

INTERVIEW I

DATE: July 18, 1978

INTERVIEWEE: DR. WILLIAM NARVA

INTERVIEWER: Michael L. Gillette

PLACE: Dr. Narva's residence, Sheraton Carlton Hotel, Washington, D.C.

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G: Let's start with your first association with President Johnson.

N: I arrived in the Washington area, being transferred from the Naval Hospital in San Diego to the National Naval Medical Center in Bethesda in September 1965. My assignment was to be the Chief of Dermatology at the National Naval Medical Center, to relieve Captain G. T. Anderson, who was to retire in October 1965. Dr. Anderson had been seeing President Johnson for his dermatological complaints. With my arrival in the area in September 1965, the war was heating up in Vietnam, marines were going ashore in large numbers, and the Secretary of the Navy announced that there would be a restriction on retirements, a moratorium if you will for one year. So Dr. Anderson was told that he wasn't going to retire.

So during the next three months, September, October, and November, there were several visits to see the President for some minor complaints at which time I accompanied Dr. Anderson and in the presence of the White House physician, Dr. [George] Burkley, met the President and assisted at some of these procedures, learning

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not so much the techniques of handling these problems but learning how the President wanted these problems dealt with. There are several approaches, therapeutic approaches, but he conveyed strong indications on his preferences of the numerous techniques that had been offered him in the past. It was quite clear that we would do it the way the President wanted it.

G: What was his preference?

N: Well, there are several peeling techniques that we would use, freezing techniques, but his preference was to remove them immediately. He facetiously smiled at me one day and said, "I don't want any of those 'liquid fire' techniques that you fellows have. I prefer that when you leave here you take that little growth with you." So we would, in a very simple technique, just surgically remove them by a shave or a scissoring technique. We had some tissue to get the pathologists to review to confirm or deny the character of the lesion that was removed. This was his choice. It was an acceptable choice. And again, I had no problems in acquiescing to that desire.

So with Dr. Anderson's departure from the area--he was assigned additional duty to the preventive medicine units that were being dispatched to Vietnam to learn and manage specific preventable problems. He was temporarily assigned to a Marine division as a dermatologist. So in November 1965, I was now the Chief of Dermatology with the reassignment of Dr. Anderson. I have no records with me today but I would guess as documented in the recent news releases when we reviewed all of the tissue in the reports that there must have been some forty plus small biopsies taken from 1965 to 1969.

G: These were mainly on his hands?

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N: Yes, mainly on his hands, some on his face, some on his chest and trunk.

G: What was the cause of these?

N: In the dermatologists' vernacular, he had a weather-beaten skin, a farmer, a rancher's skin, depending on the environment that your patient was exposed to sunlight. If he had been a naval officer we would call it sailor's skin; if he had come from the Middle West it's farmer's skin. I guess if you come from the Hill Country of Texas you call it rancher's skin. So he had a lot of exposure to sunlight. I've not seen this documented anywhere, but I've been told this by several dermatologists in the past, that he had received X-ray therapy for some chronic hand dermatitis that he had during the thirties and the early forties, having seen physicians in Texas, in Washington, at the Mayo Clinic. Again, these were anecdotes told to me by other physicians, and, I might add, told to me by the President on a couple of occasions. Now, you must recall prior to the middle fifties we had no creams that had any really effective anti-inflammatory effects. Prior to the advent of the cortisone-containing creams, one of the most used agents to reduce inflammation of the skin was low-dosage X-ray therapy. When I started in this medical specialty in the fifties we used a great deal of low-dosage cutaneous X-ray to reduce inflammation. It's still a very valuable tool but there has been such stigma attached to radiation and the alleged ill effects that most dermatologists have now shied away from it, not so much because of the untoward effects that people allege have occurred, but the potential litigation that has occurred or can occur.

G: What was the consequence of Lyndon Johnson's using this X-ray treatment after a period of time?

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N: Well, it batters the skin. X-ray, like sunlight, is radiation. Sunlight is low-intensity radiation, ultraviolet radiation. That's just a little bit longer-wave radiation than X-rays. Physicists will tell you the shorter-wave electromagnetic radiation that you get exposed to, the more penetrating it is. So ultraviolet radiation can damage the skin. It damages the blood vessels under the skin. This consequence has it produce early wrinkling, some discoloration, and then the evidence of some damage is noted by a roughening or the appearance of warty, scaly growths. These occur almost exclusively on sun-exposed areas, face, neck, ears, backs of hands, in people who are susceptible. The fair-skinned, blue-eyed individual [of] Scotch-Irish ancestry has a predilection to get this weather-beaten appearance. You do not see this in the dark-skinned races. You certainly don't see it in the blacks. But when I say dark-skinned I'm talking about the Mediterranean-type skin, the Greek skin, the Italian, the Turkish skin. They have a potential for producing increased pigment when irradiated by ultraviolet light, and the presence of that enhanced pigment is protecting.

