

INTERVIEW I

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INTERVIEWEE: DR. RICHARD A. PRINDLE
INTERVIEWER: DAVID McCOMB
PLACE: Brookings Institute, Room 530, Washington, D.C.

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M: Dr. Prindle, I'd like to know first of all something about your background. Where were you born and when?

P: I was born in 1925 in Ohio, which I don't recall to any extent because I left there at the age of one and eventually ended up in Louisiana at the age of about five. My father died shortly after we moved there, so we stayed on. I had all my beginning education there, mostly in public schools, public high school, and started into science, which was my interest, and acquired my knowledge of chemistry and mathematics at Centenary College in Shreveport, Louisiana. During that period I got interested in genetics and got persuaded to pursue a medical career. This was during the war years, and so I took a rather accelerated college program without a degree and went to Harvard Medical School then, where I graduated in 1948.

M: I notice in the Who's Who background on you that you have an M.P.H.

P: That's right.

M: What is that?

P: That's a masters degree in public health.

M: That's also from Harvard?

P: That's also from Harvard. After I graduated from medical school, or rather even while I was in medical school, my genetic training got

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me involved in a project in my third year of medicine with an instructor in pediatrics who was very interested in the anomalies, the deformities, of children. This was when the first evidence was coming out that German measles during pregnancy was the cause of many of these difficulties. He was looking for someone who could help him on the genetics aspects as opposed to the somewhat acquired aspects, so I worked summers with him. Much of this work was supported by the School of Public Health, mainly because of the communicable disease aspect of the German measles.

After I finished medical school, I was asked to stay on with the School of Public Health as sort of an assistant to work with Dr. T. H. Ingalls and got very interested in the activities there. I went ahead and had my internship at Columbia Presbyterian in New York City in surgery, again because I was somewhat interested in the possibility of going into surgery of heart deformities and so forth of children, but I found that I was more interested in going back into research. When I completed my internship Harvard offered me a fellowship back to the School of Public Health, and I returned there to do more research.

Quite honestly, the draft was breathing down my neck at this time; this was 1950. So there were several people there at the school, men from the army and navy, who were in preventive medicine. I talked to them about joining, and at this time the Public Health Service got in touch with me and said that if I joined them in the field of epidemiology, which I was working on, that they could get my

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deferment and that they would like to have me join the Communicable Disease Center. So I joined in 1951, and after working on research in poliomyelitis and dysentery, they sent me back to Harvard in 1953 to get my M.P.H. in 1954.

M: I see. And then you stayed with the Public Health Service?

P: I stayed with the Public Health Service. They had been very good to me. After I received my training, in talking with my professor he felt that it would be very good--my field was and still is, although I've become an administrator I guess at this point, epidemiology, the study of diseases primarily in epidemics but also just generally in populations--to get some experience overseas in areas where one sees many more of these kinds of problems. The service offered me the opportunity to be loaned to what is now AID, but in those days it was ECA [Economic Cooperation Administration], then FOA [Foreign Operations Administration], and had various titles, the Point Four Program overseas.

So I was sent shortly after graduation to Haiti and spent two and a half years in Haiti working in tropical medicine and getting the opportunity of seeing a large number of diseases in rural areas there. I might add, [it was] a terribly frustrating and unhappy experience in many ways, because there's so little one can do in an area such as that and so much that needs to be done. It's a delightful place to live from the standpoint of climate and so forth, but, it's certainly not, from a professional standpoint, a very satisfying life. So while there, just to make things complicated, one of the projects that I'd been asked to try to establish down there was a

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project on tuberculosis, which of course was rampant there as it is, and was particularly, in many tropical areas. But we wanted to do it as a research project to evaluate the use of what was then still fairly new, isoniazid type drugs.

M: How do you spell that?

P: I-S-O-N-I-A-Z-I-D. These were fairly new drugs, or were quite new, and the hope was that instead of having to have extended hospitalization and long-term treatment, that the giving of these drugs would help at least many cases and, even more importantly, help cut the spread of the disease within families and communities. It meant that we would have to have very extensive x-ray workups and so forth, and Haiti was just frankly too primitive to carry this out. So the man in charge of tuberculosis in the Public Health Service came down to visit me, and together we went and visited several other countries, primarily El Salvador, with the idea that it might be established there. Unfortunately, because of various diplomatic things, it did not so end up. But he offered me then the chance of coming back to Washington, either to work on that or related projects. I was interested in areas like this, and at that particular moment the air pollution program was starting up, and this is how I got started in that field.

M: Well now, what's the date?

P: I literally arrived in Washington in January, 1957.

M: Okay. You say the air pollution problem was starting up. Is this the first recognition that air pollution is going to be a major problem?

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P: Yes, I guess one would say. Of course, here in this country we really had paid very little attention to it until 1948, when the Donora smog episode had occurred. The Public Health Service had been involved in that but did not have a program to follow up. There was one man with whom I worked over the rest of the years, Mr. Vernon MacKenzie, who was then the chief engineer of our center out in Cincinnati. He felt very strongly that this was an evolving problem, and in 1950 he pushed very hard to get it going. Nothing happened, and as a matter of fact, over the next few years there were considerable discussions but very little effort made by the government to do anything.

There was a conference, and I think it was called a White House conference although it was certainly not the kind of large-scale White House conferences we have today, which involved a number of departments, because Weather Bureau was interested, Bureau of Mines was interested, and so forth. Out of this, in 1954, a decision was made that health was the major concern, and therefore the Public Health Service ought to be the principal instrument, that the other agencies ought to be involved to the extent of their capability. This led in 1956, and I think I'm correct on that figure, to the passage of an act that appropriated some money to the Public Health Service to start a program. In 1957 when I arrived it was all of five or six people just getting going.

M: Well, according to the information that I've been able to gather, the major breakthrough in air pollution control was that 1963 act,

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the Clean Air Act.

P: Yes. The Clean Air Act.

M: Is that correct?

P: I would say this has certainly added, and the subsequent ones of 1967 and so forth.

M: Now, apparently you had a rather important role in that act.

P: All of this was pretty much of an uphill battle. In the first place, I think it goes very easily without saying that at the time, the beginning years in the Eisenhower Administration, there was not a great push for government to get active in things. I would refer to something I've just finished reading here that one of the Brookings people has written, Mr. James Sundquist's book which covers the Eisenhower and Kennedy-Johnson years and draws contrasts. He has a section on the environment and describes what has happened to the Clean Air Act during this time.

