it at all?"

I said, "I'd rather not have it at all because it destroys the concept. Eventually we may have a regional laboratory in North Carolina, to which I would have absolutely no objections, but it destroys the whole concept."

We ended up with no appropriation, and it was not until a year after I left Washington that this matter was resolved with a laboratory in North Carolina and a part function in Huntsville, West Virginia, which obviously was another political decision, but this time was made by pressure on President Johnson after he became chairman and agreed to by the then incumbents in office.

But in my judgment this set back attention to environmental problems by at least five to ten years in this country. I have since quite casually seen a member of the Bureau of the Budget who had participated in attempting to block this concept for awhile, and he apologized to me on this particular issue on his own initiative and said, "We made a mistake." This is after all of the interest that has been developed in environmental health.

That was my major frustration while I was there.

B: Was there any repercussion from your stand on that?

J: None that I knew of at all.

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B: There were in those years a few bills on air and water pollution passed through Congress. I gather they were simply not--I realize that that's not the same as the center you were proposing.

J: Secretary Ribicoff proposed to the House Subcommittee on Health that the job I held, which by statute had been created when the department was created in 1953 as an advisory position to the Secretary, be abolished and an assistant secretary for health be substituted. He did this on his own initiative in order to give line authority to this particular position, consistent with his original intention of making the job significant. It made no difference to me; I had all the authority by delegation that could have come by statute, and the salary was the same, but this was a neater arrangement and much more appropriate administratively to have it designated assistant secretary. He got agreement on this from several people on the House committee. It seemed just to be a normal technical matter for which there would be no opposition.

Meanwhile, Congressman John Blatnik of Minnesota and Congressman John Dingell of Michigan, encouraged by conservation groups, were urging the Secretary to create in HEW a water pollution administration independent of the Public Health Service. Secretary Ribicoff did not agree to this administratively. He said, "We are upgrading water pollution control within the Public Health Service, but the quality of water is a health function and we feel it must be related to the total health service function. We want to keep it there." These two congressmen, I was told although I never confronted either one of them, but particularly Congressman Dingell, then blocked the change in title for this job as the only immediate way they could bring some sort of political revenge on

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the Secretary for not going along with their idea.

Subsequently, as you know, the whole water pollution program, primarily spurred by Senator [Edwin] Muskie, was removed from HEW and put in Interior. I was told, although I never heard it, that several years later Senator Muskie is reported to have said he made a mistake when he did that.

B: You mean, when he removed it from HEW?

J: From HEW and put it in Interior. But this I don't know. That's hearsay.

B: You know, there was at the time a lot of criticism in Washington that HEW just didn't run very well, a sort of vague criticism that HEW was just too big and too unwieldy for anybody.

J: Mr. Ribicoff had this view the whole time he was there, and he advocated breaking the department up into three departments, one for each of the major subjects--health, education, and welfare--or at best into two, putting health and welfare together and education separate, or health separate and the other two together. It made more sense for health and welfare to be together and education separate. But he advocated three departments. I did not agree with him at all. My position was that no department is too big to operate effectively if it is properly organized to be operated effectively, and that the department was not so organized; that if the department was broken up into three, there still would be required some coordinating power. This could be only in the Bureau of the Budget or in the White House staff, neither of which to me was as desirable as having a cabinet officer responsible for this coordination, but organizing, and with the staff help to do this. I advocated three either secretaries or under secretaries for each of

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the three areas, with a deputy secretary to assist the Secretary in the overall coordination.

B: Did that idea get very far?

J: No, for several reasons. One is Senator Ribicoff resigned to run for the Senate, successfully. President Kennedy then appointed Mr. Celebrezze to the job, completely unsolicited by Mr. Celebrezze. Mr. Celebrezze agreed with me that he felt that it was not too big to operate effectively and set about doing it. He was there longer than Mr. Ribicoff, but had the view that this was administerable and I agreed with him.

B: Was he a good administrator?

J: I think so. I think he was a better administrator than he was given credit for being. He was quiet, unassuming, was not politically ambitious and knew what he wanted--that was a federal judgeship, and that's all he wanted, and no matter what he did in terms of the public eye, this would not affect his eligibility or prospects of a judgeship. He had not sought the position, the position had sought him, and he had come to it after five terms of election as mayor of Cleveland, in which it took both Republican and Democratic votes to put him in. No one could run a city as complex as Cleveland and continue to be elected five times with the substantial majorities he had without having administrative ability as well as political acumen. I thought he was a good administrator.

B: What was your reaction to the assassination of President Kennedy? Do you recall that time?

J: Yes. The first word of it came on the ticker in HEW, and I was advised of it, along with others in our particular corridor on the fifth floor. I immediately called my wife and told her to watch television, that the President had been injured, and no one knew then how

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seriously. My reaction was to go immediately to the White House to be with Ted Sorensen, whom I knew personally and socially quite well, and he had been the one who had handled our health programs for the White House. He was alone, virtually, there. Most of the staff had gone with the President or were out elsewhere. I did not do that. I decided I would stay at my own office, which I did, and we watched reports. It was a matter of great shock to me and to everyone else. All official Washington--and the country stopped, really--but Washington stopped dead in its tracks. No business was transacted except of the greatest urgency over that period of days.

B: Did you try to call Mr. Sorensen that day?

J: As I recall, I did telephone and that's all I did. He was of course heavily involved immediately.

B: Once the immediate shock was over, was there any thought, particularly in your areas, that the administration might now be different?

J: I don't think there was much consideration of this at the time. For the old hands in government, it was perfectly obvious that it would be different, but with a selected vice president succeeding his selector, even under these tragic and traumatic conditions, there would be at least a continuity politically of the administration, but there obviously would have to be changes.