G: Why did Lyndon Johnson go to the Mayo Clinic or to Bethesda in the first place for these treatments? Was it a result of . . .?

N: To the best of my understanding--and I've never seen this documented anywhere, but again, these were anecdotes told to me--he had a chronic hand dermatitis, an inflammation, dermatitis of his hands which is not an uncommon phenomenon that we still see in our practice. We don't use X-ray to control it, we use now cortisone-containing creams. In those days he was having, allegedly, problems and one of the most effective therapeutic agents at that time in the thirties and the forties was "low voltage" X-ray.

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G: What caused this condition that he had? Was it nerves?

N: Well, again that's almost a philosophical question. Anxiety, stress, all play a role in any of these chronic hand dermatitis problems, but it probably has to do more with some sweat gland apparatus dysfunctions occurring. This has been hard to prove but we've added some elegant additions to the names of these hand dermatoses now. Again, it's just purely conjecture as to what his hand problems were, as I say, unless the Mayo Clinic or some other clinic down in Austin--or I think he went to some physicians in Houston at one time for his dermatitis of the hands, again, this is all hearsay--or somebody could document what they saw at that time. I've just never seen any records. The President once chastised me to go and see what the VA had on him since his departure from the Navy in the early forties. I am not certain but I think Dr. Burkley made some attempt to see if he could locate some medical records from the VA. My understanding was there was none of any consequence recorded anywhere. I don't think he left the navy with any known disability.

G: Would he insist on having the radiation or the X-ray treatments regardless of whether they were advisable?

N: This was suggested to me, that he was having difficulty. I'm convinced his personality in the thirties really was no different than his personality in the sixties when I knew him. He could be a demanding individual, and I'm sure if he thought the X-ray was helpful to him I'm sure he would have said, "Hey, I'm a busy guy. Come on, get my hands better." This, of course, was again sort of implied by several people who had heard anecdotes about the hand dermatitis and this congressman from Texas.

G: I gather it was not caused by shaking hands, though.

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N: No, no. There is certain trauma that occurs to a politician from shaking hands. They can usually get some callous formation on the back of a hand from the impact of people's thumbs as they grab you, and I'm sure he suffered some of that when he became the president. But if that were true then his left hand should have been spared. But I can tell you from what I saw, his hands were equally involved with their weather-beaten appearance. My view is that he had hands commensurate with what you would consider a hard-working Texas rancher.

G: And yet how much work did he really do with his hands on the Ranch?

N: My understanding was that he loved to get out and ride the horses, so your hands are exposed to sunlight, as he did not wear gloves. So I'm saying it's a combination of sunlight plus we do know that he did get some "low voltage" X-ray during the thirties and forties for his chronic problem from several institutions. This leads me to be concerned about the possibilities of one institution not knowing what another institution was giving him. So I have no concept of what the total radiation was that he received.

G: How would you characterize Lyndon Johnson as a patient? Let's say if you were advising another physician who had never treated the President before, what advice would you give him in dealing with Lyndon Johnson?

N: Well, it really is difficult to [do that]. I'm not trying to be evasive. You've got to recall that I met and saw this man under unique doctor-patient relationship terms. He was the President of the United States. There were enormous pressures to get in to see him, to get it done as rapidly as possible. There was no time in this man's schedule to be able to sit down and establish rapport. Dr. Burkley used to facetiously comment that I had tremendous rapport with the President. My recollections were that he was always sort of

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ragging me and teasing me. George Burkley said, "That tells us that he likes you. If he didn't like you, number one, you wouldn't come anywhere near this mansion. But he asks for you, you come back, and he likes to sort of tease you, rattle your cage. He does this with all of his close staff. Just accept that for what I'm telling you. You've got good rapport with the President."

The only thing that I can comment is that I saw President Johnson a year after he left the presidency. He came out to Bethesda Naval Medical Center. He came to the office. There were no pressures; the schedule was reasonably loose. It was an exceedingly warm and pleasant experience. He told me what was happening with his skin down on the Ranch, his somewhat frustrating experience, he said, in trying to convey to "those fellows at Brooke Army [Medical Center] how he'd like things done." He said somehow he just can't get the message across. He liked the way I did it better than the way they did it. I found myself sort of smiling and saying, "Perhaps they don't realize how impatient you can be." I remember Mike Howard was one of the Secret Service agents that was in the room. He sort of rolled his eyes up at the top of his head and smiled at me. The President just laughed and suggested he had a couple of things on his hands that he would be happy if I would do for him that day. It was, as I said, a very relaxed, cordial--there was an exchange of how things were going. He in a very animated fashion told me he was going to have breakfast the next morning with President Nixon, and as I said, was very cordial and very animated.

