

INTERVIEWEE: DR. PHILIP R. LEE (Tape #1)

INTERVIEWER: DAVID G. MC COMB

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M: This is an interview with Dr. Philip R. Lee, who is the assistant secretary for health and scientific affairs in the Department of Health, Education, and Welfare. The date is January 18; the time is 9:50 in the morning; and I am interviewing him in his office at the Health, Education, and Welfare Building in Washington, D.C. My name is David McComb.

First of all, Dr. Lee, I'd like to know something about your background-- where were you born and when?

L: My background begins in San Francisco on April 17, 1924. And early in life our family moved from San Francisco to Palo Alto where I spent most of my early life. My father was a practicing physician. I was the third of five children, all of my three brothers and sister became physicians, so that gives you some indication of the medical nature of the family. First of all, [I attended] elementary schools and high school in Menlo Park and Palo Alto, Menlo Park being the community immediately adjacent to Palo Alto. I attended Stanford University and for one semester attended the University of California at Los Angeles. This was while I was in the V-12 Program during the second world war. I returned to Stanford Medical School.

M: You were in the Navy too, weren't you?

L: That's right.

M: In the intervening period during the war.

L: That's right. I was in V-12 at that time. And then returned to Stanford Medical School in 1944 in the V-12 program; completed medical school in 1947;

interned in Boston at the Massachusetts Memorial Hospitals and was given my M.D. in 1948--Stanford giving me M.D. at that time only after the completion of internship. [I] had another year of residency at Stanford, then spent two years in the Navy as a lieutenant j.g. in the Medical Corps. The first approximately nine months of that was spent at the U.S. Naval Hospital at Santa Margarita Ranch which was Camp Pendleton. It was a Marine base. Then I went on sea duty, initially out of San Diego. Then in August 1950 I went to Korea and was on sea duty in and around Korea during that next year. And the unit that I was with received the Naval Unit Citation for activities during that period of time.

Coming out of the Navy, I spent about a year-and-a-half with Dr. Howard Rusk at New York University as a fellow in physical medicine and rehabilitation. Then two years and a little bit more at the Mayo Foundation as a fellow in medicine, and returned then to New York University as an assistant professor in the--first as an instructor, rather--in the Department of Physical Medicine and Rehabilitation at New York University.

While at Mayo Foundation I received a master of science degree from the Graduate School at the University of Minnesota. That was a master of science in medicine.

In 1956 I returned to Palo Alto as a member of the staff of the Palo Alto Medical Clinic, and remained there as a member of the Department of Medicine, working primarily in two roles--one as a family physician or personal physician for adults (I didn't do general practice, but rather general medicine), and also as a specialist in arthritis and rheumatic diseases. It was during this period, particularly beginning in about 1961, when I began to advocate Medicare. It was then in a somewhat different form than it finally passed. The main emphasis

at that time was on hospital care and on out-patient care related to hospitals. It was during this period of time also that I became much more interested in the role of the federal government in medicine, and began to learn a little bit about it.

In 1963 I took a sabbatical from my practice. We were eligible at the clinic for sabbaticals every seven years, and I was due that year, but took a rather longer sabbatical--I asked for a year's leave of absence which I was granted to become director of health services in the Office of Technical Cooperation and Research in the Agency for International Development.

M: How was that offered to you?

L: That was offered to me by Dr. Leona Baumgartner who had been the commissioner of health of New York City, who was the assistant secretary. David Bell, who was the administrator of AID, also was from Palo Alto, but didn't know me prior to my coming to Washington or they were beginning to recruit me for the job. My dad had been the family physician of the Bells, and actually my dad had been involved in the recruitment of Dr. Baumgartner into her job, as had been several people with whom I was closely associated, particularly Dr. Howard Rusk.

M: Did she know you then?

L: She did not really know me prior to that time. Well, she knew me casually. Another person who was influential in that was Dr. James Watt who was head of the Office of International Health in the Public Health Service. And a third person who was crucial in that was Dr. Lester Breslow who was then director of the bureau of chronic disease in the State Health Department in California. He's now professor of health services administration at the University of California at Los Angeles, after having served as the director of the Department of Public Health in California.

The other individuals--Dr. Bruce Jessup, who was a pediatrician at the Palo Alto Medical Clinic, and with whom I had worked, was a medical student actually in my brother's class in medical school, and was one who was very strongly working on this. As a matter of fact, Dr. Breslow called me when he was going back East to tell me that he was going back to talk to Dr. Baumgartner about this job, and I told him that if he accepted the job I would be glad to go back to Washington with him as his deputy. He indicated to me that he wasn't going to accept the job, but he was going to suggest to Dr. Baumgartner that she put me in the job, and she later did this.

That was in I guess February of 1963 when I was offered the job, and within a couple of weeks I wound up my practice and went to Washington. At that time I didn't know anything about how government bureaucracy operated. I didn't know the difference between a GS-1 and a GS-18. But that was a very interesting couple of years. This was a staff job.

The most important thing I think that we did then during that period of time that was really relevant as far as President Johnson was concerned was the development of a policy in AID on population and family planning. Actually then while I was in this office, we recruited Dr. Jessup back from Iran to head an office of population reference and research. He was really a one-man office for awhile. I was actually on a trip around the world in India and Viet Nam and Korea and Taiwan and several other places, and they deferred the final decision on the policy until I got back in December. And I met with Dave Bell's top policy staff, and they adopted a policy in December of 1964. There was obviously conversation going on with the White House for some months on this policy. And the President of course in his state of the union message in January 1965 made really the break-through statement on population. Since

that time policies have been developed here and in all the other really major relevant government departments and agencies. But I would say that the background materials there--the discussions that went on with White House staff, I wasn't involved in those discussions, Dave Bell was involved, Leona Baumgartner was involved--perhaps had some influence on the President's making his statement.

M: Would you consider this the current recognition of a world population problem?

L: Well, it was the first time of course a President had ever given it that kind of recognition. President Kennedy was so much more cautious in 1963 when after the National Academy of Sciences report was published, he was asked at one of his press conferences about the problem. Even though in an earlier message to Congress he'd identified the problem in Latin America as of major significance, there was no policy in the State Department, there was no policy in AID to provide direct assistance. There was a policy which was articulated at the U.N. in 1962, December, by Mr. Richard Gardner, a lawyer who has gone back to Columbia--he was Deputy Assistant Secretary for International NIO Organizations. But there was a policy, but it was a hands-off policy as far as we were concerned. The U.S. government did not provide financial assistance, didn't provide technical assistance in the area of family planning or birth control. The AID policy was adopted in December '64, but was not sent out to the field until April. We went through a prolonged clearance process. But with the President's State of the union message, it made it very evident that this would be accomplished. So that in April of '65 actually, the aerogram went out to the field, spelling out the policy in detail.