B: Was there any thought, for example, that, say, now President Johnson would not press as hard on Medicare?

J: No. As far as I know, none of this. President Johnson moved so fast after he came in office with a total legislative program that embraced virtually everything that had been

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talked about even, even though it hadn't been packaged and presented, that there was nothing but great appreciation for his concern and his involvement almost initially.

B: Actually Medicare--the health bill--was one of the few defeats he had in Congress in 1964. It was not until 1965 that that was finally passed.

J: There was more health legislation passed during President Johnson's time, I think--well, I don't know about more, but there were at least sixty to seventy major pieces of health legislation that were made law during his administration. And his own skill had a great deal to do with getting these pieces of legislation through.

B: I may be skipping something here, but I think we'd better mention that it is at about this time that you left your official position in Washington--it was in the spring of 1964, I believe, that you resigned.

J: When I went to Washington, I had thought I would stay about two years. This is what I said to my board at Emory, and this is what I had said to Mr. Ribicoff when I came. The two years had passed, and I had stayed on because of programs. In the late summer of 1963 I began thinking of returning to Atlanta but had not made definite plans to do so. After the assassination I dropped plans to return to Atlanta immediately and stayed on for a transition.

B: In other words, you did not want it to appear that you were leaving because of the new President?

J: This part didn't matter much, I didn't think my leaving or not would have affected the President at all, politically at least. But I felt it was unfair to leave under those circumstances.



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B: It was in June, I think, you finally did resign to come here to the Emily and Ernest Woodruff Foundation.

J: I resigned both from Emory and government at the same time to accept the post as president of the foundation which had been offered to me some time earlier.

B: I think in passing actually this foundation does the same kind of work you had been associated with.

J: It has a very broad charter and tries to improve the quality of life, primarily in the Atlanta area, but with emphasis on those matters that have regional significance.

B: Did you see Mr. Johnson at the time of your resignation, or any time there in late 1963 or early 1964?

J: Yes, I saw him several times. I was on the board of Gallaudet College. He made the commencement address there in the spring of 1964, I believe it was. No, he had made the commencement address a year earlier, but I had made the address a year later, following him. But at a meeting in connection with some exercises there, he said to me, "Bo, I hope you will not go back to Atlanta but will stay here with us." I had no extended conversation with him, but on three different occasions he did express himself as hoping that I would stay.

B: Then, coming back to Atlanta didn't get you out of all of this, because almost immediately, within the year I guess, the White House Conference on Health was held and you were the executive vice chairman of that, and, I gather from that title, in effect the planner and operator of the whole conference.

J: Yes. Before that, though, Senator Russell called me and said that Mrs. Johnson had

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indicated to him that she might visit Georgia for a day and wondered what she might do if she decided that this was something that she wanted to do. And he suggested that she talk to me about it. So Elizabeth Carpenter, the press secretary, called me and I went over and talked with her about it, and then talked later with Mrs. Johnson about a one day visit to Atlanta. This was in May of 1964 before I came home, but after I knew I was coming home. But before we had actually exchanged letters.

B: And this was not directly connected with the 1964 campaign.

J: No. It had nothing to do with the 1964 campaign, it was way too early, it was in the spring. I was in the White House having lunch with Mrs. Carpenter on a Monday, going over plans for an itinerary of Mrs. Johnson, which I had developed. The main purpose of her coming was to break ground for a major addition to the Communicable Disease Center of the Public Health Service, which is located in Atlanta. Then I had developed several other things for her to do. She was going to speak at a convocation at Emory; she was going to stop by the Atlanta High Museum of Art and unveil a model of a new Atlanta Memorial Arts Center, which was then projected, to which she had made a personal contribution some time before; and then was to attend a reception at the Governor's Mansion, all of which I had worked out for a one day visit.

B: Governor Carl Sanders--

J: Governor Carl Sanders at the time, and his wife. The legislature was in session at the time, and this would be a legislative reception, which was a very nice thing to do. This was to be on the following Monday.

While seated with Mrs. Carpenter at lunch in the White House, she received a

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call. When she hung up, she said, "Bo, the President has decided to go to Atlanta on his Appalachian tour this week, and wants to spend Thursday night there, and then go on Friday morning to Gainesville."

B: This would give you about four days, I think.

J: She said, "Will you go down there and arrange his visit?" I said, "Liz, I do not know anything about arranging a presidential visit or what's required." She said, "We'll have people who know what's required, but we don't know Atlanta. Will you do this for us?" I said, "Why, of course." "Can you leave Andrews Air Force Base within an hour and a half?" I said, "Yes."

So within an hour and a half, after checking with Secretary Celebrezze and telling him I wouldn't be home for a week, and with my wife, who I asked to pack, I came to Atlanta. In four days we arranged for the President's visit. We succeeded. It wasn't hard to do, but arrangements were much more detailed than the public has any idea--the Secret Service, the communications, the transportation route, the details of all of this.

B: Who was the main person on the White House staff who was working with you, or was there any one person?

J: There was one person. Bill Moyers was the liaison in the White House. He was not down there. I do not remember offhand the name of the staff people.

B: Did the visit go off all right?

J: We arranged for there to be a breakfast on Friday morning at eight o'clock with members of the state legislature and Governor Sanders and Mayor Allen.

B: That's Ivan Allen?

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J: Yes. At the Denkler Hotel, where the President had decided that he wanted to staff, his staff had. I came down that Thursday and I went to my hotel room. I virtually stayed there for four days on the telephone, making plans. Others made the arrangements for the luncheon, except for the general details I'd check. There were problems of racial objections to his staying at this particular hotel, a message from Mr. Moyers to me that we should move to another place. I said, "We can't do that, there's no way we can move at this stage." He said, "We have to move." I said, "I'll call you back." I got the Governor to get certain Negro leaders, who then got to those who were protesting. The message got back to Mr. Moyers that the group had had lunch at the Denkler and were well treated, they withdrew the objections.