[He] quizzed me about how many Vietnam casualties we had in the hospital, suggested to Mike Howard whether it was possible to see if he could go and see some of the patients. However, the word had spread through the hospital that he was in, and by

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the time I finished and we got out into the corridor outside the dermatology clinic, the corridor was filled with Vietnam-combat-injured patients, with casts and in wheelchairs. He very patiently shook every man's hand that was in that corridor, autographed casts, and was remarkably warm, cordial. You could sense there was no time schedule or pressure that was going to dissuade him from doing this.

Again that was the only time I saw him when there wasn't a rush of presidential activity surrounding him. The phones were ringing incessantly, people were waiting--and this was occurring up in the private quarters. I was amazed at the number of people that were getting involved with his day-to-day activities before he was out of bed in the morning.

G: What time of day did you normally see him?

N: It was preferred first thing in the morning, which usually meant by eight o'clock in the morning. There was usually some sort of a standoff on occasions up there on the second floor hallway as to who was going to get in first. During the early times I went down there and Jack Valenti was the chief of staff, I guess was his title, and subsequently Marvin Watson, we would all seem to be arriving at the same time. I was never quite sure who made that decision as to who got in there first. But I would guess most of the time we were in there, Paul [Glynn] and--I can't recall who the other valet was there now; they have two air force--Ken [Gaddis]. Paul and Ken seemed to be monitoring the thing, and we would normally whisk in and whisk out rather rapidly.

G: Did Dr. Burkley give you any advice on how to deal with Lyndon Johnson before you?

N: No. I can't recall George ever saying you do this or you don't do that. I do recall an admonition I got from Dr. Anderson to, one, always remember what you tell the

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President because four, five, six months down the pike he may ask you the same question and your response may be, gosh, he forgot that he asked me that once before. No, Dr. Anderson said, what he's really looking for [is] to see if he's going to get the same answer from you. So for God's sake, remember what you tell him because if you tell him something different the second go-round he'll jump all over you on that one. Allegedly he did this with all of his staff, including the Joint Chiefs of Staff, say, "Hey, how come I'm getting a different answer this go-round?"

The other bit of advice was when you're responding to one of his questions, it is suggested that you go eyeball to eyeball with him. I'm not sure this is accurate, but that's the way Texans do business. If a man can't look you in the eye he's not telling you the truth, or something of that. That's an old Texas adage that was quoted to me. I'm not sure that that's accurate. I tried in my approach to provide him with as good dermatological care as I provided any other patient. Not better, not different, but as good. But sometimes it had to be different because of the pressures of his schedule and getting it and doing it rapidly. There were times when I would have liked to discuss things of much more intimate nature. Presumably George Burkley knew what we were talking about. George would certainly know what I thought and what I considered the prognosis for a specific thing. I'm convinced that the President felt that George would monitor anything bad for him.

G: Are you thinking about something in particular here or just . . . ?

N: There were a couple of academic arguments about what to call some of these lesions that we took off. As I said, they were academic arguments, and George Burkley understood what we were saying, what we were concerned about following one of these or two of

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these a little bit more closely to make sure they didn't recur. But he felt this would just be upsetting to the President if he misunderstood. And George was saying, "As long as you're not worried and I'm not worried, let's not worry the President."

So again, you have a unique relationship where you have a personal physician involved with the man and that's his role, to worry about the physical well-being of the President. That in essence is what the President charges him with: "George, you worry about me. I got too many other things to worry about." That's the way I felt his health care was delegated, was to Dr. Burkley.

G: Did the President ever ask you about issues of the day or, let's say, health insurance or anything like that as a member of the medical profession in addition to the duties . . . ?

N: No, no, I don't remember ever discussing anything concerning policy or issues. On a couple of occasions while I was there issues were being discussed with either Mr. Valenti or Mr. Watson or some of the press officers, Mr. [George] Christian, Mr. [George] Reedy. I remember them being present and animated discussions going on while we were busily doing what we had to do.

G: Here's the list of appointments that I show in the files. Do you remember anything in particular about those occasions?

N: As you see, most of them are eight-fifteen, nine-ten, nine-thirty was kind of late. These are kind of a blur to me.