M: That policy is rather touchy though.

L: It was at that time. But it's no longer now because it had strong support in Congress and in the public; and as a matter of fact, people are demanding that we do much more.

M: What brought about this change in public attitude--do you have any idea?

L: I think that I would say that if there could be a single thing that would be responsible, it was the President's action. Not only his action there, but of course he has made more than thirty statements on the problem under various settings and circumstances in several of his health messages, in a number of public statements when John Gardner was sworn in as Secretary of HEW. There are a number of other documented occasions, and I would say his leadership more than any other single thing. Now, of course, there were a variety of other forces at work. But had he not done this, there would have been that continued lag, I'm certain, in the public attitude and also in the governmental policies. It's hard enough to get the programs going, once you have the President's policy. So that was I think the single most important thing. There were a series of Senate hearings that Senator Gruening held that helped to educate the public and keep the problem before the public. The growing acceptance of the oral contraceptive, for example, much more wider use of oral contraceptives, made it a less touchy, less controversial subject.

The other sort of interesting thing with respect to the President when I was in AID [came] almost immediately following the assassination of President Kennedy. I received on my desk a report of the President's visit to the Far East which had occurred some months before that time. He'd been accompanied by Jim Cain--Dr. James Cain, who was his personal physician from the Mayo Clinic. And I happened to have worked on a service on which he was when I was a Fellow at the Mayo Clinic. And as a matter of fact, I did a research Project in gastroenterology in which he had a good deal of interest, so I had fairly close contact with Jim Cain when I was at the Mayo Clinic.

This report had been written by Jim Cain to Vice President Johnson, and it indicated the strong interest on the part of the President--then Vice President

Johnson--in international health. And to me there was a very significant difference--at least, I felt this--in his interest in health and President Kennedy's. Perhaps I'm misinterpreting history, but it seemed to me that the very favorable experiences he had with Jim Cain and his personal physicians-- I think as a matter of fact that Jim Cain introduced the President to Mrs. Johnson--I'm not certain about that, but that's what I've been told. "He had excellent medical care throughout his life really, superb medical care. And I won't say largely, but certainly it cannot be dissociated from the fact that he knew Jim Cain, and Jim Cain was an outstanding physician. Not only did he get good care when he used to go to the Mayo Clinic for his checkups, when he had his heart attack, Jim Cain and Howard Burchell from the Mayo Clinic were both brought back here. Willis Hurst of course, who was the physician on the service at the time, was in the Navy, but Jim Cain throughout this whole period has seen to it that the President got very good medical care.

This perhaps made him recognize how important this is. It made him an advocate for health programs in a way that certainly President Kennedy never was. At least if you can believe Arthur Schlesinger's history and other historical records, President Kennedy was rather bitter about the medical care he received in the Navy. He had a back operation. He had a series of other really very difficult experiences, medically and surgically, and never had the same attitude as far as I could tell towards health programs.

Certainly the health programs in AID got a big psychological boost after President Johnson really took the reins, and this occurred by early 1964. This was evident. You know, everybody went through this terrible, difficult, psychological transition period. That was one of the first evidences I had, and this was brought to my attention immediately by the people who had been in AID.

They figured if we had a new President, here was a report that had been submitted. As a matter of fact, I disagreed with many a thing that Jim Cain said about what should be done in Viet Nam. I read the report in November of '63. Jim had done this earlier--I think it may have been the spring of '63. But the subsequent program that developed in Viet Nam because of the escalation of the war was very much along lines that he had outlined initially.

It was a program that was focused on medical care with a good deal of preventive medicine, but a lot of personal health services developed for people in the villages. That was a very relevant program in view of the later circumstances that developed. But it was not one that at the time at least, that I thought was wise in view of limited resources that we had available. I thought we should put more emphasis on public health and the more traditional things even though I had been a practitioner.

One other thing I should say about the AID job. When Fowler Hamilton was appointed as administrator, several people worked very hard--Florence Mahoney being among them--to get my dad appointed in the job that would be somewhat similar to the one I was later appointed to. These negotiations went on for some time. And for reasons that are not clear to me, this never occurred. My dad was a consultant to AID, to Fowler Hamilton. He made at least one trip overseas to the Philippines and various other places with Clift Pease who was then the deputy director in the office that I eventually took over in this health services. So that my dad actually had more connection with this whole thing than I did until I actually got in the job.

Then in 1965 John Lewis, who had been on the President's Council of Economic Advisers and then had gone to India as the AID mission director, asked me if I would come to India as the director of the public health division in the AID

mission. I had five kids and decided at that time that I would not go to India. So then I made up my mind that I would go back to Palo Alto, return to practice, and was then prepared to leave on the 1st of July or the 30th of June to return to Palo Alto. Arrangements were pretty well made for this although I hadn't submitted a resignation and that sort of thing. Wilbur Cohen then at about the same time called me. He was then assistant secretary in HEW. This was in 1965.

M: Did you know him?

L: I knew Wilbur only very slightly through my efforts on behalf of Medicare when I was in private practice, and also when I was in AID in the spring of '65 as the debate was heating up and as it looked like there was real chance of passage. For example, they asked me if I would speak to the Georgia delegation debating Dr. Annis, who was then I guess the immediate past president of the AMA and really the arch enemy in AMA of medicare. so I did respond to requests like that because I was knowledgeable about the program, I had been in private practice. I drew on that experience in debating Dr. Annis, for example, before the Georgia delegation.

In '64 Wilbur asked me if I would come over, and he wanted somebody in the Secretary's office to serve particularly as it related to Medicare. They wanted somebody who was a private practitioner, or who had been. I would serve in the office of the special assistant for health and medical affairs, and would be a deputy assistant secretary. At that time there was no deputy director of the office of the special assistant for health and medical affairs. That was Dr. Edward Dempsey, who was a PH.D. anatomist, obviously was not a practitioner, obviously couldn't be involved in the same way that I could be in dealing with the practitioners as it related to Medicare.