B: I was going to ask, the Denkler was not integrated at the time?

J: It was. This was a part of a civil rights publicity move. They had not been treated, they thought, with the respect they were due at one particular incident, but we got that handled, and we stayed.

After the breakfast, which went very well, the Mayor had presented two lion cubs that had been born out at the zoo--they named one Lady Bird and one Lyndon, I think.

B: I think they are Lady Bird and Lyndon.

J: Lady Bird and Lyndon. Left the breakfast virtually on time. We had gathered between the hotel and the airport, where helicopters were waiting, at least 500,000 people. Franklin Roosevelt, Jr., along with several cabinet officers, was riding in a bus with me immediately behind the President's car and the newspaper people. He said, "This is the largest group I have ever seen out to see a president, even in relation to my father's days,

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other than during a campaign." Atlanta turned out extremely well, and it took a great deal of planning for them to have this opportunity, but it was very well done.

B: Did they enjoy the visit?

J: I think he did. He kept stopping all along the way, as he customarily does, and was late for his arrival at Gainesville about an hour or an hour and a half.

B: Did you get a thank you note from either the President or Mrs. Johnson for your share in the arrangements?

J: She was not involved in this one.

B: That's right, she didn't come with him on that one.

J: But I did get a thank you note from a staff man. This was an incidental thing for me. I'd never done this kind of thing before, but it was interesting to understand what has to be done.

B: Did her visit come off then, later?

J: I stayed on and completed arrangements for her visit on Monday. The President, when he got here on Thursday, apologized to me for pre-empting his wife's visit. I said, "We're glad to have you under any circumstances, Mr. President." She said that he was concerned about it, but it worked out well for him to be here under the circumstances.

Her visit was just fine. I think she enjoyed it. The people of Atlanta enjoyed it. She is so very gracious. The schedule worked beautifully. My wife came down with me, along with the wife of then Atlanta Congressman, Charles Weitner, and the wife of Senator [Herman] Talmadge.

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B: We were talking about Mrs. Johnson. I don't know if I've ever heard anybody say an unkind word about her.

J: She's a most attractive lady, she's gracious, she's warm, she's responsive, and highly intelligent. These characteristics are almost unbeatable when found in one person.

B: Did you have any fear of any unpleasant incidents? Even by that time, there were some people, in the South particularly, who had no love for Lyndon Johnson, to put it mildly.

J: This brings up another experience which I have not mentioned. This was the Lady Bird Special during the campaign of 1964.

B: This would have been after their visits?

J: Yes. Chronologically I'm getting out of phase here. I'll talk about that later. We did not expect and we did not have any incidents that were in any way a deterrent to her visit.

B: Then, was the next thing chronologically the Lady Bird Special coming though that summer?

J: Then I came home at the end of June, which was a month after the visit here to Atlanta, and had no more direct contact at that time.

My wife was invited to accompany Mrs. Johnson on the Lady Bird Special, the train trip, as a part of the campaign of 1964 that went from Alexandria-Washington to New Orleans. My wife did this and found the experience fascinating and very tiring.

B: I can imagine. Did she go the whole distance?

J: Went the whole trip. She had nothing but admiration for Mrs. Johnson.

B: You mentioned that a while back in connection with my question about unpleasant incidents. Did your wife experience any?

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J: Yes, there was heckling in Charleston, North Carolina, of a very marked kind, and in Savannah, Georgia.

Luci Johnson handled one of them by a very simple statement that, "We are here to be heard and have our say. We would expect you to have the courtesy to listen, just as we listen to you."

I'm not quoting her precisely, but she handled the situation with extreme poise. I don't remember at which stop it was. It may have been Tallahassee, I don't remember. But she handled it with such extreme point [poise?] that she won my wife's very great admiration as a very mature, able, young woman.

B: Did you ride on the train any?

J: No, I did not ride on the train in Georgia. I did go to Alexandria and stay on the train with them as they organized, and got off just as they left.

B: Would the next contact with Mr. Johnson be at the White House Conference on Health in 1965?

J: No, I went to the inauguration.

B: In January of 1965.

J: In fact, I saw the President several times during that winter. I do not recall precisely when, except for one time particularly.

I attended the inauguration and a party at the State Department after one of the inaugural events. Mrs. Albert Lasker and one other person were co-hosts. It was after a symphony concert, I believe. President and Mrs. Johnson were there. My wife and I had spoken to Mrs. Johnson, chatted with her a few minutes. Then later in the evening

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President and Mrs. Johnson were seated with Mrs. Lasker and one other person at one of the small tables for four, eating light refreshments. And as my wife and I walked among the crowd along the hall, he saw me and got up and came over and said to me, "Bo, are you going to stay down there in Atlanta and get rich, or come back up here and help us?" I said, "Well, Mr. President--" And before I could response, he said, "By the way, how did you like my health message?" I said, "I thought it was great, Mr. President." I didn't tell him that I had been working on it some myself. But it was a very fine message that he had very recently delivered to Congress.

His comment apparently was based on a conversation I had had with Secretary Celebrezze in December of 1964. I was in Washington for some affair and saw Celebrezze, and he said, "Bo, I've been meaning to get in touch with you. If you were offered the under secretaryship of HEW, would you take it?" He explained that he had checked this with one or two important people in the department, asking if they would stay if I came in as under secretary. And the key person, he reported as having said, "I will stay if he comes, but with nobody else." I said, "Well, Mr. Secretary, I do not know. I have just been home six months. I do not feel that I can leave at this time, but I just don't know whether I would or not."