I remember as we were trying to pull this material together, Mr. MacKenzie and the Surgeon General and Secretary [Arthur] Flemming went to the White House during the Eisenhower Administration and made a presentation to the cabinet which just ended up with zero as far as any action was concerned. [I remember] the contrast that we felt with the Congress, which was getting extremely interested in pushing very hard, Congressman [Kenneth] Roberts from Alabama and several others who were very strong doers, activists in this type of thing. I think very easily that the changing of the administration and the changing of things made this act much easier to get across.

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We also had the uphill battle that in 1957 very few people had heard of smog and air pollution. At the most it was kind of a local joke in Los Angeles, and that was about the extent of it. It wasn't really until people began to see it in their own communities, hear more about it, until the 1958 and 1962 episodes in London, that people began to get worried.

Now I had an exciting time going and being part of the 1962 activities in London. I was driving to work here in Washington about eight-thirty in the morning, and I heard the news on the radio that there was a severe smog in London. When I got to the office one other person had also heard a similar report on another radio, and we talked about it for a short while and then called our friends over at the Weather Bureau and said, "What do you know about this? Can you tell from the weather patterns whether this is a real situation? Is it going to last very long, and so forth?" They said, yes, as a matter of fact, there had been this very intensive weather stagnation that had crossed the Atlantic that was there in England and ought to be around for some time.

At this point then we called the science attache in London at the Embassy and said, "What's the situation?" And he described a very bad situation. He gave us some of the figures that were being reported in the newspaper about the extent of the deaths as well as some of the readings of the chemicals and so forth that were present in the air, and around eleven o'clock we made the decision that I was going to go to London. We called the State Department.

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Fortunately, I had a passport that was in good shape, and [I] got the passport cleared. Fortunately, I had kept my shots up, my smallpox and so forth, and I was on the five o'clock plane out of Washington for London. I ended up in Frankfurt, because the planes couldn't land in London. But I did get there late that afternoon and get to see the picture.

But this happened at a very dramatic moment. We were having that same December the second national conference on air pollution. Literally the next morning, the Surgeon General in opening this was able to say, "Unfortunately Dr. Prindle is not here because. . . ." And this just seemed to highlight the whole thing. There was tremendous interest both here and overseas, and Time magazine picked up this dramatic trip, [as did] the radios and so forth. All of which helped get across the point that here was a serious problem that was getting more serious, and something needed to be done about it.

M: Now, what did you do in London?

P: I was there only about four or five days. It was a quick review to try to see what the levels of smog were, what the sources were, and to the extent possible, the health problems. I visited a number of the hospitals and the emergency health service, and I think the main thing that we got out of this was that as opposed to the 1958 smog, although this seemed to be as bad a smog as far as the smokiness and so forth were concerned, there were fewer deaths and fewer illnesses. We felt, and the British felt, that some of this could

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be attributable to the fact that they had been passing and acting upon some laws there in London; they had reduced some of the sulphur dioxide; they had new kinds of heating equipment; they had some clean air zones, and that these moves had been beneficial. They had about a third the deaths that would have been expected on the basis of 1958. So this kind of gave impetus to saying, "We should do similar kinds of things, and thereby hopefully save some lives." This all added up, and then in 1963--of course this was the winter of 1962--

M: You made a formal report about it?

P: So in 1963 I made a formal report, and Mr. Roberts was holding hearings on the Clean Air Act.

M: This is Kenneth?

P: Kenneth Roberts of Alabama. So I was asked to testify as to my findings in London, and essentially what I just said were the findings that I reported. This I think gave the added impetus then to pass the law.

M: Now, Kenneth Roberts changed his position, did he not?

P: Yes. He was not re-elected in Alabama and is now here in Washington in law practice.

M: What did you do in regard to the formation of the Clean Air Act itself? Did you play any role in that?

P: I was involved in helping write some of the material, and justification material particularly. Mr. MacKenzie did most of the actual drafting of the legislative proposals. Of course, people in the

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department, the General Counsel's office and so forth, put it in the appropriate legal language and things of this sort. But Mr. MacKenzie was the one who was really our leader in this at that time. He drafted the proposals and the things that were required in terms of areas to be supported and government activities, such as the training of people, the carrying out of technical assistance, the conduct of research and so forth. I, as I say, primarily put together much of the medical back-up as to the need for this and the testimony on what injury, what we knew was happening, what studies we had done in the laboratory, what studies we had done in the field on people exposed in Los Angeles and New York and so forth to various air pollutants, and to laboratory work on animals.

M: Other than the hearings, did you have any contact with the Congressman?

P: Yes. Nothing very long but on a number of occasions at his request Mr. MacKenzie and I and some of our staff were up explaining details to him and to his staff aides and the committee aides. We also had meetings with some of the other members of the same committee, as well as some of the Senate people involved.

M: Did the Kennedy people support you on this?

P: Yes. They were not tremendously active in it, but certainly this seemed to be one of the kinds of things that appealed to them on this. I, at that time, had no contact with Mr. Johnson, but I understood that in his position as the leader that this was with his backing and so forth.

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M: Right. It would seem that this program started under the Kennedy Administration and went on into the Johnson Administration. Is that right?

P: That's right.

M: And the Kennedy Administration supported you?

P: It supported us, right. Now, I think in honesty that this was an area that the Kennedy Administration did not oppose but did not strongly support, only in the sense that they had so many other things that they were busy with. Whereas I think the Congress itself saw this more specifically as something that it could grab onto and move with than the administration did.

M: Then when President Johnson took over, did he support this program?

P: Oh, yes, very definitely, very much. Of course it was under his aegis then that the newer amendments in 1967, or rather the new act in 1967, came forth. This was as a consequence of a number of contacts with the White House staff, as I'm sure has been covered elsewhere, these number of task forces and so forth that were established at various times to come forth with legislation. It was through this mechanism that we put forward our suggestions for the new act.

M: Is it correct that the Clean Air Act of 1963 set up primarily research funds?

P: This is correct, right.

M: So the next step would be to take some--

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P: Then the next step was some kind of regulatory and similar positions.

M: Well, then there were some amendments in 1965.

P: There were some amendments in 1965 that I'd have to look up.

M: In regard to solid pollutants and car exhaust apparently.

P: Yes, right.

M: Did you have anything to do with that?

P: Yes. I was trying to remember when Mr.[Paul] Schenck and the auto exhaust business started up, but as I recall that was also in 1963. Mr. Schenck, who was congressman from Ohio, was quite concerned with the possibility of cancer-producing agents being in auto exhaust, and he wished to put forward a law that would have required the Surgeon General not only to report but to essentially ban cancer-producing agents in auto exhaust. We met a number of times with Mr. Schenck, trying to point out that at this stage we knew so little that a law of this type essentially would be meaningless. As a consequence of meetings with him, and with essentially the good offices of Congressman Roberts, we were able to modify Mr. Schenck's act such that it required instead of action on our part in terms of regulation that we were to report back to Congress at the end of two years as to our findings. This led us to set up a special project in auto exhaust.