G: I believe you have one anecdote about an occasion in which you were late--is that right?--or you were on your day off or something, playing golf.

N: There was one particular day when I had to go to court. Dr. Burkley apparently was asked to find me. He wanted me down there in a hurry. There was some bedlam as to

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how to retrieve me from this courtroom where I was being a witness for the Montgomery County police, an accident, automobile accident trial in which I was the only valid witness for the Montgomery County police. They were reluctant to call any witness out of the courtroom, and the people who were looking for me were reluctant to try to tell them why I was being summoned. They weren't quite sure how this would impact, and they thought it might produce, one, either an overreaction and might produce some notoriety which we didn't want, or number two, it might arouse some dismay with, hey, you've got to be kidding, who's going to believe that type of story. So they just pressed saying I was a physician and this was an emergency.

Unfortunately, by the time I think it was my wife who finally got through and one of the bailiffs went in to try and find me, I had departed the building. I had finished testifying and the Montgomery County police promised they would get me out of the building as rapidly as possible. They did. I then proceeded back to the hospital. Unfortunately I stopped on the way because I thought I needed gas. When my hood went up to check the oil, the fan belt looked like it was loose so we sort of piddled around trying to fix the fan belt for about twenty minutes. So it was now almost ten-thirty in the morning before I got back to my clinic, where everybody was in a rather animated state saying that Dr. Burkley was really concerned and wanted me to call him. By the time I reached George he said, "Well, it's too late now, the President is already into his schedule. We were trying to get you down here first thing in the morning. My urging is that you get down here early tomorrow morning and we'll see if we can't get in here early and get this done for the President."

I wasn't quite sure what the problem was. I don't even recall what it was now

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myself. But at any rate, the next morning when I appeared--and as I said, normally we were summoned rather conveniently to be up there at eight o'clock--this particular morning Paul was the valet. I remember that because I spoke with him a couple of times that morning. He said, "We'll call you." So I was waiting in Dr. Burkley's office, eight-thirty, nine o'clock, I called up to the second floor again and Paul [said], "He knows you're here." Nine-thirty, ten o'clock, "What do you think, Paul? Should we wait, shouldn't we wait?" He said, "I'm sorry, but I think you should wait." It wasn't until eleven o'clock that we got summoned up there. We got up to the second floor and the door was closed.

Then the President appeared at about eleven-ten. I was looking at my wrist watch. He, fully-clothed, sheaf of papers under his arm, comes striding out of his bedroom, spots me, and in a very sort of theatrical way stops and sort of looks at me like "oh my goodness, I forgot that you were here" type thing. But he did it in a very, as I said, almost theatrical way. I still didn't realize what he was doing until he said to me, "Where were you yesterday, playing golf?" I realized that--at least my interpretation was--he was ragging me. My perception was that he kept me waiting just to rag me for this period of time. He smiled and he said, "Let's go down to the office." We whisked downstairs to the office. That may have been a total misinterpretation of what happened up there, but he, I thought, was doing it with sort of a smile on his face.

G: Did you do something to him then?

N: Yes. We went down to Dr. Burkley's office. We were finishing up something that we had started before that he wanted to get done. The only pressures I also recall was that he had an eleven-thirty cabinet meeting. So it was now about eleven-fifteen that we were

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settling down to get this thing accomplished in Dr. Burkley's office. It must have been about eleven-twenty when Marvin Watson came rushing in with his arms outstretched looking at us. The President had his back to Mr. Watson [who was] looking at his wrist watch saying, "What the devil are you fellows doing? We've got an eleven-thirty cabinet meeting!" We got it accomplished and at eleven-twenty-nine was when he walked out of George Burkley's office and just dashed down the corridor.

G: Do you have an insight on the episode in which he showed his scar, the reasons behind that?

N: I think I understand the rationale for that. There were rumors, at least several people from the White House staff alleged that several articles were appearing around the country suggesting that it wasn't a gall bladder procedure, that it was a more serious operation, it was for cancer, that they had done an "exploratory." My understanding was that the President asked whether this incision on his abdomen was a specific one. "If somebody sees that and knows anything about surgery, is this a specific incision, say, for gall bladder removal versus an exploratory incision to look for cancer in somebody's abdomen?" Well, the answer is yes, that this incision which appears under his rib cage in the upper right-hand corner of his abdomen is a fairly specific one for gall bladder removal. If you were going to do some sort of exploratory procedure, cancer searching, something of that nature, the incision is usually straight down the midline of the abdomen so that the surgeon can go in any direction when he's in the abdomen. So, again, my perceptions were that President Johnson wanted the press to photograph this "subcostal incision"--subcostal meaning under the rib--in the right upper quadrant of the abdomen, which was fairly diagnostic of a gall bladder incision. He thought that if he could play

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that around the country, at least two hundred and fifty thousand doctors would know that that incision was sort of specific for removal of the gall bladder and not a surgical incision to do an exploratory for somebody who you suspect has cancer in the abdomen. I think that that was probably one of the motivating reasons that the President bared his abdomen publicly, was to dissuade any of that madness about "they're really hiding cancer surgery."