Apparently the President's comment in January related to that conversation, but it was so brief that I do not know for sure just what to connect it to, but I assume it was. I heard no more from him, but I thought I would let the matter rest. I did not tell him that I would come.

Several months later Assistant Secretary Cohen was made under secretary, which



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I thought was a very appropriate and proper appointment. However, from this, if I had agreed to come at the time, I would have been on the job probably in January. The then under secretary had resigned, probably by mutual agreement, maybe by encouragement.

B: One suspects that Mr. Cohen might have been the man you quoted earlier as saying, "I will stay if he comes and no one else."

J: I didn't use his name because it was third-hand. The Secretary did say he had spoken to Wilbur Cohen, and Wilbur had said.

B: Did you have any other offers to come back from then on?

J: No, not of that caliber, no.

B: But I gather you were working rather closely with either HEW or the White House staff. You said you had participated in the message on health.

J: That would have been something we had worked on when I was there, just getting factored into a presidential message. It takes time for these things to find their way into presidential language.

As to going back, I knew that Celebrezze wanted to leave as soon as he could and take a federal judgeship. One had been available, but he had had to forego it because he couldn't leave at the time. I gathered he was prepared to leave anytime that this could be done easily and he could get a federal judgeship. Had the President talked with me directly about the situation, and had I had some assurance as to what would happen when Secretary Celebrezze left, it may have been necessary that I consider this quite seriously. Again, one does not turn down, I think, opportunities for high level government service, particularly one whose career was flexible enough to do this, as mine was at that time.

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But I was not interested in doing it on my own initiative, and I didn't pursue it further.

It was in the summer, later, that Dr. John Gardner became identified in the President's mind by virtue of his activity in connection with the White House Conference on Education, at which he made the widely quoted statement to the effect, "You've been nibbling at the problems. What you should do is take barracuda bites." The President liked this, as did others. And Dr. Gardner was a very able person. They moved then to get him into the secretaryship.

I'm not implying that I would have been secretary had I gone as under secretary, but the circumstances at the time may have led to this, although this was not my ambition and not my particular interest. But I found it difficult to refuse the President anything he wanted. Had he undertaken to do this in a more direct way, I probably would have had to respond.

B: Whose idea was it to have a White House Conference on Health?

J: This had been brewing around for some little while. There was effort to concentrate attention on problems of cancer and heart disease while I was still there. There was one abortive effort to prepare a definitive report on the state of our knowledge about these two diseases with a group of twenty experts, ten from each field. This was done but fell by the board because of the Bay of Pigs crisis during the Kennedy Administration.

B: Excuse me. You mean, the report was not publicized because of the Bay of Pigs?

J: It was not publicized.

B: It was released at the same time.

J: Well, the group met in the White House to meet with President Kennedy, and I was there

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chairing the meeting, and had chaired the group. Secretary Ribicoff was there. The President did not meet at twelve o'clock as had been planned. The group was ready with the report to him. At twelve-thirty he still hadn't, and said it would be a while longer. Then about--I forget the time interval, but perhaps about quarter of one Secretary Ribicoff came in and said, "The President is very much embarrassed and quite concerned that you are here and that he has not been able to meet with you. But a matter has come up of concern, and he will not be able to meet with the group." This kind of let down these people that had been working very hard on this report, particularly when during the process of waiting one or two of them had wandered around looking out the window, and they had seen the President greeting another group out in the Rose Garden. His name I won't mention, but he said, "If he can greet that group, why can't he at least come in here and accept the report!" But no one at that time knew the nature of the pressure that was on the President

B: I'm sorry; I got you off the track. That was an intriguing incident. But presumably, out of this kind of interest, there developed the idea of having a general conference on health?

J: Before that came the President's Commission on Heart Disease, Cancer and Stroke.

B: Of which your friend, Dr. Hurst, here in Atlanta, is a member, I think.

J: And Dr. DeBakey was chairman of it. I had participated and actually selected most of the members of that committee, while I was still in Washington, to follow through on this earlier abortive effort to bring special attention to these particular health problems. This commission was formed, and after I came back to Atlanta it was in session, and they

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asked me to serve as a consultant to the commission, which I did and participated regularly with them.

Then later the White House Conference on Health was envisioned, and I had nothing to do with this in terms of concept. I didn't know anything about it actually, or who developed the idea. Douglass Cater, the President's special assistant, called me--as a matter of fact, I was at some gathering at the White House and saw him, and he asked me if I would come to his office afterwards, he wanted to talk with me, which I did. He said, "We're going to have this White House Conference on Health and want you to be executive vice president. Dr. George Beadle of the University of Chicago, a Nobel laureate in biomedicine--"

(Interruption)

He had great prestige in the medical and biomedical fraternity circle. Mr. Cater said, "We want you to be executive vice president and to arrange and manage the conference. He talked about others who were to be on it, and I agreed to do it.

B: When you're planning a conference like that, do you conceive of it mainly as a kind of public relations or publicity device? I don't mean to denigrate the function of the conference, but--

J: They have different purposes. The purpose of this one from the beginning was to provide a forum to air suggestions about health activities in this country, without any effort to develop recommendations or a program. The thought, as explained to me and on which I based the agenda and the proceedings, was that, "We want to explore all aspects of health, this exploration to provide opportunity for experts in the field to express their

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ideas on any subject related to health according to how the agenda may be structured.

We do not expect recommendations, as such, from a group of this kind, but the ideas may generate the thoughts for further development in the interest of the nation's health."

B: Were participants encouraged to be as critical as they wished?

J: They were encouraged to say whatever they pleased.

B: As I recall, some of the participants were quite critical of the status of health care in general and in certain specific areas.