Then in July I was then leaving AID and coming to HEW. I don't remember the exact day I started on HEW's payroll, but I had some vacation from AID. So I was out in California and had a short time at the Bohemian Grove where I met John Gardner. He had then been designated as Secretary of HEW. I had never met him prior to that time. He had known my dad for many, many years. He and his wife, when they had been students at Stanford, had been patients at the Palo Alto Clinic which my dad founded. So again, there was another personal contact. Many of his good friends like Dave Packard were friends of the family, and I knew them quite well and had seen some of them as patients. So that I had a personal contact with him, which was in very pleasant surroundings and among a good many mutual friends. So I came to HEW, you might say, with a leg up. He and I came at almost the same time.

M: Did your position incidentally require senatorial approval?

L: Not at that time. I was a deputy assistant secretary. I was a GS-18. I came over from AID as an 18--that was a non-quota, super-grade Schedule C appointment, so that it did not require approval.

Fairly early in my period here--I forget the exact date of it, maybe it was in September, maybe late August--a bill was passed authorizing construction of health research facilities. And in that bill there were also three additional assistant secretaries authorized in HEW. The law stated that the special assistant for health and medical affairs would be acting--or maybe the committee report--would be acting assistant secretary until assistant secretary was named, and it was very clear that one of those assistant secretary jobs was to be for health and medical affairs, or health and scientific affairs. And during this period then, John Gardner selected me to be assistant secretary and recommended me to the President rather than Ed Dempsey. His reasons for doing this, you'll

obviously have to ask him about. But when I came here, it was with the intention of serving as a deputy for a year and then being considered for the assistant secretary job. It was my impression that Dr. Dempsey was to stay for the whole year, but I think John Gardner probably changed his mind. And of course this, from my standpoint, couldn't have been better because it has been a great experience.

I was assigned two jobs as the deputy assistant secretary. One was to organize the White House Conference on Health. There'd been a highly successful White House Conference on Education just completed in the summer. The President then decided he wanted one on health, and he wanted it in November. There wasn't the kind of long planning that had gone into the White House Conference on Education, and this was one of the reasons I was trying to get some specific dates, but I'll check here to see if we can come close. On the first meeting with the President, that I personally ever had with the President that I can recall, was at the White House with the advisory committee on the White House conference. And on that advisory committee there was Mike DeBakey from Baylor; Marion Folsom was the chairman of that committee. If I recall correctly, also I think Leona Baumgartner was on that committee. She had since resigned from AID and had gone back to being a visiting professor at Harvard. Her husband died while she was in AID and then she quit. She just didn't want to keep going with that job after that happened.

There was obviously a lot going on legislatively at the time, this was in the fall of 1965. We were trying to get a number of bills still passed, and some were being passed. And at this meeting he [the President] came in and greeted his friends, and it was very interesting because he said to us what apparently he was saying at that time to other people. As a matter of fact, he turned to

Mike DeBakey and he said, "We've got to pass this Heart, Cancer, and Stroke Bill. You know, you've just got to do everything you can to get this passed." He said "I know that we are only going to be able to have this good relationship with Congress for so long. Then it's going to be all over. That may come tomorrow, that may come next week, it may come next month, or it may come next year." But he obviously implied that it was going to be sooner rather than later.

He cited the experience that President Roosevelt had had. He said when he tried to pack the Supreme Court, after that he never enacted another piece of major social legislation. And he said, "We're now enacting some of the things that should have been enacted thirty years ago." And he just said that Congress and the President never developed the kind of rapport again that permitted this. And Ralph Huitt, who is our assistant secretary for legislation, has pointed out to me that there've only been three periods in this century when there were creative periods legislatively. One was under Woodrow Wilson and the early days of his administration; the second was under FDR in the early days of his administration; and the third was this period with President Johnson.

Of course, the President was absolutely right. The honeymoon was certainly over actually before that session of Congress ended, and we barely squeezed through on a couple of bills right at the end of the session--and some very important ones. But there were some that they didn't act on that he had hoped would pass, and we've never had the same kind of success. Although as far as HEW is concerned, I think that in the health and education areas and rehabilitation, we've done very, very well. But of course by that time tremendous foundations were established, had been established, and we've more built on those than we have introduced entirely new concepts or new legislative proposals as had been done prior to that

time. Things like the regional medical program, for example, which passed, was an absolutely new innovation, and it has proved to be a very exciting development. We still don't know whether it's going to be successful, but at least it was a new concept as far as federal legislation was concerned. And we really have been building on that and building on other bills since then.

But that was my first--if I recall correctly--my first personal encounter with the President. When I was recommended by John Gardner for this job, it was--well, I don't know when he finally exactly made up his mind, but the President announced it on the 10th of October. I did not personally interview the President prior to his selecting me and recommending me to the Senate. Marvin Watson did interview me. I forget who was involved in the process, but apparently they were sufficiently well satisfied. Actually the President I think accepted everybody that John Gardner recommended, so that they didn't feel, I think, that they had to go through the kind of political screening process that might otherwise have been required. By 1965 I was a registered Democrat, but actually until 1964 I had been a registered Republican, so that obviously didn't influence their decision.

But in the summer, maybe the late spring of '65, the President initiated a measles-smallpox program in Africa. And again, this was something that he gave very strong direct support to. The other area that he gave [support to] of course, [was] in the family planning and population area--the third area was in nutrition. And the food for peace program--it was during his time as President that this got turned around from a food disposal program to a program that was really trying to focus at least some of its resources on malnutrition in children. Meetings went on in December of '64 and maybe November, with Dick Reuter and Allan Berg and other people who were in the food for peace program.

And it was during this period of time also perhaps in the spring of '65 that we were able to get in the foods that were being shipped overseas like non-fat dry milk, to get them enriched with vitamin A and vitamin D. We'd been shipping over foods that some people at least in Brazil and Indonesia claimed were making people blind by increasing the vitamin demand. If you take protein, it increases what's called the specific dynamic action. It increased the need for vitamins, and when you're short of vitamins some people at least felt it could produce vitamin A deficiency blindness.

And it was during this period of time [we had] the help of the White House and their backing, and of course with the very strong support of Herb Waters and Nelson Post, who worked with him, who of course had been brought back in as a result of Vice President Humphrey's efforts. So there was very strong political support for this move in nutrition, but again strong support from the President. And that support had not been evident before that time, at least when I was in AID. As a matter of fact, one of the earliest things that I encountered was an effort to wipe out all the nutrition programs in AID. And if you now see the recognition of the problems of malnutrition and hunger in the world, why people could conceive of eliminating what feeble efforts we had in nutrition in 1963 is almost inconceivable now. But this is what the people were doing, or at least some of the people in the program planning office in AID wanted to do. Some of the people who were involved in the programs overseas saw no relevance of this to economic and social development.

