

INTERVIEW II

DATE: June 4, 1990

INTERVIEWEE: ROY MILLENSON

INTERVIEWER: Michael L. Gillette

PLACE: Mr. Millenson's office, Washington, D.C.

Tape 1 of 1, Side 1

G: As I indicated, the last time you talked about the Senate Labor Committee, Senator Javits' work on the committee, the staff. You did talk about a couple of areas of legislation: nursing and home standards, the improvement of clinical laboratories and minority initiatives there and the problems with formulas and the politics of formulas which was so often the case. You also talked about the minority initiatives in mental retardation legislation.

Let me ask you to start today with a discussion of the Heart, Cancer, Stroke Amendments. Do you recall that and the efforts there to identify three serious--

M: What year was that?

G: Well, the amendments were in 1965. There was a commission before that.

M: I should have taken my accomplishments list. I don't even think we had anything on that, did we, in our report?

G: No. This was not a minority-sponsored--

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M: We didn't add anything on it, right? The report is--what we added on, you know, amendments and all--

G: Not in the 1965 stuff, no.

M: I can recall this, which is really a side bar to what you're doing, when Mr. Javits was in the House he was active on the Heart Institute and he was a sponsor of the legislation which created that. I think that was in the Eightieth Congress which is a Republican Congress. In any event, that was one of the things he said he had done. And he was interested, I know, in the cancer; his mother had died from that. But I think, as you know, in a lot of these health issues you have members who are interested and not just on the basis of a constituency interest but also on the basis of a personal interest. I guess the most famous one is retarded children with the Kennedys and with Hubert Humphrey who had a retarded grandchild. So you get--but I just do not recall any specifics about that.

G: Anything on the health lobby? People like Mary Lasker?

M: Well, Mary Lasker--what the hell was the name of the guy she had in town?

G: Mike Gorman?

M: Mike Gorman, yes. Mike Gorman was a frequent visitor to the office and he was close to Bob also--Bob Barkley--he was up there. Mary Lasker also was friendly with Javits and she would, as I recall, be in touch with him quite frequently. The degree to which she saw Lister Hill, I don't know. I know that Mike Gorman was up and around quite a bit. And he was a very active lobbyist. I do not recall whether the lobbying act was in effect then, whether lobbyists had to register. If they did, you can go to the Longworth Building on the first floor in the clerk's office and all the lobbyist registrations are

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available there for you to read the sworn statements. And of course those registrations appear in the *Congressional Record Quarterly*, the last one having appeared on May 15. I think I may have given you a February 20 date last time you were here. On May 15 another list appeared and you might get an idea of who the current ones are if that has any play and then you can talk to them.

G: How effective was Mary Lasker as a lobbyist for health legislation?

M: I would say she was very effective. And, as a matter of fact I think you will recall, one of the think magazines, *Atlantic Monthly* or *Harper's* had an article about her which was not too friendly about how she obtained more than a proper share of monies for that. The dynamic of all of this is interesting and I recall this even from the days I was in the House, that the administration would propose something, an amendment would come on the floor and the members would have a choice of either voting for or against cancer. You go to the average person on the street and you say, "Should we spend more for cancer research," or whatever it is and the answer is yes. They don't know how much is being spent or whether it's enough and how to figure it out or anything of the sort. So that's the political dynamic of it that it has a hell of an appeal. And only after some years was there any leveling off where they just weren't able to get everything, all the increases they wanted. People began to realize, as the article said, you can only buy so many test tubes, so many doctor's time and after that it's not an effective expenditure.

But we always had pressures to create new institutes of health, what I used to call them, and I think others have taken it up now, the disease of the month club. You know, "Mothers March for . . ." and all that sort of thing.

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G: Was Mary Lasker often pitted against James Shannon and NIH [National Institutes of Health] in terms of the priorities of health--?

M: I wasn't close enough to say that she was pitted against. They were always pressuring for more and she was very effective with Lister Hill and with Javits and with others. And Gorman was around all the time. I don't know, maybe he played golf with a couple of the senators or what have you. As I recall his deportment, he was quite a confident guy in what he was pushing for and quite confident that he had the ear or could get to the ear of senators and all that when he was dealing with staff. He could go to the boss any time he wanted, either directly or through Mary Lasker. That's the impression that was given.