J: The extent of criticism was in no way inhibited by virtue of the conference delegates or the encouragement to participate.

B: What was the attitude of organized medicine toward such a conference?

J: As far as I could tell, they had no objection to it at all. They fully participated and expressed their viewpoints.

B: Did Mr. Johnson take an active interest in it?

J: He was quite interested, actively interested, to the point of reviewing the agenda with us, as I recall, one time, and made it very clear that he wanted to get ideas as to improvement of the health of the United States.

At the time of the conference he did not participate because he went to the hospital for his gall bladder operation.

B: That's right, I had missed the connection in time.

J: Vice President Humphrey entertained the group at the White House and received the delegates and did the honors for the President. The conference lacked some of the publicity and luster and attention that it may have had, had not the President's gall

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bladder, as a specific health problem, preempted the general health problems of the whole country.

B: Rather ironic, isn't it!

J: I might say that this was my first experience also with a White House Conference on Health. We had a relatively short time to arrange it, a matter of just months. I suggested at a meeting of our small executive committee in Mr. Cater's office what the agenda in general should be. Basically I divided it into three components related to health research and knowledge, health services and care of people, and health protection problems of the environment and protection in the market place, and then broke these down into subheadings with the advice of the small committee. We ended up, I think, with ninety-nine formal presentations in this brief period of time, two or three days of the conference. Only one of the people invited to participate as program panelists or to present major papers or to serve as moderators for panels refused, and this because of a long-standing commitment to be in Europe at that time. And of all of those who did accept, with a substitute for this one, they attended a hundred percent, a most remarkable achievement. You see, we started out with the idea that there would be six hundred people. The interest in this and the constant demands for invitations and continuing to balance these representative delegates provided about eight hundred finally in attendance.

B: I think you've indirectly answered the question I was getting ready to ask. I was going to ask you if you thought such conferences served a useful function.

J: Oh, yes, I think they're quite useful. It attracts attention to the particular subject matter; it gives a forum for expression of views in a way that can be heard. Although there were

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no recommendations by design from this group, and therefore there was no lost motion in terms of trying to reach a consensus or even compromise agreement, the views were recorded and made available subsequently in summary fashion in a publication that I am sure has been quite useful to those who are developing health policy in terms of avoiding missing gaps in the health enterprise.

B: You might read that title just as a clue to future scholars.

J: "Proceedings of the White House Conference on Health, November 3-4, 1965. For sale by Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402."

B: Did anything almost go wrong?

J: No. We had no problems, as far as I can remember.

B: That's good.

J: Except for the President's own illness during a health conference.

B: You've mentioned that you know Dr. Hurst. Do you know Dr. James Cain?

J: Yes. He was on the President's Commission on Heart, Cancer, and Stroke also, I think, and I met him there. I know him pleasantly, but not well.

B: To your knowledge, did Lyndon Johnson ever have a meeting with representatives of organized medicine such as the one you described with President Kennedy?

J: I do not know.

B: That would be a most interesting confrontation, I would think.

J: I'm sure that there have been numerous meetings. I know that Dr. Phil Lee, who came into the position I held one year later--Dr. Ed Dempsey was in it for awhile, but Dr. Phil

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Lee was a practicing physician at one time and he established very strong lines of communication with the professional groups, including the AMA. We had very strong lines when I was there, too, but not as a professional could I speak.

B: I guess they let you come back to Atlanta for awhile after that White House conference, but then I know you were called back in service for this--

J: I had an interesting experience in connection with a request to serve with the White House Conference on Health. About the same time Sargent Shriver, who was administrator of the Office of Economic Opportunity, had asked if I would serve as regional director for OEO for a limited period of about six months. When I returned to Atlanta, the mayor and the county commissioners of Fulton County, in which most of Atlanta is located, asked if I would take the responsibility for the local Community Action Agency, anticipating passage of the Economic Opportunity Act of 1964. My board agreed, and I did agree to do this. So by joint appointment of the city and the county, I did chair the first authority which later became Economic Opportunity Atlanta Incorporated, the local agency that promotes the antipoverty program.

B: How long were you in that position?

J: I'm still in it, after six years.

B: Has that been long enough to evaluate it? How does it work?

J: It has worked extremely well in Atlanta. Mayor Ivan Allen has attributed to this program a major role in providing for the needs of the poor to the point that Atlanta stayed relatively quiet during periods of intense unrest among the poor.

B: I guess that makes the difference--the general climate the city government sets.



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J: Mayor [Sam] Massell, who was vice mayor at the time, likewise has been very strong in his support of the program, as have the county commissioners. As a matter of fact, the Community Action Agency was set up as a private nonprofit organization. And once having created the agency, the elected officials kept hands-off completely. It has been run by the board which is now selected under the general criteria of OEO, one-third elected representatives of the poor, one-third appointees of elected representatives of government, and one-third appointees of selected private agencies in the general field of antipoverty activity.

B: The part about having elected representatives of the poor has been somewhat controversial. In your experience, has it worked well?

J: Extremely well. We did it slowly. These people have become quite articulate and have been extremely valuable in reflecting the needs of the people we are intended to serve, and in carrying back to them the possibilities and problems and impossibilities of the program. It has been an extremely useful arrangement.

B: By any chance, have you ever discussed this with Mr. Johnson?

J: No.

B: A program that's generally associated with him, I wonder if he ever had a report from the action level of it.

J: I've never been invited to, and I don't volunteer these things unless I'm asked to. But the program was in trouble because some of the OEO designated community action groups were in opposition to the elected representatives, and confrontations were taking place and this made for difficulties, some constructive and some not. The program was in

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trouble nationally. Sargent Shriver had the idea that in regional offices around the country you would get people of such caliber, as he expressed it to me, that they would be accepted by congressional leaders and by people in elected local offices, and also would really give some basic administrative talent to overseeing these developments and minimizing the confrontations. Mr. Shriver discussed this with Mr. Moyers in the White House--they were very close--and Mr. Moyers undertook to persuade me that I should do this. But I could not do this, or I would not do it at the time.