G: Do you know who suggested that route to him?

N: I've never talked about it with Dr. Burkley. Again, these were some of the rumbles I heard and it was suggested at lunch one day by several of us that the President didn't do this as some kind of a showboat thing. He was a very calculating, effective politician, and [we felt] that there must have been a much more practical reason for his baring his abdomen to the press.

G: Anything else on those cards?

N: No, the only thing is I see from May, I guess this is May 1968, May, September 1968, October 1968. Well, the one that we have really gone public with is the one on October 1967.

G: October 16, 1967.

N: Yes. So this is a year later.

G: Do you want to recapitulate what you said publicly on that?

N: Publicly on the skin cancer episode?

G: And maybe the background.

N: Yes. Last year in June, I'm guessing somewhere in late June, 25, 26 or something in that order, I received a phone call from Dr. Burkley on the West Coast saying, "Hey, I got a

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call, an inquiry, from some reporter from the *New York Times* saying that we had talked to some Dr. Klein about skin cancers on President Johnson. I don't remember any Dr. Klein. I told this man I didn't know what he was talking about. But gosh, Bill, that's ten years ago. Is there something I should remember?" I did recall vividly. I knew that we had talked to Dr. Klein. I then had to, in the next day or two, go to the records to find out what the dates were, and told Dr. Burkley of the events of the phone call to Dr. Klein in Buffalo, New York. Dr. Burkley called the *New York Times* back to apologize, saying he had forgotten, he had talked with me, I had refreshed his memory.

With that the *New York Times* reporter then called me and started to quiz me concerning Dr. Klein's allegations that there were skin cancers removed. I tried not to respond to the reporter's questions, suggesting, one, that this was I considered a confidential, inviolate relationship between a patient and a doctor. If he wanted information concerning this then he should contact the Johnson family and/or the Johnson Library. I'm not sure who has jurisdiction over this information, that what I had done is fairly well documented, but I would not violate it. If they wanted to ask me more questions they would have to pose the questions through the Navy's Chief of Naval Information office. He got very terse with me, suggested that anything and everything that happened to a president was in the public domain, that I shouldn't be concerned about talking about it. I said I disagreed with that concept and I just refused to answer his questions and gave him the number of the Chief of Naval Information to pose his questions.

The *New York Times* got interested because of a comment that was made in the July 1977 issue of *Reader's Digest*, in which Dr. Edmund Klein of Buffalo, New York, in

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an interview talking about the potential of skin cancers, answered one of the questions with, "By the way, did you know that Lyndon Johnson had skin cancer?" And indicated--

G: How did he know? Where did he get his information to begin with?

N: I can tell you that the incident that occurred in getting Klein on the telephone occurred with my going down to see the President on January 6, 1967. He had a warty growth on one of his fingers that we were going to shave off with our usual technique. That particular morning when we came into the President's bedroom he was reading on one side of the bed. Mrs. Johnson was in a robe reading on the other side of the bed. We had set up our table and our equipment.

As the President was getting out of bed, Mrs. Johnson says to Dr. Burkley that she had seen the day before, or somewhere in recent past she had talked to Mary Lasker, her friend, who indicated that there was now a new ointment available that removes skin cancers by just rubbing it on. Dr. Burkley looked a little distressed because he wasn't quite sure what this magic ointment was. But I knew that Mary Lasker could only be talking about a chemical called "5FU" in the trade, 5-fluorouracil ointment. In December of 1966 an article had appeared--I'm guessing at December 1966, in late 1966--in *Life* magazine, which was still being published, in which Edmund Klein of Roswell Memorial Park or Roswell Park Memorial Hospital in Buffalo, a skin cancer researcher, had done some work with this chemical ointment and that he had received the "Lasker Award" for his research.

So to help George out of his dilemma I interceded and I said, "Dr. Burkley, Mrs. Johnson is talking about Klein's work up in Buffalo with the topical use of a 5-fluorouracil ointment, which has to be rubbed onto the skin for fourteen consecutive

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days. It is very successful on [the] face, thin-skinned areas like the scalp, the neck.