But I think we've learned a lot since then. Now of course you get Bill Gaud talking a lot about the "green revolution" and emphasis on not just more agricultural production overseas, but on producing the right kinds of food-- wheat with a lot of protein; rice with a high protein yield. This is the

research that has been supported. It's a very different attitude that exists now. And again, I would give the President a great deal of credit because he has supported it. And certainly President Kennedy with Senator McGovern, who was the first director for food for peace program, was very cognizant of these problems and did a great deal to move the thing ahead.

M: Did you also get the support of the White House staff?

L: Yes. I would say through this period, we did. As a matter of fact, both White House staff and Bureau of the Budget people like Jim Clark. You know, you argue with them and discuss things with them, but there was strong support. And of course the guys on the White House staff were looking for areas where the President could take initiatives in '64 particularly, and this was a period when they were very receptive to what I would call good ideas. And then of course there would be some disputes with the Bureau of the Budget as to how we were going to pay for it, and some concerns in AID that this was not going through the normal program-planning processes. But nonetheless these were areas that were, you might say, singled out by the White House staff for special interests and attention by the President. I just wanted to add that as a kind of an afterthought on the AID experience.

Then in '65 the other kind of interesting, just sort of personal note with the President. There was a bill signing, and I forget--I was trying to check the date on that--in the fall of '65. This was shortly before the White House conference. Of course, the President had his gall bladder operation during that period of time. And the bill signing was the same day as my son had his appendix removed. I got a pen from the President and took it to my son. He has of course kept it. It's a very pleasant personal memory of that particular ceremony.

After the President's gall bladder surgery, a lot of the momentum was lost in the legislative program. He tried to keep it up after that, but he went down to Texas to recuperate. Jim Cain could certainly give you much more on this medically, but they used that as a period to kind of give the President a chance to rest and get out of this tremendous whirl of activity that he was involved in prior to his surgery. I don't think that we've seen him ever again go through the same intensity as it related to domestic legislation on such a broad scale. It was one of these periods when he was just active not only on the legislation, but in a whole series of other areas. And of course many of those areas involved HEW, so that was a fairly busy time. You know, things like the White House Conference on Health, the legislation; and of course during that period of time also, the discussions on the budget. And those who were involved with the Bureau of the Budget, not obviously directly with the President, but certainly John Gardner was involved in direct discussions with the President on those matters.

M: Was your White House Conference on Health successful?

L: Well, it's hard to say whether any such conference is successful. I would say it was the opening effort on our part to reach out to the practitioners. We invited representatives of every state medical society. This was really obviously a deliberate effort on our part to involve doctors in private practice in the affairs of the government and to have them as participants, to have them as not always presenting papers, but at least at the conference so that they didn't feel that the government was doing something behind their back. I think that Wilbur Cohen can give you perhaps a better perspective on this, but I think that we have been able to develop much more effective interrelationships with not just the AMA, because that's only one facet of the relationship of the

medical profession, but with a variety of other groups in medicine, particularly in private practice. That was the group that had not been working with the government--the state and the territorial health officers had been, the people in the universities had been. They were not unfamiliar with goings-on. But the people in private practice had not been. There was one other group that was ignored really at that time that later we began to work with more effectively, and that's the city health officers. They had largely ignored the government, and the government had largely ignored them.

The President was not able to participate because he was convalescing from his surgery, and Dean Rusk really gave one of the major addresses as of course so did John Gardner. And I think that there were some people who were a little disappointed because the President couldn't personally participate. This was a little bit of a letdown, I think, for some of the participants. But the conference itself [was useful] as a vehicle for bringing in new ideas, proposing things that might have gone into new legislation. There were some very eloquent papers. One which is still widely quoted is by a Negro physician who was then in the City Health Department in New York and has since gone to Harvard, and that was Dr. Al Yerby. He said that the poor had to bargain their dignity for their health, or words to that effect. That was probably the most widely quoted statement out of that, and it's still used by many people in talking about health services for the poor.

This was the first time a federal conference included a discussion of family planning. And after the conference we were criticized for not inviting enough Catholics to the conference, and for not having enough participate. Well, we had on the computer, you know, all the Catholics who had been invited and all the priests who had been invited and the nuns, so there was no validity

to that criticism. But people were very sensitive in the fall of 1965, ten months after the President's State of the Union Message, about this issue, and particularly about a government conference on the subject.

M: Since you were a leader in that, did you try to balance the people you invited to it, or what?

L: We did. We tried to produce some balance.

M: In religions and professions and regionally?

L: Right. And tried to get minority groups represented. The guy who was really key to this on my staff is now at the University of Vermont, Bob Fordham. We did numerous computer print-outs of this sort of thing to make sure that we had it as balanced as we could make it. And Peter Bing from the Office of Science and Technology was the White House contact on this conference. He was the guy that we worked with most closely and most regularly. And he worked for Collin McCloud who was then the deputy director of the office of science and technology.

But at that period of time also, of course there had been the White House Conference on Education. There was the Conference on Health. There was the White House Conference too on International Cooperation Year, which I think followed in December, if I remember correctly. Of course we were involved in the planning for that first when I was in AID, and then after I came over to HEW, on both the health part of that and also the population and family planning. And again at that conference, population and family planning was discussed. Now I was not involved in the invitations or anything like that to the ICY conference. But it was a very elaborate and long-planning had been going on for that for months, and work groups and task forces and this kind of stuff. And there was then the White House conference to fulfill these rights, and I forget exactly when that came into the picture. But if you remember there was sort

of a conference that was called a planning conference and then a long time later the actual conference. So that at that time many people felt that there were too many White House conferences, and that this was, you might say, just a device to either promote the President's policies or to avoid action.

But by the time of the White House conference, you see, we'd already passed the peak norm of possibilities legislatively as far as new proposals were concerned, so that I think you have to balance that. I would say that on balance in view of the effort that was involved, I think it was worthwhile because it gave us a framework for subsequent meetings and subsequent dealings with a whole host of people in the profession. Not just the people that would be considered in the Establishment--people like Marion Folsom and people like Leona Baumgartner and people like Mike DeBakey and people who were in and out of government and knowledgeable. Mike hasn't been in since the second world war, very knowledgeable--worked with Congressional committees, working with people at the National Institutes of Health and other places. It did involve a lot of people who never participated in such meetings before and whose eyes were really opened by this kind of openness on the part of the government. So I think I would say on balance it was worthwhile.