B: You mean the regional director position.

J: The regional position. I told them, and I was quite sincere about it, that I could do them a great deal more good by demonstrating a successful program in Atlanta than I could by being spread out over a region and I did not wish now to divorce myself from my own community to that extent.

Mr. Moyers called me one Monday morning and said he'd just returned from the Ranch, that he'd been out on the lake with the President, and the last thing the President had said to him was, "Get in touch with Bo Jones the first thing Monday morning and tell him I want him to take the regional OEO job."

I was in Washington for something else and went to talk to Douglass Cater. At that time Douglass Cater was asking me to do the White House Conference on Health, and Bill Moyers upstairs was asking me to take this job for Mr. Shriver. I went up to tell Mr. Moyers I would not do it, and he said, "Come on with me a minute." He didn't say where he was going, but I followed, and we went right into the President's office. Governor [Edmund Gerald "Pat"] Brown of California was just leaving the office.

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The President sat down with Bill Moyers and me, and he talked a little bit about the OEO program and how important it was. He said, "I hope you'll help us out." I commented, "Mr. President, I'm trying to give you the best program in the United States in Atlanta, and I think we are succeeding," which I really firmly felt and which Mr. Shriver had said at a national press conference in Washington at one time. Mr. Moyers was coaching the President a little bit, but the President didn't have the cue and he didn't really twist my arm to the extent that Moyers had expected him to.

Anyway, I went back out and talked to him and told him I just couldn't do it. I went down to see Mr. Cater and said, "Now, I will do the White House Conference on Health job if you'll relieve me of the other pressure." It was all in good humor, and this is the way it worked out.

B: Then did you have any other contacts with the White House in between these two conferences, the conference on health and then the one later in 1968? I phrased that badly. The conference on health was in the fall of 1965, and then there was this other meeting in 1968.

J: Some time later I had another communication from the White House; it said the President wanted to establish a National Advisory Commission on Health Facilities and wanted me to chair it. I agreed to do that. I did not participate in the selection of the members, but I did review them before they were appointed, and agree to them. So far as I knew, although I was not acquainted personally with more than one or two of the people on the commission.

B: Who did pick them?

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J: The White House.

B: Mr. Cater?

J: I'm told that President Johnson himself took a hand in this selection, so they were his personal choice from recommendations made to him. The original group, as I have been told, was much longer in number and he cut it down, and he personally approved every member of the commission.

B: Was Doug Cater the staff man involved mostly?

J: Yes.

B: I've used the phrase "meeting," actually this is a continuing group, isn't it?

J: No. This was a one-time group that was in existence only to produce the report on health facilities and then went out of business.

B: Whose report was also--you have a copy of it there in your lap--published by the Government Printing Office?

J: Yes. It's called "National Advisory Commission on Health Facilities, A Report to the President, December 1968." It was published through the Department of HEW by the Government Printing Office.

B: How did that one go? Any troubles or difficulties in getting agreement at that one?

J: The commission on its own diverted its major emphasis from health facilities and specifics concerning the extension of the Hill-Burton Hospital and Health Facilities Construction Act, or modifications thereof, to a concern about the whole system, or nonsystem, of health services delivery. The report then is a much broader document which says, in fact, that there is no point in planning facilities out of relation to the

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system and its functioning in which the facilities will be a part. The report did attract considerable attention.

Another modification of the original idea was that the report avoided specifics of recommendation and stuck primarily to generalities which had pertinence. The reason for this was that there was to be a change of administration before the report was due or would be published. And it was felt that since a new administration would be in, specifics might well prejudice a new administration toward the specific recommendations of a commission responsible to the previous administration. But the concepts are irrefutable, so that we stuck with concepts and undertook to depict in considerable detail what a viable health delivery system should look like in this country if we expected to preserve a voluntary system in contrast to a national health service. We believed very strongly in a plural system, a diverse system, with local community responsibility rather than a monolithic national program. That's the nature of that particular report.

B: What was Mr. Johnson's reaction to your report?

J: He accepted it. He had a meeting at the White House with a great many people present, participated in it himself, expressed gratification at receiving the report. He had not at that time reviewed it in detail, but this was in December of 1968 and he went out of office not too long thereafter.

B: One month afterwards.

J: I am told, without knowing, that copies of this report were requested by the new Secretary of HEW, Mr. [Robert] Finch, early in his administration for a meeting he was having with his people--either Secretary Finch or a close associate. I don't know the

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outcome of that.

B: Have you been called on for this kind of service since January of 1969?

J: Not by the new administration. I have some contacts, and occasionally people will call me by phone. I was appointed for the third time to the National Advisory Health Council after returning to Atlanta. This was about 1965. I had been on twice before, one for an unexpired term, and another for a term from which I had to resign because of being in Washington. I did serve a full four-year term. Except that, after the change of administrations, there was no meeting held of the National Advisory Health Council, and I understand there hasn't been until yet. But my four-year term did expire. I have not been invited to participate in any official government function of any sort by the new administration.

B: Back to the Johnson Administration, would it be fair or proper to say that in the latter part of the Johnson Administration concern with the Vietnam war took some finances and attention that might otherwise have gone to improving health services?

J: It is very difficult in the complexity of federal budgeting to relate one cost to another specifically. There is no doubt but that the drain on national resources caused by the Vietnam involvement limited resources which might be applied to domestic programs, including health.

B: I gather from all you've said that you would consider improving health care to be one of Mr. Johnson's major concerns.