G: Did Mary Lasker lobby with Senator Hill to get--?

M: My understanding was that she did. My recollection was that she did.

G: And Senator Javits?

M: Yes, definitely. Javits I can testify to. Of course in New York and so forth and so on he was readily available. He traveled in some of the same circles, some of the monied circles in New York because after all Javits was a corporate attorney there for a while.

G: On the medical libraries legislation of 1965 there was a minority amendment adopted that had to do with priorities and making sure that the libraries that were best able to serve the regional needs were the ones that got the first priority in aid and support. Do you recall--?

M: That probably was from New York State.

G: Is that right?

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M: That probably was. And I say that in a general way, not with specific memory. I think I may have mentioned before that I used to go on what I call a shopping trip to the state government once a year, and they were pretty good and we kept pretty good contact with them.

G: I have a note that there was in the early sixties a GOP provision for a non-profit, tax-exempt physician's insurance policy for the aged, sort of any early Medicare-type provision that would be implemented through the major insurance carriers. While this bill did not pass, it was an influence on the later Medicare legislation. Do you remember that?

M: No. I can give you another angle on it, and interrupt me because I don't want to take up your time on something you're not [inaudible]. When Javits was in the House a group of progressive Republicans--Hugh Scott of the Sixth District of Pennsylvania, Clifford Case of New Jersey, James G. Fulton of Pittsburgh, Pennsylvania, Thor Tollefson of Washington state and others--put in a Republican alternative to what was then called socialized medicine. This was drafted by--a guy from *Fortune* magazine who had some people do the drafting. I remember he had a chap come in, a very nice guy, and this group of Republicans pushed that. I know he was with us on middle-income housing. Dick Nixon might have been with us on that too.

In those days when a bill was introduced by a House member, co-sponsors were not listed on the bill. So if Smith introduced a bill for widgets it would be HR [House Resolution] 100 and if there were ten co-sponsors, there'd be HR 101, HR 102, HR 103 and so on, which is great for the paper industry. They later abandoned that. It had

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previously been the case where several members could be on one bill and then only one on a bill and then they went back to others. So, if you're researching that, you must keep in mind that co-sponsors were not listed on the same number and usually were on the surrounding numbers.

G: Why was this? Do you know?

M: (Laughter) No. What is it in Proverbs? Who knows the way of a man with a maid or an eagle on a rock or what have you? It's the Congress and some of their rules. I don't know why in the hell they did that, but that was their rule at the time.

G: And then Senator Javits introduced legislation to establish research and federal aid for treatment and rehabilitation, education and prevention of alcoholism. Do you recall his efforts there?

M: Yes, I do. One of the people we were associated with or who was interested in that--the interest was manifested after the bill was introduced--was Kemper of the Kemper Life Insurance people. And it seems that Mr. Kemper either himself or his family had had some concern with alcoholism. The genesis of that as I recall was this: I think it was in 1966 when Congress enacted legislation--what the hell was it called? It was a Johnson initiative to combine a lot of health programs in a block grant. Hell, it had a cute name too. And that made some sense, block grants on health. Before, there had been separate legislation for each disease and you might have something like measles, which was rampant on the West Coast but not on the East Coast. So you might want to throw extra resources into that there and not in the East. So they put them all together.

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What had happened when they did that was that alcoholism was one of the also-rans because it was not in the other legislation. It had not had its mouth in the trough previously and it was, to put it in quotes, "a new disease." Obviously it wasn't a new disease or even maybe not even a disease, but at least it was new in terms of legislation. So this was the genesis of that effort.

Partnership in Health Act is what it was called.

G: The opponents of this block grant formula suggest that one of the problems with this approach is that it was easier to strike out funding than it had been when you had identifiable diseases like cancer or alcoholism or something of that nature.