We're not quite sure that it's that effective on the thicker-skinned areas like the hands.

But it would be worth a try. But it would take fourteen consecutive days of applying this ritualistically, and it does produce a brisk inflammation and a tenderness and it's not totally innocuous. It is reasonably effective." George winced when I told him fourteen consecutive days because that would be almost an impossibility, getting this President to do something specifically like that for fourteen days. At least that was my perception and I think George shared that.

Well, as this discussion was going on, the President somehow knew that we were not going to go forward with this until Mrs. Johnson was finished with us. So out of the corner of my eye as I was chatting with her I realized that he was now returning to the bed and resuming his reading of a sheaf of papers laying on his bedside table. Mrs. Johnson suggested, "Well, look, Mary Lasker"--I think she said she was in Phoenix, which is on the West Coast, perhaps two hours behind us in the time zone, we're eight o'clock on the East Coast--she said, "Well, let me talk to Mary and then I'll talk to you fellows later," which meant that she would be probably calling Mary Lasker around noon-time East Coast time.

So we were dismissed and I went back to Bethesda. Within an hour of getting back to Bethesda George calls me, George Burkley, and says, "Look, who's using 5-fluorouracil around town?" I said, "It's very limited. It still hasn't been released totally by the Food and Drug Administration. But we've got to talk to perhaps Peter Horvath of Georgetown, Dr. Horvath is a professor at Georgetown, and I think he's had some limited experience with it." Within the next thirty minutes, the signal board called me back from

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the White House and asked where will I be at one o'clock. They're setting up a White House conference call [in] which I will be one of the participants. I didn't know who the conference call was going to be with. Within about ten minutes of that, George Burkley calls me and says, "Listen, we're going to set up a conference call between your office, Peter Horvath's office, Dr. Klein's office in Buffalo, and the White House."

This did occur. The ground rules for this conversation were: we will not discuss a specific lesion, we will not discuss a specific problem, we will not discuss a patient. The thrust of this is to talk about the usefulness of this new agent, how to use it, when to use it, complications of, theories of its use, just to get enough background so that we could go back with the options of how to treat this to President and Mrs. Johnson the next day. The conversation took about thirty minutes, I would guess. I did not partake; I remained reasonably passive through the whole thing. Meanwhile, I had summoned up every article on 5FU that had been published, in the intervening hour, waiting for this conference call to take place. I had every recent article spewed out on front of my desk. I had read them all before the conference call took place. So I became an instant authority on 5-fluorouracil.

Well, after that conversation George Burkley called me and he said, "Well, what do you think?" I said, "Well, I really didn't learn much, George. I'd still like to do it the way we were going to do it." So he said, "I agree," and then asked me to, on paper, put down for the President's night reading a draft of how I would treat it and why I would treat it the way I decided to treat it. I thought that was an enormously difficult task for a physician to write for a "layman" concerning why you decided to do it one [way]. He said a White House car would pick up the written draft in two hours. So that went down

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that afternoon. The next morning I was called and the President was satisfied, could I come down the next afternoon and remove this thing from his finger the way we decided we were going to do it originally.

That was done. The lesion was reviewed microscopically by our Department of Pathology and reviewed by the Department of Dermatology. It was again a benign warty growth that we call an actinic keratosis. That was the sum total of Klein's official contact with us. The lesion that we were specifically talking to him about that brought about the phone call was biopsied and it was benign.

Now, the reporter from the *New York Times* said that he had talked to Klein and Klein said the phone calls had occurred sometime in March or April. There's no question it was January 6 with the procedure being done on January 7. So Klein really didn't keep good records. He says to the reporter all he knows is that these "three fellows called him from Washington" and we said to him that the President has a moderately severe skin cancer. I'm afraid that I'm sure I never said the word, nor would I ever use the words "moderately severe" because I have no idea what it means. But that is the term that we allegedly used, that we called him back and took his advice, that we would use the 5FU and would do the biopsy and that we had followed his advice and the treatment was successful. I have never talked to Klein in my life except those few words that we exchanged in that conference call.

In responding specifically to the questions of Klein's knowledge, of Klein's feeling that there was a cancer on the man's hands, we could categorically deny that any skin cancer was involved. However, the reporter then continued to upgrade the inquiry. He then said, "Have you ever taken a skin cancer off the President?" Well, some ten

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months later after the Klein incident in January of 1967, on October 16, 1967, [I] went down, took a few benign barnacles off the President's hands, removed some on his shoulder. These were all trivial and benign. It was brought to my attention that there was some funny growth on the lateral aspect of the President's left foot. When I examined it I was certain that this was an ulcerated lesion and that it was probably a skin cancer, a basal cell epithelioma. It was reasonably large so that you couldn't innocuously excise or cut out the area and then suture it up, so I opted to take a small biopsy on the morning of the sixteenth to confirm. It was an extraordinarily unusual place to see this lesion, that far down on a leg.