Here was an area in which I was extremely involved, because one part of it obviously was a very heavy medical component, trying to find out what the cancer-producing agents and so forth were. We set up in Cincinnati a very large operation which was a

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million dollar program, in those days a pretty good sized one for this type of thing, in which auto exhaust from engines was irradiated artificially as though it were exposed to the Los Angeles sunlight and then channeled off into various areas so that animals could be tested with some of it. Some of it was unirradiated, the animals could be tested with that. Some was clean air they could be tested with, and some was the irradiated material. Various chemical analyses could be run, and this could be kept going twenty-four hours a day, day in and day out, with all the cycles that one would expect living in Los Angeles or Washington, D.C. It was a result, quite a bit, of the reports of that research in 1965, in which again I was involved before the Congress, that led to some of the changes in the 1965 legislation.

M: Now, you must have had some opposition from automotive manufacturers and other groups.

P: Very definitely, very definitely. As a matter of fact, one of the interesting things, and of course this is my own point of view, is that their opposition actually helped us considerably in passing some of these laws. Again, going back to 1963, I remember going up with Mr. Flemming to testify when the Schenck Act was up. We felt that there wasn't a chance in the world that this would pass, because we were so convinced that the auto industry would come in and say, "Well, we'll do some research along these lines, and we'll take care of this. Legislation is unnecessary." Instead, they took the completely head-in-the-sand position that there wasn't any air pollution. There wasn't any problem. Nothing was wrong, and

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besides the federal government wasn't going to design automobiles. I think it literally riled up the congressmen enough that they went ahead and showed the auto industry.

It in many ways parallels, I think, the same thing we saw with the auto industry in the safety business, the same very negative attitude just overwhelming them. It's in contrast to some of the other industrial groups that we've worked with, who had enough enlightened self interest now to work with us in trying to design some of the legislation and some of the programs, rather than just digging their heels in and saying, "No."

M: What are some of those groups?

P: The oil industry is one that originally was quite negative but certainly has become very helpful and very positive. We've seen quite a change in their attitude. Just as an example, when I came in 1957, they had a pollution subcommittee of the American Petroleum Institute. I don't believe there was even one physician on this subcommittee. Because of the medical data that kept coming in, they were quite in opposition to many of our findings and so forth. But things have changed considerably now, and close to half that subcommittee now are medical directors and of the companies. They're working jointly with us on some studies. They've actually joined in on a number of comparative studies. Oh, naturally they're going to oppose things that they feel are unfair to them. At least they're taking the attitude that there is a problem, and that they're willing to do something about it.

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M: So you would detect at least some social interest?

P: Very definitely. And I would say the same with the Manufacturing Chemists Association and some of the others.

M: The chemical industry is the same?

P: Yes. Again, one that originally had been quite difficult to deal with and then eventually ended up with us now having some contracts with them for the study of chemical processes that might be modified to reduce air pollution. These are joint studies in which we contract with federal money and their facilities and their people, which they essentially donate as their contribution, to carry out these kinds of studies. They're reported as joint studies to the public and used as models in the sense that, "This plant has found doing this will accomplish this reduction." Then this is published as a kind of a guidebook to other plants of a similar type.

The oil industry's done a similar kind of job with us in which we did a series of studies at one plant on just leakage from valves, pipes and things like this. When you have a really huge refinery, you have no idea how many thousand barrels a day is evaporated off, dripped off, lost off in various ways. The study shows that decent maintenance could reduce an awful lot of this problem, and as a matter of fact also save the industry some money in the long run, perhaps. This then became a Public Health Service pamphlet approved by the oil industry that now goes to other refineries to show them what to do.

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M: This would seem to indicate the formation of standards for air pollution, which I assume is the main part of the 1967 act.

P: Well, where we stand now is in the establishment of criteria. This is a fine point, but it now has become a very legal difference written into the legislative history of these acts. What we are setting are criteria for air, as we would call it ambient air, saying that the air in a city should not have more than so much carbon monoxide per cubic foot or something of this sort. We're trying to design these criteria with a sliding range, because in many cases, short of the death aspects of this, there are choices to be made. So much of a certain chemical will prevent you from growing orchids. Well, I'm not sure this is important in Pittsburgh and whether the taxpayers have to pay that much, because they're not growing many orchids there. Whereas in Oahu, as a matter of fact, this became a problem.

The next level may be visibility, which is important in Los Angeles because the tourist industry wants to be able to see the mountains. The next level causes a few minor coughs and sneezes and eye irritation and so forth and so on. So we've tried to develop these criteria in terms of a series of choices and effects. Then, hopefully, the locality, the state or some appropriate governmental jurisdiction more near to the problem, would establish standards, and it would be agreed upon that, "This is what we want." Then you would have to go on to the even more difficult problem of saying, "Well, now this standard applies to our city. How do we

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get each polluter to fit into his portion of the standard?"

But the 1967 act gave us the role of setting these criteria, and, further, of inducing the states to set standards and to enable the secretary to move in if a state did not set standards. This, of course, will come to culmination later, because it obviously is dependent on our setting the criteria. We didn't have to set the criteria immediately. We're taking various chemicals and various pollutants one by one. Some provisional criteria have already gone out on one, sulphur dioxide, and others are in the works. I think a couple more have been published, but I've been out of this now just enough that I'm not up to date on where we stand on this.

M: Yes. Did you work with [Edmund] Muskie on this?

P: Yes, Muskie was, I would say, the principal member of Congress who was involved in pushing for this. Mr. MacKenzie in particular, again, was the one who worked most closely with the Senator, although a number of us had various contacts as time went on.

M: Through all of this, was there a necessary change in the attitude of the Public Health Service itself?

P: Yes. The Public Health Service is an outfit that's got its problems like every other outfit. I think it was basically a conservative group, perhaps because it's predominantly physicians like myself, who I think are a conservative lot generally. Many felt that moving into this kind of an action program, as highly politically charged as this was and in which regulation was

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obviously an outcome at some point, was undesirable. Our principal role in the past thirty years has been one of being an assistant to the states and localities, a consultant. When they've got a problem, they can call us in and essentially get an unbiased, non-political answer to how to go about a tuberculosis program or a measles program or a polio program, without any onus of control or regulation or federal-state problem or anything of this sort. For us to move into this kind of a program, which naturally brought up all these issues, I think disturbed a large number of the members of the service. I think we began to recognize that the role was one of being a little more aggressive.