M: That didn't prevail. I think also--another side bar, if you'll pardon all of these--was what happened later. There was some sort of a measles epidemic going around the country and one of the Senators Kennedy, either Bobby or Ted, I forget which, put in legislation for measles. Well, HEW [Health, Education, and Welfare] says, correctly, "Well measles is part of this package." But if you look at it politically, mothers don't think in those terms when Junior is threatened with measles. "[Inaudible] is doing something for Junior not to catch measles and we'll vote for [him]. Those [who] are for some bureaucratic answer that it can be taken care of. I don't know what that means. I don't read the laws anyhow because I'm just a poor mother with three kids worrying against them getting measles, they'll vote against it." So it carried.

I think you see in that and you see also in other legislation where there's a block grant legislation, there's a centrifugal force that once you have block grant legislation enacted, and they've done it in education, this centrifugal force spins off some of the

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programs. They're so important you have to do something special for them. Then after a number of years somebody looks at it and says, "Hell, what do we need all these programs for?" And you block them again or you realign them again or something of that sort. The fight for block grants in education has sort of been on a different level and not quite as easy to argue as that in health because deficiency in math is a deficiency in math either West Coast or East Coast, not like health. Although there are obviously regional spots.

G: Any recollections of the cigarette warning label controversy and legislation?

M: No, I don't have any, sorry. I don't recall whether we got involved with that.

G: There was also an initiative during this time to look at drug treatment in some of the federal prisons and things of this nature. Any recollections?

M: I don't have any real recollection of that either. I don't have anything to jog my memory on that.

G: Well, here's one. This is from your material.

M: That's what I need to really jog my memory.

G: Senator Javits in 1966 had an amendment authorizing the use of funds for building treatment facilities for narcotics addicts under the Narcotic Addiction Act of 1966. This was an amendment that he sponsored.

M: That was enacted. Gee, you know, that's funny. I don't recall. That might have been, again, something from New York State.

G: I see.

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M: And I think it would have been because something involving a construction where you have to have cooperation with a state or local government probably emanated from that source.

G: In 1966 there were some minority amendments to the Allied Health Professions Personnel Training Act. Senator Javits had several provisions dealing with the nursing profession.

M: Yes.

G: Tell me about that.

M: Well, there was--this is one of my stories about how to get more money, and I think this might have been in 1966, without increasing appropriation or without increasing authorization. At that time in the--I guess it was in the Nurses Training Act, there were two pots of money. One for two-year courses and one for four-year courses. They had different names, but that was it. Well, it seems that the money from one of those--I guess it was for the four-year courses, but I might be wrong--was used up and there was still money left in the other pot. So how could you get more of that money spent. What we did was put in an amendment that said that if money from one of the pots is not used up it could go to the other pot. So that got more money spent for nurses training than had been the case before, no increased authorization, just a little technical amendment there and that was it.

We had another amendment--and I don't know whether it was to an education bill or a health bill, you might run across it--which also got more money spent for programs without increasing the authorization or increasing the appropriation. What we did is we

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mandated reallocation. On a number of programs monies were allocated to the states, especially years ago some of the states were unable to get the money either because they wouldn't integrate or because they couldn't match or because the state legislature couldn't enact appropriate legislation. Well, if that money was not taken by the state then it would revert to the treasury. But we had an amendment put in to reallocate that money proportionately--which is SOP [Standard Operating Procedure] now--reallocate that money proportionately to the other states. Well, New York was always ready because they had a sophisticated set up and all these programs to receive that money. Other states too that wasn't our concern. So you might find buried in there, I don't know, in one of these health or education bills a mandatory reallocation.

G: Anything on the programs to encourage nurses to pursue the profession in addition to the scholarship help?

M: We might have had--there were shortages of nurses. In fact, one of President Kennedy's surgeon general's said he made a mistake, but I'm sure he said that with a twinkle in his eye, "Our nurses are undermanned." And we worked with the American Nurses Association which then and I guess still does have an office here in Washington. I might also give a side bar to that showing how things work, but that paid off to the Senator personally when his brother was operated on in New York and couldn't get a private nurse. It was during an even-numbered year, because I was up there for a campaign. So I called the American Nurses Association in Washington, the lobbyist, and said, "Here's our situation. Do something for us." And they did.