The next sort of contact with the President, if I recall correctly, was purely social. That was at a dinner on the 20th of December in '65 when Ludwig Erhard was here for state business. It was one of these state dinners. The two people I remember at the dinner table--one was Luci Johnson, and the other was Van Cliburn. I think he played later that evening, no, I guess he didn't. He was just recognized as one of the sort of prominent guests. But that was an extremely pleasant evening. You know, when you go to the White House for dinner for the first time, being not used to that kind of social gathering,

the Johnsons obviously created an atmosphere in which everybody felt welcome and everyone was at ease. It wasn't a kind of a stiff business. And it just turned out to be a very pleasant evening.

M: How many people were there?

L: There must have been maybe twenty tables of perhaps ten people, or maybe there were eighteen tables of twelve. It was around 150 to 200 people--maybe it was 120 people. A very large number of people. And there were both the reception beforehand, you get in line and you shake the hand, then the dinner; and then there was entertainment after dinner, I've forgotten what the entertainment was after dinner. You didn't expect to have such a good time! And that's just another kind of social note. I think many people had the very same experience. And in view of the things that people have often written about the President and, you might say, his manners, you didn't have any sense of that at all. There was very good taste in my judgment, and a very pleasant occasion.

During this same period of '65, of course we were working on the legislative program for the following year, and the White House Task Force on Health. John Gardner operated in such a way that he delegated much of that responsibility to me to run that task force operation. And of course Wilbur Cohen, as undersecretary, was also very much involved. The two major proposals, and of course we've got the task force report itself, but the two most important legislative proposals that came out of that that were enacted by the Congress in 1966--one was the partnership for health, and that was enacted in '66; the other proposals that grew out of that, and I'll have to go back to the report itself, were child health proposals. I can get that for you as far as the details of the proposals.

There was of course the full legislative programming in '66. It grew out of that task force, and our meetings--there were meetings, and I, again, could

get the dates for you. But this was my initial really close working relationships with Doug Cater. Although Pete Bing was sort of the day-to-day liaison on the White House Conference, Doug was involved in that, and Doug was involved in the development of our legislative program. He and Joe Califano were the key White House guys in '65. And he was also involved in our budget at that time. He was here for sessions on the budget.

It's interesting, too. In 1966 the one legislative proposal that we had that did not get anywhere in the Congress was a proposed major change in the Hill-Burton program. This is the hospital construction program. We had proposed some things that in the course of discussions with Treasury, Council of Economic Advisers, and the Bureau of the Budget were not accepted. And the final legislation that was proposed simply didn't get anywhere.

M: Why didn't it get anywhere?

L: Well, there wasn't enough money in it from the standpoint of the hospital association, and the state Hill-Burton authorities didn't see it as particularly to their advantage, so that there was no political support for it outside. Yet with something like the regional medical programs which had been an entirely new idea the year before which had no evident political support except from a very few people like the ones who had been involved in the President's commission that had proposed it originally, because of the President's efforts and the actions that were taken, that passed.

There's another interesting anecdote on that heart, cancer, and stroke thing in the fall of '65. We had a meeting in August with the AMA. This was the first meeting after John Gardner was the Secretary. They came into discuss Medicare, how we could work together to implement Medicare. And at that meeting, they said they wouldn't really discuss Medicare with us unless the President

would agree to see them about the regional medical programs because that was really the big threat. Medicare had passed and they knew it would work out all right. But it was really this heart, cancer, and stroke thing that was really a threat to American medicine.

Then Wilbur Cohen negotiated a meeting with the President at the White House for a group of these AMA guys. And I didn't go to that meeting. I took Dwight Wilbur, who is a very good friend of mine and who is now president of the AMA, to the airport with somebody else--he had to get to the airport, and so I handled that part of it. Wilbur and, I think, Ed Dempsey went to the White House meeting, and the President instructed Wilbur at that meeting to work with the AMA guys, to work out their objections to the bill. Now of course the President and Wilbur had been in touch with each other prior to that time and had agreed on this sort of approach to the AMA. And they did in fact make some changes, the significance of which are variously interpreted. Some people think it was just some changes in wording, other people think it made a fundamental change in the bill, and I think the people in the AMA take credit for making some rather fundamental changes. And with this, much of their opposition was dissipated, and the bill came out of the House Interstate Foreign Commerce Committee, which now Judge Harris was chairman. But that was just another interesting illustration to what lengths the President would go personally to do something about getting a bill passed. It was just one of the number of bills. But he personally gave it this kind of attention.

M: Did you ever have to work with the people on the Hill?

L: Oh, yes. We did quite a bit. Of course, I was often one of the principal witnesses for the department, and this has been more true now than it was earlier because as you gain more experience, instead of the secretary or the

undersecretary going up to testify on health bills, they would have me go up. And I would go up with people from the operating agencies. Initially I would go up with the secretary or with the undersecretary, but as time passed, more and more I would carry that burden.

Just look through this memo that we sent over in '65--that went over October 4. That was the statement on goals that we sent over. In September we had sent over the legislative proposals, and these were a child health proposal. We have now very significantly amplified on this. There was a Child Health Act of '67 which did pass which embodied many of these with some changes, and that really gave us the first clear authorization on family planning. The President in his State of the Union Message this year, of course, gave very strong emphasis to child health, and we have major legislative proposals this year which, again, builds on the base of these proposals that grew out of the 1965 task force and memorandum to Joe Califano.

There was also in 1965, I think I mentioned, the partnership for health program which was I would say the most significant innovation. That created a bloc grant to the states, or what we would call a bloc grant, for comprehensive health services. And it also established in every state a mechanism for comprehensive health planning. This has been rather controversial, but it is one of the most important because it establishes a mechanism for health planning in every state and provides a mechanism also for planning in areas of the states.

M: Did you get strong state support for that?

L: Yes, we had very strong state support--good support from the governors particularly because we said this planning agency could be wherever the governor designated it. In twenty states it's in the governor's office rather than in the health

department. So it takes it out of a narrow base and puts it into a much broader context.

Again, with a shortage of planners, this program is slow to develop and its payoff is not yet clearly evident. But it is one of the programs that Mel Laird, for example, when he was on the appropriations committee, was particularly laudatory of. And some of the other Republicans have been laudatory about the program, because it did illustrate a means of breaking through the categorical grant in aid programs. And it followed the President's speech at Michigan on creative federalism, and John Gardner's thinking about this was embodied in this partnership for health proposal.

M: Are you impressed with the effectiveness of task forces to create legislative proposals?