M: This would seem to indicate that the Public Health Service was moving in the direction of a regulatory agency as far as air pollution is concerned?

P: I think it is as far as many of the environmental problems are concerned.

M: Water pollution, too?

P: Of course, water pollution is one of the places where we stumbled very badly, and the result was we lost it to Interior. It was perhaps because we hadn't pushed hard enough. I think at least in our case, Mr. MacKenzie and I felt that if we wanted to hold on

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to air pollution we'd better move and move aggressively. Our difficulty was that, as opposed to water pollution which we'd had for fifty years and knew something about, air pollution was pretty new, and it was pretty hard to move aggressively when you didn't have all the facts. But at the same time this has happened. I think this is seen perhaps most clearly in the fact that the department has established this new Consumer Protection and Environmental Health Service which combines these environmental programs with the Food and Drug Administration, which is a regulatory agency.

M: It would also seem that there might possibly be further amendments or a new act to give more power to the Public Health Service.

P: This may be, I don't know. I have to again say that I've been out just enough on this now not to have a completely clear picture. It's one of the reasons, as a matter of fact, that I'm here at the Brookings. Because my hope was to spend this year as a Fellow, since I'm still a member of HEW, to look at how does the government or how should the government go about solving some of these environmental problems, and how much should be federal regulation and so forth.

M: Right.

P: I can say after four months here that I'm utterly confused, and I don't have an answer to this problem. I can only take refuge in the fact that I can't find anyone else that has any answer either. But I think many of us feel that what we need somehow is a clearer

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statement of national policy in many of these environmental problems with some mechanism, and the kind of mechanism that, like the Air Quality Act, forces or at least pushes the states to take the kind of action that they need to take. Because trying to set a single standard or a single criterion for this nation is darn near impossible when you think of Chiricahua National Monument in Arizona at one extreme to Manhattan Island as the other extreme. It's pretty hard to come up with something that's workable for both of these areas, and it obviously is going to be dependent on more local action. Now, what level of local government I'm not prepared to argue about, except that I suspect that at least in many cases, on the Eastern Seaboard especially, we're going to have to have more regional approaches to some of these things, covering New York [and] New Jersey or something of this sort.

M: Then you're struggling right now with a problem not only of how you regulate, but also where the responsibility lies.

P: Right.

M: Is that right?

P: Right.

M: Which would also seem to be a problem with the current legislation on the books.

P: Yes.

M: This has not been settled?

P: This has not been settled.

M: Does the dimension of responsibility involve not only federal

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government versus, say, state or local government, but also public versus private?

P: Oh, very definitely. I think an awful lot of these problems could be handled on essentially a private or a private-government relation basis. I think that's very clear, and many of the new writings, of course, are about the problem of increasing federal-private, or government-private, or public-private interlocking relationships. It seems to me that some of these problems, like air pollution, are essentially insoluble by either group alone. It's obvious, for example let's say, a steel plant, even maybe the largest, cannot decide to put on air pollution controls if all of its competitors aren't going to do the same.

M: Right.

P: On the other hand, the government, in spite of the wisdom of all of us bureaucrats, often doesn't know enough about the technology of making steel to be able to come to a real conclusion here as to what [to do]. We know something needs to be done, but how to [do it] is another matter. It is only going to be accomplished by both sides sitting down and our saying, "We would like to get to this standard" and their saying, "Well, this is the technical feasibility of where we can get" and kind of negotiating.

I think that's again one of the reasons why some of our people are unhappy. We hate to negotiate health. We'd like to be in a position, those of us who are trained as doctors, to say, "By gosh, what I say, you as a patient

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do," you know. But when you deal with a patient that's two hundred million people it's a little bit different, and when one sits back and thinks about it, he realizes we're always making compromises, in health, too.

Although we don't admit it many times and don't recognize it, when we vote a budget for the city of "X's" Health Department, compromises have already been made about, "How much money is going to go to this problem?" and, "What if the health officers spends it all in giving German measles vaccination to the pregnant women or spends it all sending one old man off to Houston to get his heart replaced?" These are the kinds of choices that we face. Unfortunately, most of the time we're making these without even being conscious of it. One of the hopes, at least, that I'm trying to pursue here is that we can lay out a little better some of these kinds of choices and some of the policies and goals that we're trying to reach, rather than making too many of these decisions really inadvertently and in ignorance.

M: Since air flows across state lines.

P: Very definitely. This is obvious that the federal government has got to be involved just because of that fact alone, just as it has gotten involved in water pollution because the rivers are interstate. It's also true that, going back to our steel company example, we might get one state to pass a law that all of its steel companies have to be so-and-so, and the neighboring state doesn't. There you have that problem. So it's obvious that there has to be

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some kind of federal equality given to this kind of a problem. On the other hand, again, it's almost impossible for the federal government to sit here both from the technical standpoint to control the manufacturer and, secondly, from the standpoint of trying to decide what alternatives are available in this particular community. A bad steel plant in a community that has no other pollution sources isn't quite as bad off as a fairly good steel plant in a community that's got an awful lot of other things. The community obviously is going to have to put in some judgments and decisions of its own as to what it's willing to tolerate and want. We can't just sit as a monolith here and make that kind of judgment.

M: Who pays for it?

P: And who pays for it, which is the vital rub all the way through this.

M: Yes. In such a decision-making process like you're going through, deciding responsibility, trying to decide standards, trying to decide on local, state, federal interconnections, is this the kind of thing that could be applied to a task force?

P: Some of this could certainly be done with a task force. Unfortunately, I would say that the kind of task force that you would want probably isn't available, because I think you need some really capable people--I'm talking about the Don K. Prices and the [John Kenneth] Galbraiths and the characters of this sort--to sit down for six months almost uninterrupted to try to face this kind of thing.

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The task force where the guys come in two days a year, and it takes the first day and a half to catch them up to where you are now, just can't sit down and face these kinds of issues.

M: I would assume you had some experience with task forces.

P: Very much so, in a variety of ways. Again, they varied. One, a number of years ago I wasn't personally involved [in], the service set up to look at its goals. That task force was closeted roughly for nine months. These people had no other duty. Well, that was a fairly effective operation. On the other hand, I've been with the usual kind of task force that I described a minute ago, where you come in once or twice a month or once or twice every six months and you rarely Well, quite honestly, if it's got a good staff, the good staff writes a report and everybody comes in and rubber stamps it or disagrees, but one or the other. Usually there's very little real work of the committee.