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Of course we didn't have that in mind when we worked on that, but we were concerned with the shortage of nurses and there was, in Javits' House district, Columbia Hospital. Columbia University was in his House district. And I don't know--there are a couple of other hospitals. So he was well acquainted with the doctors and all that.

G: Senator Javits seems to have had a special interest in nursing legislation. Was there any other reason?

M: No. The only reason was that there was a need for it. I just seem to recall that on some of the things we accomplished--and you'll have to refresh my memory with a list--that did not pay off politically because we got it done so fast. We weren't able to have the ANA [American Nursing Association] get nurses to write in and support the Javits proposal or anything like that. We just got it through pretty easily. It wasn't much of a political pay off where the community observed you fighting like a tiger for them. We just did it.

G: There was also a minority amendment to include pharmacy students in some of the scholarship programs with the Health Profession Education Assistance Act of 1965. Do you recall this?

M: I don't recall. We were always hunting for something extra to do. (Laughter)

G: Let's see, I want to make sure that I've gone through these.

M: As I think I mentioned before on any of the bills which we introduced there was always an introductory statement. So you just go back to the *Congressional Record* on the day the bill was introduced and you get some statement.

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G: Another amendment by Senator Javits was to the Community Health Services Extension Amendments of 1965, and this was adopted as well, easing the paperwork requirements in national immunization programs. Do you recall that?

M: To the best of my recollection that was something else from the state.

G: From New York?

M: Yes, New York. An amendment like that you just don't sit in your office and say, "Gee, the whole world would work better if we eased the paperwork on this technical stuff." You might put in something on alcoholism as a result of a feeling that something has to be done about it as he did, but one of these esoteric amendments of that type, someone knocks on your door and says, "How about it?"

G: Another one was doubling the subceiling on appropriations for schools of public health.

M: I don't recall.

G: There were some minority amendments to Heart, Cancer, Stroke that year. I'm sorry I did not mention them earlier. One was designed to limit these Heart, Cancer, Stroke centers to named diseases, to those--

M: I don't recall that.

G: --related to it. Another was requiring a report of the surgeon general on or before June 30, 1967, rather than waiting until 1969. That was Senator Javits.

M: I don't recall that either.

G: The final one was captioned films for the deaf.

M: Was that Murphy?

G: Yes.

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M: Yes, I can give you the background on that. George Murphy was very close to Spencer Tracy who had a deaf kid. When he was in Hollywood, he worked on captioned films and he pioneered captioned films. I recall that we had a subcommittee hearing where somebody showed some of these films for us and there was a little bit of trouble. And Murphy went up and fixed it. I recall also the House subcommittee met right after the hearing. We had an executive session, a mark up session--in those days they were true executive sessions and the public wasn't admitted--and reported out the bill. It was one of those rare times that you went from a hearing to a mark up session and got rid of the thing. George Murphy, who Lister Hill found quite enchanting, was really responsible for that and that was a special interest of his from his days prior to being a senator.

George Murphy was also the only senator in the committee who told Yiddish jokes. (Laughter) I guess all those days in Hollywood--he just was more fun on a lot of things. Lister Hill was enchanted by him.

(Interruption)

G: Another minority amendment adopted was to the Health Professions Education Assistance Amendments of 1965, a provision that would cancel a portion of the unpaid balance of a student loan for a physician or dentist who practiced in an area where there was a shortage. Do you recall that?

M: I just vaguely recall that. Was that Javits?

G: Yes, it was Javits.

M: Just that he was acquainted with the problems in certain parts of New York where there were shortages, not just in the slum areas of New York City, but parts of Upstate New

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York is Appalachia. It can get pretty remote and desperate out there, and poor. So that was the genesis of that. I just don't recall too much of it.

G: Both in the Partnership for Health amendments, the clinical laboratories improvement, and in the mental retardation amendments of 1967, Senator Javits asserted that both were instances where the administration first opposed minority initiatives and then adopted them as their own.

M: That's right. I think I've mentioned on adding the retardation.

G: Yes, you did talk about that.