J: Yes, unquestionably.

B: Do you suppose there's something in his background that tended him in this direction?

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J: I have no way of knowing about this. I do know that he proved to be, if labels have to be applied, quite liberal in his advocacy of programs that had direct relation to the quality of life of people of the nation. From that standpoint, I think his inherent concern for people and the environment in which they live, the nature of their life, would naturally include health, as well as education, which he rightly gave great priority to.

B: Did you ever see any examples of the rather famous Johnson temper in action?

J: I have not personally seen that famous temper in action. I have in a way been affected by it, if you'd like a slight--and this is fairly recent. During the time I was serving as chairman of the National Advisory Commission on Health Facilities, our staff was given offices in one of the federal office buildings there on Lafayette Square. While we were still working, the President inspired the creation of the National Alliance of Businessmen, which was to promote the availability of jobs in industry for the hard-core unemployed. Mr. Henry Ford was national chairman, and Mr. J. Paul Austin, president of the Coca Cola Company, was vice chairman.

Mr. Austin, who is a personal friend of mine, called me once when I was in Washington and asked me to attend a meeting of this group in the formative stages that he could not attend. Since I was there, I agreed to stay, and I did represent him at an early meeting. Because of some experience in government I talked from time to time with some of the staff of the National Alliance of Businessmen, particularly Mr. Leo Beebe, who had been loaned by the Ford Motor Company to serve as the executive director.

The NAB was given an office on a floor just above our offices, and we provided

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from our staff some initial office services to help them get started. I kept in touch with the program somewhat through contacts there and through Mr. Austin in Atlanta, where we helped create the Atlanta group, Atlanta being one of the fifty metropolitan areas in which they started. The program was quite successful in accomplishing its purpose.

After nearly a year Mr. Beebe was asked by Mr. Ford to return to the Ford Motor Company for a special assignment, and the executive board of NAB asked Mr. Austin if he could arrange for me to succeed Mr. Beebe for about three months during the last two months of President Johnson's administration and a transition to the new administration when a new group would take over. My board agreed that I should do this. Mr. Beebe talked to me about it, and I agreed to do it. I said, "You must check this with the White House," which he had not done.

So he did check this with Mr. Joe Califano and one of his associates, and they said there'd be no problem about that--"the President knows Bo Jones very well and likes him. There'll be no problem--"

Apparently they did not check this with the President. This part of it I do not know. But after some postponement, when the time came for me to go and the procedure was for Mr. Ford and Mr. Austin and Mr. Beebe and me to be with the President and for Mr. Ford to present a final report of this particular group, or a progress report, and then for the President to accept it and to announce the change, or to be advised of the change for these three months, they never could schedule this meeting.

Meanwhile, I had made plans to move to Washington, including the renting of a house apparently when Mr. Califano pinned down the President as to the date for this, the



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President objected to Mr. Beebe leaving at the end of his term, and said: "Get Henry Ford on the phone for me," and told Mr. Ford he could not leave. I gather that his temper came into play there. He did not want people running out on him at the end of his term. But this was not so interpreted by anybody, and would not have been so interpreted.

I'm not sure yet whether the President ever knew the extent to which I had already made plans, including renting a house, for which I ended up having to pay at least a month's rent.

B: This would have been late in 1968 that all of this was taking place?

J: Late in 1968. This started in September of 1968. But I was glad to stay home. This is an incidental anecdote that has no significance at all.

B: It is kind of interesting, what you said that the President didn't want anyone leaving before his presidential term was over.

J: Someone had resigned only shortly before that, and it may have been that he had had a change of heart because of this. I have no way of knowing, nothing was ever said to me by Mr. Califano or anybody else in the White House, or by Mr. Beebe, except that this was what happened. Mr. Austin was called by Mr. Califano when Mr. Austin was on the west coast, after I had been packed and my wife had been packed for two days, waiting to go, but not going until we knew exactly when the ceremony was going to be. That's an interesting byproduct of a failure of communications, or lack of reading the President's wishes, or a failure to communicate.

B: The government is so big, you sometimes wonder how it manages to work at all.

J: But I feel that if the President had known what arrangements had already been

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committed, he may have had a different idea. But my guess is, his temper came into play at that point so that there was no way of advising him otherwise.

I've seen the President only once since then. This was purely by chance. My wife and I were attending a meeting--at least I was attending a meeting in Washington at the Airlie House, had come back into Washington on a Saturday and was going to stay there through Sunday. I had an engagement Saturday evening. My wife and I strolled through Georgetown, where we used to live. We passed a Catholic church on Dunbarton Street, with a small crowd of photographers present, and saw a friend of ours there among the reporters who were present--Imelda Dixon. We wandered over and talked to her and said, "What's going on?" She said, "President and Mrs. Johnson are here. It is a wedding of a former secretary, a very small wedding, and they're about to come out." About that time the party came out and pictures were made. The President saw my wife and me, called us over, turned to Mrs. Johnson and said, "Bird, look who's here. Anne and Bo Jones." So we chatted for a few minutes, and they invited us to come to the Ranch. They were very pleasant and looked fine, looked better than we'd seen them in many years.

B: When was this?

J: This was in December of 1969, last December.

B: Six months or so ago. That's quite a coincidence.

J: And that's the last I've seen them. This was a general invitation which we have not, of course, taken them up on.

B: Sir, I've run out of questions. Is there anything else?

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J: You were asking about personal relationships. When we moved to Washington in the middle of the year, my children were accepted into the National Cathedral School and St. Albans in Washington. Lynda Johnson was a class ahead of my daughter and was extremely nice to her, on their own, without any connection with the Johnsons officially. And Luci was a class or two behind my daughter, but I think one class ahead of my son, who was in St. Albans. They were casual friends, but not intimate at all, except that the girls were very pleasant and very nice to my daughter.