G: Why was that?

N: It just anatomically doesn't occur there. It's a very rare sight.

G: Why did it look malignant?

N: But it looked like--well, unfortunately, I can't really verbalize in a meaningful way all of the things that one looks for in determining whether a growth is benign or malignant. The analogy I can give you is that in learning music I wouldn't know how to verbalize to you that that's Tchaikovsky you're listening to and not Brahms. I wouldn't know how to verbalize that. All you've got to do, you've got to be there, you've got to hear it, you've got to see it, you've got to feel it, and so you learn to appreciate music and you learn how to identify. Well, the same thing is sort of true in my specialty of looking at the skin and looking at lesions. There's a certain glistening appearance that this thing has that you say, hey, that's a basal cell epithelioma. The only thing unusual about it was its anatomical location, very unusual to see it on a foot. I'm not saying it doesn't occur there; it's just a rare sight.

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We then did the small biopsy, confirmed the next morning, the seventeenth, as to what the character of it was. Confirmed my suspicion, my pre-operative diagnosis, and then had the option of, do we cut it out and put sutures in. That will incapacitate him. Or do we take a chance and just sort of scooping and curette it out, letting it heal up by itself and don't restrict him. And that was the option we took.

G: Why did you take that option?

N: Because we thought it would be less debilitating to the President than to do a wide excision and maybe have trouble getting it closed, may have to even think about a graft. So we thought we would give it one shot of just sort of vigorously scooping this out, using some electrodesiccation, and then felt that we would follow it very closely, and if we had any evidence of any recurrence that we would go at it a little more vigorously with surgery. Well, I thought it would take somewhere in the neighborhood of three weeks, maybe four weeks, for this wound to fill in and heal up. But within less than two weeks it was incredible. He did not restrict his activities during this entire period of time, and to my amazement, the next time I was down there I looked at the site. It was well-healed, dramatically well-healed, and then I had the opportunity to follow it for some five years.

(Interruption)

G: Did you tell him how long it would take?

N: Yes. I suggested without restricting his activities that it could take as long as four to six weeks to heal. The other thing I learned is you didn't want to shortchange yourself and say you're going to be healed in two weeks, and if it took three weeks you'd have a heck of a time explaining that to the man. So I said four to six weeks figuring probably four

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weeks, maybe at the earliest three weeks. But to my amazement within two weeks the thing was well-healed and he was very pleased with it.

G: Did he know what it was? Did you tell him what it was?

N: Oh, yes, yes indeed. Yes indeed. I felt that there would be absolutely no untoward consequences from this. I thought it was a localized kind of skin cancer which we deal with almost every day in our clinic. The therapeutic results are excellent. The recurrence rates are very low. The worst thing that can happen if it recurs we would just go back and take more tissue. I was convinced it would have nothing to do with his life expectancy, and I was convinced that it wouldn't affect him in terms of his day-to-day activities, the way we did it. There was no question as to the way this thing behaved. I'm not sure he discussed any of this with Mrs. Johnson. I can't say that I--my understanding is that she was not aware of this on the ankle. But Dr. Burkley knew in clear terms as to what we were dealing with and so did the President.

Now Klein turned out to be "right but for the wrong reasons." I'm convinced that he was guessing that with a past history that somewhere along the line that the President probably had a skin cancer. But it is so common in people of that age group, of that ethnic background, of that skin color and nature, who had a great deal of weather exposure, some X-ray, it wouldn't really take much of a calculated guess to say they probably took off a malignancy or two. Not that it had any meaningful effect on the man's activities. Absolutely trivial. I've literally taken dozens of these off active members of Congress. I've taken them off members of the Supreme Court. I've taken them off admirals and generals, and it really doesn't have any effect on their activities nor on their longevity. So I think this thing, of course, was blown way out of proportion. But

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for some reason the *New York Times* reporter felt in his last article concerning this when we confirmed the presence of this thing on the ankle, some ten months after the conversations with Dr. Klein, his implication was, "Aha! This is really secret skin cancer surgery and perhaps the Johnson Administration wasn't as open as everybody thought." Which I think was an absurd conclusion to make from this incident.

G: Is there anything else regarding your association with Lyndon Johnson that you feel is worth noting?