L: In some areas, yes. It's very helpful. And I can just give you a good example this year. But each year I think that they have been very useful, and I would hope that this mechanism would be continued because it provides a forum for debate on some of the issues, particularly as it relates to the long term of budget implications and impact on other areas. It puts it in the hands of White House staff and doesn't just leave it up to the Bureau of the Budget. It provides a very good alternative, others may participate in the discussions. The Hill-Burton one that I talked to you about--we're again going up for a modification of the Hill-Burton program this year. And we proposed initially a direct federal loan program and an interest subsidy of guaranteed loans with an interest subsidy of 6-percent.

The first round of discussions included the Council of Economic Advisers and the Bureau of the Budget. On this [they] said that they couldn't support that--that that was too much interest, and that we weren't doing that in any other

area. So they knocked out the direct federal loans, and they cut the interest to 3-percent--that was the first round of discussions. The second round. They have adopted a policy in some HUD programs and some other programs for loans for construction which makes the federal share one-third of the interest, which gives the borrower a very big motivation to have the lowest possible interest he can. And so they said the same policy is going to apply to these loans. We argued that hospitals were more important than housing. Well, they said they wouldn't buy that. So we have to fit in with policies of other departments. Now it would be more arbitrary to settle that, I would say, if it just went through the Bureau of the Budget clearance process on our bill.

And another area--when we were discussing the social security proposals that this department is making. They added up to potentially four billion dollars of expenditures. And so at that meeting, we argued against some of these proposals. Joe English was there from OEO, who is now our health services and mental health administrator, and laid out what were the alternatives. I mean, I was supporting a child health program which would cost a billion-and-a-half dollars; Bob Ball was proposing social security proposals of four billion. Well, I wasn't able to argue effectively enough within HEW so that the secretary was willing to propose the whole business. You know, they're never going to give us five billion dollars worth of legislation in a single year.

And so with the White House staff and the Bureau of the Budget and the Council of Economic Advisers, they only accepted one of the social security proposals which was extension of Medicare to the disabled. They said to the Secretary: "You can send up (because you know, he's leaving) directly the proposal on prescription drugs, but they will not be administration proposals. They'll be your recommendations." And it's a very different thing. And of course, the Congress understands that difference.

So that in this setting the resource allocation issues were discussed, the costs of medical care were discussed, the impact of these Medicare proposals on costs and on utilization were discussed; and it just provided a means to settle an HEW problem, which is very interesting. That was the first time we'd really had what I would consider an unresolved issue over here. And even though I would in the long run support those proposals for Medicare, in the light of the present budgetary constraints I much preferred these other programs.

M: Is the task force effective in bringing in ideas from outside?

L: Well, there are two kinds of task forces. One is the outside task force where you had, for example, the child development task force which Bill Gorham headed, Urie Bronfenbrenner was on it, and a number of people a few years ago. And they did bring in new ideas, and some of those were very hard to get accepted--others were accepted. In the health area, we have used the task force for outside contacts, but we haven't had outside people on the health task forces.

But a single task force can feed in ideas to other task forces. For example, a proposal that didn't get accepted in the health task force last year did get accepted in the crime task force. This had to do with alcoholism and drug abuse. So it became part of the President's crime package to try to not make these things as much a crime as to focus on education and rehabilitation.

I have had a fair amount of experiences with a number of task forces. Last year I guess was the busiest year for task forces--there was one on the quality of the environment, the health task force, there was one on consumer protection, there was another one on crime. There were a couple of others. I guess there was a sort of ad hoc one on fish. I guess that grew out of the consumer protection one. I think last year I participated in one way or another in seven White

House task forces on legislation, and it indicates the wide ramifications of the department and the opportunity that it provides you to influence programs in other areas, and to influence the total legislative program. And it seems to me that speaks well for that mechanism.

M: Is your main contact with the White House through Douglass Cater?

L: Of course, Doug has now left. We have two main contacts with the White House. One is Joe Califano, and the other was Doug Cater. Doug more and more dropped out of the legislative area except as a member of the task forces and was more involved in other things more directly related to the President--you know, speeches and people who wanted to see the President that Doug had to see and problems in these areas. And he was more involved, I would say, in education than he was in health as time passed. With the State of the Union messages or with a major Presidential address, or with a ceremony that would involve, for example, going to NIH when the President went out to NIH. This all involved Doug. Anything that involved the President personally either with a speech, a State of the Union, an appearance, that sort of thing, and the messages--the health message sort of thing--also involved Doug. Gradually last year I would say because of these other involvements, Doug spent much less time on that. And Joe Califano--Jim Gaither particularly--was involved more then. Jim Gaither, Larry Levinson, and Matt Nimetz were the people we dealt with. Harry McPherson we dealt with on the population and family planning. Ernie Goldstein we dealt with a little bit on some things that the President was interested in--promoting foreign trade--and we discussed some things with him. DeVier Pierson was involved in the fish area particularly. So that we had a wide range of contacts, but I'd say they centered in Joe Califano on all legislative and budgetary matters, and in Doug on these more personal substantive issues.

M: Did you ever get the feeling in dealing with these people that your ideas could not reach the President when you wanted them to?

L: Never. And I think that we had extremely cordial treatment. You know, your ideas sometimes got batted down, but I would say that in terms of what we wanted to do here there were very few of the good ideas that we had that didn't get to the President. Just an example: A friend of mine in California recently wrote me a letter about children. As a matter of fact, this is Bruce Jessup again, who is now working in a neighborhood health center in a black section called East Palo Alto--it's on the peninsula. Bruce wrote me a letter--he wrote a letter to the President, and he sent me the letter and said, "Would you please see that the President gets this letter?" Well, it just happened to be in the area of child health and education, and I sent it to Jim Gaither--

M: This was a letter suggesting ideas?

L: Right. This was a letter suggesting what the President might do in the state of the union message. And Jim was sufficiently impressed by the letter he sent it to the President; the President saw the letter--now, whether this influenced the state of the union message or not I don't know, but he talked about these very same matters in the state of the union. Joe Califano sent Bruce Jessup a very cordial thank you for the letter. This is the way the guys at the White House react to that. And I would say this is the way they've reacted to many of the ideas. And of course John Gardner had a very excellent relationship, I think with the President, and obviously was able to get his ideas directly to the President. And so was Wilbur Cohen. If Charlie Zwick or Joe Califano disagrees with Wilbur, Wilbur has access--and the Secretary has access--to the President, so we really have two channels for the kind of ideas that I have. And of course Wilbur, as assistant secretary and undersecretary,

had direct access both to President Kennedy and to President Johnson even outside of his access through the Secretary of HEW. And most of the rest of us have not had that kind of personal contact or relationship.