The President spoke at Lynda's graduation at National Cathedral School, and a year later I spoke at the same commencement when my daughter graduated, which seems to be a pattern, to get a parent to speak at that particular time.

B: Is there anything else you'd like to add to this, sir?

J: These are just personal anecdotes that have no particular relationship.

B: That's a useful kind of thing for this.

J: But it recalls very pleasant memories for me of association with the Johnsons, which I hope will continue.

I might say about thoughtfulness, about a year and a half after I returned to Atlanta I had a coronary and was in the Emory Hospital. One day later, I had both a telegram and a very large bouquet of flowers from President and Mrs. Johnson. This is how thoughtful they are. I would not consider myself, except from my standpoint, intimate friends, and yet our association has been so very pleasant that this is the kind of thoughtfulness that one does not cast aside very easily.

B: If it's not too personal a question, may I ask if you and President Johnson share a heart

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doctor? Is Dr. Hurst your physician?

J: In a sense, we do. My particular cardiologist is Dr. Bruce Logue, who was the senior associate of Dr. Hurst when Dr. Hurst was at Emory. They have been associates. As a matter of fact, they have written the definitive text on the heart.

B: I saw a copy of it yesterday.

J: Well, Dr. Logue was the one who looked after me--he was a classmate of mine at Emory and a very close personal friend. He actually practices with private patients, whereas Dr. Hurst sees only occasional private patients because of his major concern with the Department of Medicine in the School of Medicine.

B: Is there anything else you can think of, important or inconsequential, like the anecdotes?

J: One I remember, another contact with the President. I was in the White House discussing some matter with Mr. Mike Feldman, who was associated with Mr. Ted Sorensen as counsel to the President, when he had a call from the President. He said, "Bo, come go with me. The President has called and he wants to talk about krebiozen, and you know more about it than anybody. Come on and go with me."

The President had had a call from Senator [Paul] Douglas of Illinois, asking the President to intercede and force the FDA and/or the National Cancer Institute to either run a definitive research program on a product called krebiozen, presumed to be a cancer cure, or clear it for use, interstate, in this country.

B: This was back in the Kennedy years that this was taking place.

J: No, this was President Johnson.

B: Oh, long after krebiozen had first--krebiozen was first in the news in the Kennedy years.

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J: This had been going on for quite some time. I explained to the President that the FDA and the National Cancer Institute had been unable to secure from the promoters of this product, the Durovic brothers, and Dr. Ivy, who had been the very distinguished cancer research man himself and who advocated the use of krebiozen, but said himself he did not know how it was produced--it was impossible to get from these people samples or the basic information of what the product was and how it was made; therefore, there was no valid way to test it.

Senator Douglas had been an advocate of krebiozen, largely because of his personal friendship with Dr. Andrew Ivy.

B: I was going to ask you why Senator Douglas had been so active in the whole krebiozen business from the very beginning.

J: Krebiozen is a whole story in itself. But it shook the University of Illinois where Dr. Ivy was on the faculty. Virtually the whole department of pharmacology resigned from the medical school when the president of the university was fired for having barred Dr. Ivy in relation to use of krebiozen. Dr. [George] Stoddard was his name; he then went to New York University. But it was a major problem at the time.

B: Did President Johnson understand your summary of it?

J: He said, "Well, you handle it. Call Senator Douglas, go to see him and tell him I sent you." I said, "I'll be glad to do that."

I did call Senator Douglas, and I did go to see him. My appointment was at four o'clock one afternoon, stayed with him and his administrative aide until seven o'clock discussing the whole situation. Senator Douglas was completely unreasonable about it.

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He would agree to a reasonable proposition, and then would accept Dr. Ivy or Dr. Durovic in terms of validity of their interpretation when the facts were completely contrary.

B: Did you report back to Mr. Johnson on your meeting?

J: No, I just kept working with the problem and it never got back to him again, or, if it did, he kept saying, "Well, that belongs over in HEW."

I became involved in this krebiozen problem because when I first went to Washington I found that this had been a persistent problem for some time, and that nobody had done anything about it. I then had a meeting with representatives of the Food and Drug Administration and the Public Health Service, both of whom were concerned. I said, "If you're so concerned, why don't we bring this to a conclusion! What's holding it up?" They said nobody would take the responsibility. I said, "Well, let's go ahead with it."

Then, at that point we moved definitively to stop this particular traffic.

B: To formally ban interstate shipments of krebiozen, I believe.

J: We had another device that came into being by that time. These were regulations that had to do with approval for initial clinical research of new drugs. There were new drug regulations which were formulated while I was there and which we issued. These provided very special steps which had to be taken by any manufacturer of a new drug prior to the availability of the drug in clinical trials. It was a question of either conforming to the requirements for clinical trials or being barred from interstate shipment, and this is where krebiozen got caught.

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B: In a very real sense, the most important things done in your area are things that didn't happen. Well, thalidomide, for example--the fact that there were not more episodes like that, and that that one--I forget the exact details, but it was not nearly as serious as it could have been because Dr. Frances Kelsey kept thalidomide limited.

J: There had been some evidence from England of the problems they had and Dr. Kelsey had read this. And in view of that particular evidence, they would not clear thalidomide for clinical use on any extensive basis at all. And then when the facts became evident later, then this had prevented a widespread problem as happened in Germany and other places--

B: That's right. Those people in this country who got thalidomide got it from overseas. Sir, is there anything else? I know you have an appointment coming up here.

J: I will think of many things of interest after you leave.

B: Write me a letter and I'll be back.

J: Thank you.

[End of Tape 1 of 1 and Interview I]

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