N: Well, my offhand recollection was that the American people had a President "twenty-four hours a day," because I'm not sure what he did for an avocation while he was the President. It seemed to me that the moment his eyes opened in the morning the phones were ringing, that the monstrosity of night reading that I would see alongside the bed that he was up late hours of the night working. I was convinced--what did he play, golf perhaps once a year or something in that order?--that his sole vocation and avocation was the political scene and the presidency of the United States. Whether you agreed or disagreed with some of the policies of Lyndon Johnson, there was no question that he was devoted to it and there were very few distractions.

The only other thing I come away with in a vivid way was the response and the attention he paid to the women in his household. If Mrs. Johnson or Lynda or Luci appeared while we were in that room, everything became secondary to his response to what their needs or their queries were. That was obviously clear.

G: How about his relationship with George Burkley?

N: I do know that after the election of Lyndon Johnson to the presidency, which had completed four years of Dr. Burkley's tour in the White House--three years with the

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Kennedy Administration and the last year with Lyndon Johnson--George Burkley had planned to retire. He'd reached age sixty-two. My understanding was that President Johnson decided he would like George Burkley to stay on as the White House physician. I know he had a great relationship with Dr. Jim Cain and with Dr. Willis Hurst and for some reason I half suspected that either one of those two gentlemen would move into the White House as the White House physician. I'm sure the reappointment of George Burkley in 1965 with the elected Johnson years, that decision was made with the counsel and guidance and support of Doctors Hurst and Jim Cain. I'm certain of that. So Hurst and Cain respected George Burkley.

G: Anything else that we've left out?

N: No, just to reiterate that we did many biopsies on Lyndon Johnson and technically all of the things that came off were benign except for that one lesion on his ankle on October 1967, and I think the *New York Times* articles of secret skin surgery are way out of line in terms of what was done. I do know that we put bandages and dressings on whenever we had done our procedures. I know the White House press saw it. I know the White House press knew what was going on, because there were several people in that White House press corps who were patients of mine, also. There are wives of military officers who worked as volunteers at the White House, and they would recognize me from time to time going in and out of the Mansion. I know they know what I was doing there. But they really felt no compelling need to publicize these events.

As a matter of fact, when the *New York Times* articles started to play out last year in June I received a phone call from Helen Thomas. Helen Thomas has had a lot of years around the White House. She knows me personally; we've had dinner several times, her

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and her husband. She called me and said, "Hey, what don't I understand about this? I mean, what's this guy going for that I don't understand?" She volunteered, she said, "You know, we knew what you were doing, taking these warty growths off the President. We would see the band-aids, and we just didn't feel that that was anything that really should be publicized." There was a moment of anxiety on her part, "Gosh, did I really miss something by not pursuing that? What does this guy in the *New York Times* know that we don't know?" When I told her what precipitated the whole thing she just said, "Oh, my, isn't that absurd?"

So that backed Helen Thomas away rather rapidly. But at first she had a sense of indignity that perhaps somebody had been duping her and that there was really something to this. But it really didn't take much to dissuade her, and with the publication of this last bit of information on June 28, I don't think anybody in the Navy Department--I certainly did not receive any inquiries from any source. I think that somebody from the *National Enquirer* called CHINFO [Chief of Information], and they said, "Hey, the whole story is out there. What you got was released and there it is. There ain't no more." They advised me that if I got any inquiries from any of those journals to refer it to CHINFO's office. I never received a single call. The only call was Helen Thomas, "Hey, why don't I understand this? Did I miss something?"

G: Well, I certainly appreciate your reminiscing here. Is there anything else that you think you ought to put on tape today?

N: I really can't recall anything that I think has got any great import, except to add that the several times that I had dealings with Mrs. Johnson they were always extremely pleasant and cordial. I found her a most cooperative and appreciative patient when she was asking

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for some of our services. If she were a few minutes late at the given appointment time there would always be an effusive apology, "Gosh, you know, sometimes I can't control my day." It was always done with great concern and care that she was aware that we were busy. I always found that to be a very gracious way to do business with the First Lady.

I did not get to know Luci at all but I got to know Lynda quite well and Chuck Robb and still see them from time to time. I had great rapport with Lynda. I thought she was kind of terrific in the way she endured that first pregnancy in the White House with Chuck's departure to Vietnam. She's carried it off well. That was sort of reinforced this week when I saw her now after the third child. She looks better than ever and she'd make a great politician if she so chose. She's got to be an asset to Chuck Robb.

G: Well, I certainly do appreciate it.

[End of Tape 1 of 1 and Interview I]

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