M: Now, through the passage of these acts and your work on task forces in the sixties, did you have any contact with Lyndon Johnson?

P: None at all. It wasn't until after I moved over to the Surgeon General's office that I then had some contacts which were very limited. After I'd been in air pollution for a number of years, I realized that I was getting more and more interested in administration and very broadly in public health. Really, in some ways I was reiterating to myself something I had discovered when I was overseas, that although there are an awful lot of technical problems and basic research problems involved in public health, that there's

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that word "public" in public health, and therefore an awful lot of it is administration. A large number of our programs are unsuccessful merely because we didn't have the adequate administrative machinery and techniques. So I asked to move from the air pollution program to some area in which I could get broader experience relating to public policy and public administration.

M: This was what, 1963?

P: This was 1964.

M: 1964.

P: Now, wait a minute. I have to stop and think, because 1964 to 1966-- yes, 1964. It was late in 1963 I asked, and April 1, 1964, I was transferred then to become the chief of the Division of Public Health Methods in the Office of the Surgeon General. The Division of Public Health Methods is a wonderful name because it hides all the things that it does. It was what might be described as the think tank for the surgeon general, and it handled the putting together of all the substantive legislation. It didn't handle the appropriations. It was in this group, then, that we tried to think ahead of the needs and work up the task forces and the groups that would then justify new kinds of approaches. It was here that comprehensive health planning was born, the Health Profession Educational Assistance Act, the programs related to nurse training, and a number of these things were put together.

It was in this area that in many ways I had my most exciting

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period, because at least for the first year and a half of this Wilbur Cohen was the assistant secretary of legislation for the department. I had almost daily contact with him in my position then as chief of this division and attended the weekly staff meetings which he had with all the legislative people in the department. Through him and, in a sense, secondhand knowledge of what was going on in the White House because of his very intimate connections there, eventually I got invited to a couple of the signing ceremonies and so forth. This really is my contact with the President.

M: Are you impressed with Wilbur Cohen?

P: Oh, very much so. My respect for this man is tremendous, and I learned a whole lot in that period observing him in carrying out his operations. His tremendous fund of knowledge, his very practical and pragmatic approach to things, and yet obviously his idealism in the sense of the kinds of things he was trying to accomplish [impressed me]. It was an exciting period, and I've never seen anyone who worked any harder than Wilbur did. I've spent many Saturday afternoons and so forth, and nights, at HEW finishing a draft of some piece of legislation or putting together some testimony or what was called the black book, which had all the testimony and background material in it. We had a number of exciting programs at that time.

I forgot to mention one other, which was the regional medical program which had been the outgrowth of the President's Heart

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Disease, Cancer and Stroke Commission. I think this was a rather typical enterprise of the beginnings of that period. I got to follow that one through quite a bit because the original executive order establishing the Heart, Cancer and Stroke Commission was one that I had an opportunity to review and comment to the Bureau of the Budget for the Service. Then in the establishment of the commission I loaned some of my own staff to it and worked quite closely with the group, saw the outgrowth of their report and then worked with the Secretary's office in drafting the regional medical program legislation which was the outgrowth of that commission report. And I saw the work of Dr.[Michael] DeBakey and his group in getting this going.

M: Did you have anything to do with the cigarette labeling act?

P: Not directly. It came up for review in our office, but it was handled much closer by its own technical people who were more conscious of the exact details. A good deal of this, of course, was handled by negotiation directly from the Surgeon General to Rand Dixon, in conversation on the executive side with Dixon.

M: It would seem that a number of these medical acts require cooperation between the state and federal government.

P: Right.

M: This idea would seem to trace through all of them to a certain extent.

P: This was something that many of us felt, too, in the Division of Public Health Methods. There were several of us who latched on to

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the idea of creative federalism. As a matter of fact, I'm not at all sure who started the reiteration of this term, but I have often have had the feeling that Bill Hiscock, who was one of my staff, was really the one who started it. Because he and another fellow and I had been going through some of the old Federalist Papers. Federalist Number Seventeen is the one that we had been plowing through, and in writing some testimony on comprehensive health, Bill put down that this was a means of creating federalism with the federal government and the states. This was then drafted into the State of the Union draft message that we had prepared. Now, as you are well acquainted, each department contributes its paragraph or two, and the paragraph that went from HEW had some phrase like, "creating a federalism between the federal government and the states." We didn't know what eventually happened, but when the President gave the State of the Union message, "creative federalism" was in there. Whether Bill should be credited or not with [being] the one that got this off the ground, I don't know, but at any rate, as far as I was concerned this seemed to be the sequence of events.

M: How do you spell his last name?

P: H-I-S-C-O-C-K.

M: Good. Now, since you were in a position of sort of a think tank and a creator of ideas, can you tell me how an idea evolves and how it is taken into a proposal that you pass on to the Secretary?

M: I can give you two examples here because they are so different. One is that I got credited in a sense--I have a nice little certificate of achievement signed by Wilbur Cohen--for the legislation that we

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got through during that period, and one of them was this Health Profession Education Assistance Act. Yet, if you really look at it, we'd been trying for thirteen long years to get something like this through. We had a lady on our staff, Margaret West, who originally had worked with the War Manpower Commission clear back in those days and had been doing studies in the Division of Public Health Methods on the number of physicians and the number of health workers. We were, through these studies, quite conscious of the fact that we weren't turning out enough physicians. We began collecting material, long before I came, and had attempted several times to get bills before the Congress. In general, the administration, particularly the Eisenhower Administration, had been very negative toward this because this implied federal interference, if you want to use that word, with the educational process. The American Medical Association was adamantly against it, and the consequence was that nothing moved at all.

We had a couple of different task forces established, these with highly placed people on them, to try to build up the impetus. One of these task forces, I think, probably had a fair role in getting across finally (generally, to the Congress more than to the public in this case) that the country was growing and we'd still had the same number of medical schools for the last twenty years. They were turning out the same number of doctors, and there really had been very little change. Also, I think at this point Bill Stewart, who was then not the surgeon general but working as an assistant to the

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special assistant for health and medical Affairs in the Secretary's office, pointed out over the radio and I believe also in some hearings that, irrespective of what the AMA said, as long as you tried to get hold of a physician and couldn't, the public was sure that there was a shortage. I think this kind of put it in a context that people bought.