M: Incidentally, have you ever had any dealings with Betty Furness?

L: Yes, we have. We have dealt with her on legislation particularly both last year and the year before. When was Betty appointed? I think it was the year before as well. As a matter of fact, this year we even discussed, early on, ideas on legislation which would come through her avenue to the President for proposals. And I guess last year--I can't recall whether we did the year before or not. I don't remember the exact date of Betty's appointment.

M: There is some debate as to whether that office is useful or not. Do you have an opinion on this?

L: I think she did a terrific job. I think that the interest and the awareness of consumer problems is far greater now than it used to be. And of course when she came in, this was thought to just be a window dressing appointment, and she made it anything but that. She had a fantastic speaking schedule. Of course, she had access to the television in a way that few other people have so that she was able to communicate to the general public in a way, and to various groups, to generate their interests in consumer protection programs. Now at the same time, of course, you had a Ralph Nader who'd come into the scene; you had people in the Congress who were getting interested in this like Senator Magnuson, and particularly some of the people on his staff like Mike Perchek. So that again, you had a coalition of forces that proved to be very helpful. You had Jim Goddard in HEW who proved to be really our major voice for the consumer rather than for the drug industry or anybody else. And we now have in HEW, for example, a consumer protection and environmental health

service. There was never an agency in the federal government that was designated as a consumer protection agency. There have been proposals even that there be a cabinet department for consumer affairs.

I think the usefulness of such an office depends on the President. If she gets support from the President, she's going to be effective. If she doesn't, she isn't going to be effective. No White House special assistant--their power depends almost entirely on the President. And I think she had good relationships with the President, and I think she did him a great deal of good. I think that most of the things that came out of her shop were good ideas. Now, there have been some that we've disagreed with, some that we haven't had as much to do with as we would have liked, but that doesn't bother me.

M: While on the topic of personalities, do you have any evaluation of Gardner?

L: John Gardner? Well, I would only say that he was absolutely superb! I have met fewer, if any, people that I have a higher respect for, and regard for, and affection for. I just think that he's a brilliant man, his deep concerns with the problems of society, and with how we can go about solving those problems. And his ability to see the problems in their very broad dimensions and multiple factors involved.

M: Was he able to rule over HEW?

L: Oh, yes. He had tremendous respect and admiration, and excited enthusiasm in HEW among a tremendous number of people, and really sort of turned the place on.

M: There is some idea that HEW is so big and sprawling that it's impossible to control?

L: Yes. I think that there are a number of people that feel this way, and particularly people outside HEW rather than inside. I don't think that you'll talk to

many people in HEW who don't reflect the views of their categorical constituents, like the people in education, for example. Or the AMA wants a separate department of health. Well, I think that would be the wrong thing to do. The people in education want a separate department in education. That would be a wrong thing to do in terms of the demands that are placed on the President of the United States, and what a cabinet officer can and should do. I think we have too many people reporting to the President now--there are too many demands on his time for things that are not of sufficient importance and significance, so that he can't devote himself to the major policy issues.

I think you can minimize that. Education, for example, can come out as well as anybody else in the resource allocation area. This is the reason they want access to the President--one, for prestige; second, they want to compete better for money. And the prestige is nothing if you don't get the money as far as the federal government is concerned. But the decisions on allocation of monies to the office of education are political. The total allocation is a political decision. It doesn't compete with health per se; it doesn't compete with social security other than in political terms. You can't make a trade-off between aid for elementary schools, for example, and child health programs. We don't see those in competition. We see the need to support those kinds of programs in education. But the general decisions on resource allocation are made, and then the competition is within that larger amount of money. Then it would be elementary and secondary education versus library construction, say, or higher education, or student aid.

M: But from your point of view then, HEW is not an ungovernable organization.

L: No, I believe, as John Gardner originally advocated, there should be three sub-cabinet departments, one for health, one for education, and one for social

welfare; that these should be under three undersecretaries; that you might eventually have three sub-cabinet secretaries, such as you do in Defense. But the analogy stops there because it's totally different than Defense. Our whole organization, our method of operation, our problems are totally different. And you can't really compare the two. But you need a strong secretary's office. You should have three line undersecretaries. I am a line assistant secretary. This has been since April of this year. And I think that it should be an undersecretary, and I think it will be in the coming year or two. And I think that there should be similar posts in education and social welfare. And that the operating agencies then report to these undersecretaries, but that each of the operating agency heads has access to the secretary if there is a disagreement with his politically appointed undersecretary for that substantive area.

M: Has Wilbur Cohen been effective in this?

L: Oh, I think he has been. After all he came in, as he said, as a lame-duck secretary at the time he was appointed. And he's an extraordinary guy-- tremendous energy, very intelligent, more knowledgeable about HEW than any secretary ever was before or ever will be again in terms of the inner workings. And I would say this would almost be a weakness of Wilbur's--that he paid too much attention to detail, and handled too many details personally. But he was so interested, he had the energy to do it, and so he was able to bring it off. Whereas John Gardner was much more concerned with the major policy issues, with the revitalization of HEW, the reorganization in order to provide this kind of revitalization rather than with the details of how a particular program operated. He was more concerned with recruiting topnotch people than he was with a particular program. And the two of them were very, very complementary,

and they worked very well together--at least, that was the view that I think most of us had, certainly I had that feeling.

M: Maybe I should return now to the original trend in the interview and ask you more about what you have done since you have been in here as assistant secretary.

L: I would say that one of the things--I started out with the White House Conference on Health. We made a major effort to improve communications with the profession--to me that's an important element because it's something that has to go on. But more importantly, we've begun to put health in a proper political framework, I think, in the federal government with a politically appointed assistant secretary who has line responsibility and policy relationships with all the other health activities in the department. You put health in a framework that it can begin to develop. We've got some policies and goals to establish national goals in health, to develop specific objectives--and there the program planning people have been very important in this relationship--to begin to look at alternative approaches, to make certain decisions as to where we're trying to go, and then to make more rational decisions on resource allocation. In other words, more money, say, to support medical education, money to support research on the delivery of health services, obviously major investments in the purchase of services. We've realized with Medicare and Medicaid for example that we need to spend more on manpower development. We need to spend more on the modernization of facilities for the delivery of services. We need to spend more researching better ways to improve delivery rather than too rapid extension of either Medicare or Medicaid to bring more people in. The system is just not sufficiently responsive. Prices are going up rapidly so that there is a mechanism for political decision-making in the department, not just professional decision-making. I think it has to be broader than that. I think this is

perhaps the major accomplishment during this period of time. It creates what I think is long term, a viable mechanism for decision-making on policies and objectives in major resource allocations.