M: I always felt one of our great victories was rolling [Wilbur] Cohen--(Laughter)--who as you know was a fabulous guy, one of the world's greatest experts on a lot of things. Somebody once said, "He's an expert on Social Security because he has Wilbur Cohen's telephone number in his pocket." The guy who said that was an assistant to Senator Lehman.

G: He said he was an expert on--

M: Well, the person said, "I am an expert on Social Security." And the people of course were taken aback by his saying that. He said, "I have Wilbur Cohen's telephone number in my pocket."

G: Was Cohen effective in lobbying?

M: The Johnson Administration was effective as I think we've said. They got everything done. But Wilbur Cohen was especially effective; he knew his work and he knew how to handle the Congress. It was a bull market and he had a good package of stuff. I would say he was an effective guy. When the Democrats left the White House and he was

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secretary, he was the last cabinet officer to leave his office, I mean physically. He stayed there getting things done almost to the last minute on inauguration day. That was the kind of guy he was.

G: You've talked about alcohol and narcotic addiction-- With regard to the Health Manpower Act of 1968, there were some minority amendments adopted that would give [the] health profession's student loans some degree of comparability to the national defense student loans.

M: Yes. I, as I think I told you last time, handled both health and education. And it was disturbing to me that in the various statutes that the terms for student loans differed. What I did, and my Democratic colleagues cooperated with me on this as they sat in on it, [was] I called together the people from health and the people from education and said in effect to them, "Unless there is a reason for the terms of student loans to be different, they shouldn't be and we should have them uniform." Well, the doctors, because they have to have a period of internship, obviously they're not going out in the cold cruel world that soon after they graduate as is let's say a person who graduates in accountancy. So they should have a different treatment. So what we did was change the laws on NDEA, the National Defense Education Act, is an example of that and we were able to get those changed.

G: Any insights on the issue of birth control during this period?

M: No.

G: Family planning?

M: Not that I recall. There might well have been, but I don't recall any.

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G: How about air pollution?

M: There may have been, but I just don't recall.

G: Or water quality?

M: Water quality--I just don't recall any details on those. I just don't recall any details.

Again, it's something of--if my memory were jogged with something specific I might be able to come up with something.

G: In 1968 a separate or an independent National Eye Institute was created at the NIH [National Institute of Health]. Do you recall this initiative?

M: Gee, I don't know if that was something Lister Hill was especially interested in or not. I just don't recall the details of that. On a number of these things, maybe if I had the committee report before me and read it, something might come back to mind.

G: Two elements here that are related more to poverty than health, but I wanted to ask you about: one is an inquiry into the New York City poverty program. Senator Javits had requested this inquiry. Do you recall that and the reasons for it?

M: No, I didn't handle poverty.

G: The other perhaps also was not relevant to you. A new daycare provision related to the War on Poverty that he introduced.

M: No. I just sort of remember right around the edges, but I didn't work on that.

G: Is there anything else we haven't talked about with regard to the minority efforts in health policy and health legislation?

M: No. I think I mentioned the special interest Senator Prouty had in the handicapped. He had an assistant who had a handicapped kid.

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(Interruption)

G: You were talking about Senator Prouty's interest in handicap legislation.

M: Yes. His assistant's son, who had been with him in the House, had a handicapped kid and he was very active in putting amendments to almost every education bill for a set aside for education of the handicapped. That was it. So it's another example of members with an interest who push certain aspects. You hear write ups so much about some senator or congressman who owns a steel plant or has an interest in a widget mill and pushes this or that, but I think you also have to consider these fellows have personal interests that they pursue, which isn't considered [inaudible]. That's very fine. That was the case with some of the members. I guess I don't know what their interests were.

We had a senator from Iowa that was a recovered alcoholic.

G: Harold Hughes.

M: Hughes, yes.

G: Did President Johnson ever lobby personally with Senator Javits for health legislation?

M: He may have. I don't recall. He sure as hell was busy all the time and I told you about the yacht business and all. And Javits was invited as everybody else and Johnson always had everybody up for the signing and all that sort of business, to a fare thee well which I think I discussed with you before.

End of Tape 1 of 1 and Interview II

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