So when this legislation came up, I was responsible for preparing all the background material. My staff, of course, had most of this material, and then we worked very closely with Mr. Cohen in trying to shape this, because it obviously was controversial and implied the government might interfere with curricula. As I say, the AMA was quite against it. As a matter of fact, the chairman of their council on medical education fired off a telegram to all the congressmen and the Senate, blaming me and Bill Stewart for raising a number of issues that they felt were not in the responsibility of the federal government. Again, to a certain extent it's a little bit like my problem with the auto manufacturers, which also has an AMA--Automobile Manufacturers Association. The rather completely negative attitude in some ways, I think, helped the legislation. The [virtual] denial by the AMA that there was a shortage of physicians, when in fact many people felt there was a shortage, just seemed to carry the program forward. So this is one kind of a thing.

Now, the other kind of thing is the comprehensive health legislation, which was I think completely born during the two years

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I was in the Division of Public Health Methods, although there again there's an antecedent history that has to be given. Over the years the service had evolved a number of grant-in-aid projects that aided the states in carrying out their health responsibilities. These had been built up on categorical lines. Quite frankly, the constituencies, like the National Tuberculosis Association and the American Heart Association and so forth, had pressured so that there were funds available to the states, usually on a formula basis, to aid the state in carrying out a tuberculosis program or-- let's see, we had heart or chronic disease; we had mental health; we had venereal disease. I can't name them all. Depending on how you divide them up, there were nine or thirteen different kinds of things.

Unfortunately, as is always true in a bureaucracy, these had gotten more and more stylized and bureaucratized. [This happened] to the point that the funds that were available under these became so restricted for their use in order to make sure that they weren't being misused that you got the kind of absurd situation that was described, whether truthfully or not, that the public health nurse who went to visit a home and who was paid by tuberculosis funds couldn't take care of the child dying of diphtheria because that was not what her source of pay was. As I say, this was the kind of apocryphal story that grew up, but in a sense this was true. You really ended up in many situations where, because this nurse was paid by funds from one thing she could not undertake any other kind of operation, and

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it required a second nurse to visit the house or village or community to carry out that operation.

The states had gotten very unhappy about this and also were unhappy from the standpoint that these funds came federally. They were at the whim of Congress and these constituencies, and when the funds were voted the states had to match a certain amount of these funds in order to be eligible. When it came down to their particular state, this state may not have had a serious tuberculosis problem, but it did in fact have a cancer problem, and it couldn't use these tuberculosis funds and yet it didn't have enough for its cancer. So the state health officers, who are a part of the so-called Association of State Health Officers which by law have to meet with the surgeon general annually, had agitated for a number of years for some kind of bloc grant or some kind of 20 per cent fudge fund or something of this sort.

They had tried very unsuccessfully in 1950 and 1954 to discuss this with the Bureau of the Budget. The Bureau of the Budget had been very unhappy about any kind of bloc approach to any of these things. They liked the accountability, and this had been a very ill-fated, as a matter of fact such an ill-fated move that no move was dared for a long time. But in 1963 and 1964, this became quite a serious problem again, and particularly in the areas of tuberculosis and venereal disease, in which a number of states had done a superb job. They really didn't have the problem, really couldn't use the money, and yet here were some of these new issues coming down the

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pike. The President was already beginning to speak of the new era and new approaches to problems of urban health and so forth, yet none of these funds could really be used for these purposes.

So we had a series of meetings with the executive committee of the State and Territorial Health Officers, primarily myself, Bill Hiscock, and from time to time, Mr. Allen Pond, who was the assistant surgeon general for legislation and planning, who was my immediate superior. We tried to work out some approach to this. We tried these ideas of bloc grants. We tried the idea of the fudge fund and so forth and eventually came to the idea that, well, what really was needed first was an assessment and plan for what the problem was in a state. Therefore, we advocated the development of some kind of planning grant for comprehensive planning, as we called it, to look at the need of that state and then come back to the government and say, "Now, here are our needs. Here are what we plan to do about it. Give us the funds under these conditions." This, then, led to the draft of more comprehensive health legislation, which was drafted in the Congress but not passed when I left in 1966.

M: Did you gather many ideas for legislation from outside the Public Health Service?

P: Not too much. In the first place, this was sort of a new area. We did look particularly at the grants and programs of HUD which gave us some precedent. There were also some of the programs within the department, namely in education, which had a similar precedent. It was these two that perhaps gave us more pattern than anything else.

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Now we did use some outside help in terms of expertise.

One thing that had also happened when I first went to the Division of Public Health Methods [was that] we set up an Urban Health Task Force, even though urban health and the urban problems had yet to come to the fore in the sense of the big furor they have today. We felt that this was an emerging problem, and so the Surgeon General had established an Urban Health Task Force which was unique in that instead of a lot of health people on it, there was a lot of other people on it. Out of the fifteen, I think only four were health people: a state health officer, a local health officer, a practitioner, and a man from Johns-Hopkins Department of Hospitals. But the rest were people like, say, a county manager; a governor, Governor [Otto] Kerner; a mayor, Mayor [Arthur] Naftalin from Minneapolis; and several political scientist types. Bob Wood, who was later under-secretary of HUD, was one of the members of this task force. They had come forward with some ideas that were not dissimilar from what we ended up with on this legislation, and I'll frankly say that they influenced our thinking considerably.

One of the things that was needed was a better look-see and a better profile and a better plan of what the problems were in the community. So, as we began to kind of come forward with some of these legislative ideas we had several of these men from the task force come in and work with us. Bob Wood was one of them, John Bebout was another, and Ed Deming, who was working with, the state of New York. He had been with NYU and had been working on the metropolitan problems of New York. These three

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in particular came in, both as a group and individually, to sit down with us on some of the details of this legislation to see what might be done. They proposed, although this wasn't passed in the eventual legislation the first time around, that a certain proportion of this money that went to the states had to be earmarked to go on down to the urban areas. Because they were quite concerned, and this was again about the time of the changes in the congressional apportionment, that the states were not providing sufficient attention to the urban areas.

M: Did you have anything to do with Medicare?

P: Only slightly, because Medicare was primarily a program of the Social Security and welfare portions of HEW. A number of us sat in on meetings with Mr. Cohen in which he wanted medical input, but that essentially was it.

M: Now what about this Partnership for Health Act?

P: That's the comprehensive health. That's the same thing.

M: I was going to ask you about that. I thought maybe it was, but I wanted to be sure.

P: The one area of any kind of relationship with Medicare was, simultaneously we were hopeful that we could get some support to group practice. It was in this context that, through Mr. Cohen, we worked quite a bit with members of the Congress and with members of the AFL-CIO and other groups of this type, who were proponents of group practice support. But this was again more on the strictly medical side than it was in the general.