It also helps to provide a platform for the setting of priorities. Of course, this relates to how you allocate your resources, and I've talked about some of the priorities. Two priority areas that we've identified and done something about--one is child health, and we've begun to put some money into the care of mothers and children, not nearly enough, but it's beginning to assume the priority that it should. It has had very inadequate support outside. You get the ridiculous reactions by people like the president-elect of the American Medical Association saying that the statistics which show that we're sixteenth in the world in infant mortality don't mean anything. You know, they're a serious indictment of the manner in which we deliver medical care to women in this country, and particularly to poor women, and particularly to poor Mexican-American or black women. And yet to ignore this fact has been something that the profession has done too long.

Well, we've begun to generate the kind of political support because you have this sort of a base. The President talks about it in the state of the union message, and this of course is very important. The Secretary of HEW is actively promoting this--we are from this level. It isn't just somebody in the Children's Bureau just talking about the need.

M: It would seem that the medical profession is changing its position too? Is that correct?

L: Yes. Not enough, but it is changing.

M: It would seem that they have done this over the past few years.

L: Well, there has been a very big change, I would say, since 1965 particularly. And that change is not yet sufficiently recognized by the top leadership of

the AMA. Although if you read the speeches that Dwight Wilbur is making--he's a very conservative guy--he has moved a long way. Jim Appel, who was president of the AMA during the critical period of the first year of planning for Medicare--passage of the bill and then during that period. And Charlie Hudson, much more progressive than many of the members of the Board of Trustees.

M: Can you attribute this change to your efforts in reaching the medical profession, bringing them in on decisions, say, your White House Conference on Health?

L: Well, part of that. Had that federal government been negative or hostile towards the medical profession, I think it would have turned them off. In fact recently I wrote a letter to every doctor in the country about the prescription drug task force report. I've had more than 3500 replies, and of those, more than 3000 now have commented on the substance of my letter. Between 60 and 70 percent [have been] favorable to one or all the recommendations that the task force made on a compendium, a journal of prescribing, medical education, or continuing education for physicians. As a matter of fact, there's a pile of those letters back there. I haven't obviously read them all, but I'm trying to read through them personally--everyone of them. We've had a lot of good suggestions. Many of the doctors commented on how pleased they were to have this kind of interest in what their views were. This pays off. We've had Dr. Gerald Besson in, who has been president of the medical society, of which I'm a member in the California-Santa Clara Medical Society, as a consultant full-time for us for three months to work with us to see how we could improve the relationships between physicians in practice and the department. People in regional medical programs have been working on this; people in the partnership for health have been working on this. So it isn't just the secretary's office. It has been very pervasive in the department. There has been a big effort on

the part of many of our program people to extend this outreach and these relationships. I think part of it is the attitude that has emanated. And a part of it was because of the great respect that leadership of American medicine had for John Gardner when he was then secretary, and the confidence that they had in him. And this helped a great deal.

M: Is that picture up there with you--it looks like it's an Air Force--

L: That's the helicopter, and the President went out to NIH to give a speech that was--well, I don't have the date on that--

M: That can be verified.

L: We could get the date on that. As a matter of fact, our discussion on that-- we were talking about the budget, and I was telling him why it was so important not to reduce the NIH expenditures, and he was discussing with John Gardner the need to get the surtax passed, and at the same time the likelihood that we were going to reduce expenditures. So I was trying to defend the NIH budget as to why we should, and what the payoffs were. One of the things I talked to him about there was the German measles vaccine, which will be coming out this coming year. And if I remember, that visit was about May of this year because the surtax was passed--when was it!

M: In the middle of the summer.

L: In the middle of the summer, yes. So that was shortly before, and it was obvious that the President was going to have to agree to some reduction in expenditures in order to get that surtax enacted.

It's interesting too--again, out there at NIH, here's certainly the most important research institution in the world. The President visited there-- he met with all the directors of the institutes. And one of the institute directors, who has now gone to Columbia, Dr. Masland--the President asked him

about eye trouble and about a friend of his who had some kind of eye problem. And Dr. Masland was talking about a new research development that related to this particular kind of condition. And then the President visited of course the various laboratories and things like that and also gave a speech.

It was interesting--that night on television I think it was either CBS either carried nothing about it or if they carried anything, it was only that the President was there and described NIH as a billion dollar success story, which he did. He gave an excellent speech at NIH. The major news that evening had to do with the fact that one of his former secretaries was married to some guy on the subversive activities commission--you know, an insignificant event in the history of the world, an insignificant event in terms of domestic politics, an insignificant event except it was a--potentially it could be interpreted as adverse to the President. And instead of taking the opportunity to talk a little bit about NIH or the research that was going on, to inform the public about this, the news media chose what they considered to be newsworthy. Well, of course, they made it news. It was a nothing event. But they made news out of it. And this kind of dealing with the President, I found just difficult to understand. Because out there, he was not only warmly received by the people there, but he obviously reacted very favorably and very warmly to the whole business.

It's interesting, his interest in legislation. At that time the rat business was up before the Congress, and he mentioned that as well, about his concern that we spent more money on getting rid of the screw worm in cattle than we did on getting rid of rats in our cities. This was one of a number of statements. It indicates he didn't lose interest in authorizing legislation or appropriations in really considerable detail. And he ad-libbed that into the

speech, as a matter of fact. Doug Cater had drafted the speech for him. And riding out there--it was a superb speech. And he asked Doug to cut it down a little bit. It was 800 words or something; it was a very short speech. The President must have ad-libbed for twenty minutes so that he could have left in some of these eloquent words of Doug Cater as well as adding his own comments. He just reacted very favorably to the whole business and just kept on talking. And our discussions on the budget were actually coming back from NIH rather than going out there.

M: Let me pause for a minute and change my tape.

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By Philip R. Lee

to the

Lyndon Baines Johnson Library

In accordance with Sec. 507 of the Federal Property and Administrative Services Act of 1949, as amended (44 U.S.C. 397) and regulations issued thereunder (41 CFR 101-10), I, Philip R. Lee, hereinafter referred to as the donor, hereby give, donate, and convey to the United States of America for eventual deposit in the proposed Lyndon Baines Johnson Library, and for administration therein by the authorities thereof, a tape and transcript of a personal statement approved by me and prepared for the purpose of deposit in the Lyndon Baines Johnson Library. The gift of this material is made subject to the following terms and conditions:

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