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M: Well, let me catch up with your story. You stayed with the surgeon general's office for how long?

P: I stayed until April of 1968. The new Surgeon General was appointed in the end of 1965, I would say essentially September, October. It was at this state-- Mr. [John] Gardner was now our secretary--that recognition of the need for reorganization of the service came to the fore, something that many of us had advocated. I mentioned earlier that we had had a task force in 1959 that looked toward organization but had never got anywhere. When the President and Mr. Gardner selected Bill Stewart, I think they selected him because it was fairly well known that he was one who advocated some changes in the service, who recognized that an organization that existed at that point for something like twenty-three years and had fifteen new programs added to it, fitted into any chink they could be, probably could stand a little bit of reorganization.

So after Bill was appointed, again as chief of Public Health Methods, I was intimately involved in meeting with him, I remember particularly over the Christmas period, in trying to look to what kind of an organization we would want for the service. The Secretary had appointed the so-called Corson Committee, headed by John Corson.

M: How do you spell that?

P: C-O-R-S-O-N. Bill was working very closely with them and then using us, his own staff, as a sounding board and technical advisory board to him in dealing with this committee. We tried to look to a more functional organization of the service rather than the highly

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categorized [one]. Again, a little bit like our partnership comprehensive health thing, [we were] getting away from some of those boxes that seemed to fit things too tightly and coming to some of the broader approaches to a more total health program. We worked over the Christmas period. Bill seemed to be getting general acceptance from the Corson Committee about some of his ideas.

Then I think the Secretary and Dr. Stewart were very fortunate in that this seemed to be a change of an era in more ways than one, because this happened to be the ending period of a large number of officers who were up for retirement. This left a lot of vacancies and allowed Dr. Stewart to appoint a large number of his own friends so to speak, people that he knew had some of his ideas, into key positions. I had worked with Bill over the years. As a matter of fact, we came in the service practically at the same time, both worked at the Communicable Disease Center in Atlanta in 1951. So, again, working with him there over the Christmas period I think he saw that I had many of the same interests. He appointed me the chief of the Bureau of State Services then in 1966, in April, which was one of the three big bureaus of the service, with the idea that I would work to reorganize this bureau as a segment then of the total reorganization. We did, and [it] then led to the reorganization and acceptance in January of 1967.

M: Now, the organization of these state bureaus, what kind of difficulties did you get into?

P: This was both difficult and not so difficult. There is always the

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worry in a bureaucracy whenever anybody hears about reorganization as to his job and his status and everything else, and I must say there was plenty of that. On the other hand, I think most of the people in the service recognized that we did need to have a new look and a new approach. All these environmental programs like air pollution and so forth have grown up long since the organization has been established, and they recognized that they didn't fit in well. So that in general I think there was not too much opposition to it. For many, of course, it actually was an opportunity, because this managed to bring out programs to the fore that had been hidden and lost in the chinks previously.

Unfortunately, with reorganization there's also a physical moving, and this occurred and added to the considerable amount of discomfort. Because previous planning in the department, again before this administration, had decided that the department was not going to grow very much, and the consequence was that we didn't have much space, adequate space, anywhere here in Washington. We ended up in buildings all over the place, and shifts to Cincinnati and North Carolina and so forth, that added to a tremendous amount of discomfort and unpleasantness.

M: Did you have personnel problems?

P: Yes. Again, I don't think terribly serious ones for the most part. When we had to move people out of town, or even very far within the Washington area, you lose most of your lower level people because of their places of residence and their ease of getting to their jobs. The professional people, on the other hand, usually are sufficiently

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interested in their work that they make the personal sacrifices, many of which were sacrifices, and usually continue with the jobs. Also you get some benefits. We found that in moving some of our things to Cincinnati it was easier to get some of the lower level people in Cincinnati, because you weren't in the competition that you are here in Washington.

M: Do the Civil Service regulations give you difficulty in selecting new personnel, or getting rid of those you don't want?

P: Only at the higher levels, generally. At the average levels, this is usually not serious. I know there's an awful lot of griping and screaming about Civil Service regulations. I think I was very fortunate in this particular bureau, because I had some very, very capable administrative people, and they knew their way around. I think in general what has happened where people gripe is that they haven't known and used all the mechanisms available to them.

M: I see. After working out this reorganization, did you come to Brookings then?

P: No. The reorganization went into effect in January, 1967. Now unfortunately I think there were a number of things that happened here. One is that although we were reorganized in the sense of administrative lines, as you are well aware there's about a two year lag between the time the budget is put together and you get it. We still weren't operating with a budget now that met our reorganization. So we were stymied, even though we had new approaches to things all designed and things we wanted to do. We were still

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operating on a budget that was set by the other pattern. But we did get going and got a program started.

Unfortunately, I think, too, there was the recognition of the pressures for urban activities and so forth that came into this picture very rapidly. I think there was some misunderstanding on the part of a number of people, including some people in the Secretary's office, that many of the environmental programs and so forth should be utilized to aid in the urban ghetto situation. I think there was a feeling on our part, mostly our part, that we were stymied. The Congress had given us very explicit roles to play in air pollution control, for example. Trying to control air pollution in a certain ghetto area was an impossibility without controlling it in the city in general. We didn't see it as a mechanism to get at many of these problems, but as a consequence there was dissatisfaction between us in the Service and the Secretary's office.

On top of this, of course, then came the very serious restrictions on funding that resulted from the Vietnam situation. We were again boxed by the fact that we had appropriations that fit certain criteria, but we had no new monies available to try to carry out new kinds of activity. In the past the service had been very lucky when Mr. [John] Fogarty was still alive as congressman and Senator [Lister] Hill was our appropriations leader. We got considerable increases every year over a number of years, and many of these increases were such that although a number of them were for specific activities, it was enough money so that if a new problem came along you could usually do

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something about it. These last two years we've been in the boat that it meant cutting back on something that we'd already promised somebody we were going to do.

M: This must have been frustrating.

P: This became extremely frustrating.

M: Yes.

P: And then, too, I think, one of the confusions that faced us, and still probably faces the government, is the role of HUD in this kind of a problem area. Don't get me wrong, I'm perfectly happy to have HUD do this problem area. As a matter of fact, again, one of the things I've been concerned with here at Brookings, but I'm afraid I've lost sight in trying to do some of these other things, is that health can be a very useful gimmick, a handle for accomplishing social good. You go in and clean up a neighborhood because it's unhealthy, but you can only go so far with this. I'm afraid there was an attitude in the Secretary's office that we ought to use this health gimmick to do some of these things that in fact the Congress and the administration itself had really set up HUD to do in a much more reasonable context.

An example of this, I think, was the rat legislation, the mish-mash that occurred over that, where I ended up having to write a justification as to all the disease that rats caused, when really it obviously wasn't the diseases that the people were concerned with. The rats were a symbol of a lousy neighborhood, and that's all they were. Trying to justify and trying to carry out a program as I had

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to, or at least I felt I had to, on the basis of how many diseases these rats were causing in northwest or northeast Washington was just impractical.

M: I see.

P: But at any rate, Mr. Gardner was not satisfied with the organization. As a matter of fact he announced reorganization, re-reorganization, even before the new organization went into effect. As an administrator, I must say this is really pulling the rug out from under one, because it meant that I knew I was already taking over a lame duck operation. On any major decision everyone would say, "Well, we know we're going to get reorganized again."

That announcement actually came in the fall of 1966, when Mr. Gardner was down at the Ranch in Texas. It was an announcement that he wished to reorganize HEW further. I've forgotten the exact wording, but he very definitely made it clear that the Public Health Service was one of those areas. Yet our own reorganization didn't go into effect until the following January. There we were pretty much dangling. Then later on he made it clearer still that he intended to do this.

So really, even though we started in January, by July things began to bog down because people saw that something new was going to happen. Then by fall it was quite clear that something was going to happen. An announcement wasn't made, actually, until April of 1968, which re-established or reorganized the relationship of the assistant secretary to the surgeon general. But we all knew this was in the offing. As a matter of fact, we had all

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anticipated it was to be announced. It was first to be announced in November, and then it was going to be announced January 1. Well, with this kind of thing it was quite evident that my trying to push somebody on my staff to do something that was a little dangerous or a little shaky or a little controversial was not very effective. So then the announcement was made of the reorganization for July 1, 1968, of a Consumer Protection and Environmental Health Service, which broke up some of my bureau and combined it with Food and Drug and some of the rest of it over with Health Service and Mental Health.

I had seen that this was going to happen, again, even before April. I was aware that I was not completely satisfied with it and felt that I would like to have an opportunity to sit back and think. I was very fortunate in that at this period the Assistant Secretary for Administration--actually, January in 1968--called me and said had I seen that there was a flyer around about fellowships at the Brookings Institution? He was real unhappy because nobody had sent in the name of an appropriate individual for HEW to send over. He was tired of having, as usually happens, someone that everybody didn't want being suggested as the guy to go off for a year. HEW felt a real responsibility of sending over high level, capable people, and couldn't I come up with a name.

Well, I went home and thought about it a while and happened to see the Surgeon General the next day and said, "I've been thinking about this, and I'm tempted to apply myself." And Bill Stewart said, "Go ahead." So I applied then, I guess it was the end of January,

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and wrote up a project, and then shortly thereafter found out that I was accepted. Then, in negotiating with the Brookings, I found that their space problems and everything else were such that it was best for me to start in September. So, I continued as the director until July, and then went and worked for two months assisting the Surgeon General in his new job and helping put together the material for the new commission on preventive health services, which Mr. Cohen announced then around Christmas time.

M: And then you--

P: Then I came over here in September.

M: Well, since you have had a change in political administrations, what happens at the end of this year?

P: I don't know. It's a good question.

M: Do you make a report?

P: As a matter of fact, one of the unusual things about these Brookings assignments is that you really don't have to do anything. I'm being very facetious, but the idea of it is to give a federal executive a year to think. The Brookings has no requirement in terms of turning in a paper or a book or anything else, and my department has imposed no restrictions or requirements. I'm hopeful of being able to write some kind of material that will be helpful to the department and to myself in the future, but it really is very open ended. I must say that so far it has been a marvelous experience, because for the first time in ten years I've been able to sit down and read a book and catch up with some of the things I should have done for so long.

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Just as an example, I mentioned Don Price earlier. He's written a couple of books on the role of science in federal government. I never had the chance to read these. I've had a chance now to sit down, catch up with these and other books that others have thought about on technology and economic growth and public policy that I'm reading now, and things of this sort, to sit down and look at the other government agencies. Because once you're in a position such as I've been in, especially in the last four or five years, you're so busy with your own day to day work that you're aware that AEC has a slightly different organization, but you haven't the foggiest notion of why or what its background or anything else is. I've had the opportunity here not only of doing this kind of reading, but one can hide a little bit under the cloak of being a member of the Brookings staff and therefore go around and talk to people in a more immune position, so to speak.

M: Right.

P: And visit with Library of Congress people, Office of Science and Technology people, other departments and so forth, and get some insight into their thinking. And I don't know. I have another two and a half years before I reach twenty years in the agency. Being a commissioned officer I can retire at the end of twenty years with the approval of the secretary. So that obviously next September I will have to come back with something. At this stage I think no one knows what I'll come back to, really because no one knows what the department's going to be in September. We're all waiting for Mr.

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[Robert] Finch to make some of the moves and announce some of the things that the future holds.

M: I see. Well now, we've covered your career and a number of the programs you were in. Is there anything at this point that you would like to add?

P: I think there are a couple of things that I would like to add. One is that I did have an opportunity to go to a couple of these signing ceremonies and things of this sort. I think that the very few contacts that I had with Mr. Johnson were always extremely impressive events. Like many, of course, I had seen him on television and heard him on the radio, and I think, like many, I never had the feeling of personal commitment in a way that, on the contrary, one immediately felt when he heard him in person and saw him in action and operation.

Admittedly, the first time I went to something I can't say this was true. This was quite an event. This was the signing of the Immigration Act at Bedloe's [Liberty] Island. The President came up by helicopter, and thousands of people were there. I can say only that some good press agent had done a very good job, because as you sat there the President at the lectern with the backdrop of Manhattan behind him was a very impressive sight.

But more seriously, when I went to some of the other signing ceremonies, one was the Partnership for Health, his remarks, his statements, his obvious interest in what was going on, and his visualization of these as Great Society programs [were impressive]. I know that some people pooh-poohed the idea of the

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Great Society, but I think the man was very sincere about this. At least to me it came across. My personal feelings or contacts with him were essentially nil, but having an intermediary like Wilbur Cohen to convey these feelings I think I had a better insight into some of this than perhaps other people did.

The only other feeling about some of this was that in dealing with some of the other persons who had contact with him, like Mike DeBakey and Mrs. [Mary] Lasker and others who've been in the health field, again, it was quite evident that the President was quite susceptible to health interests, and obviously, being in the field myself, this naturally endears him to me a little more than others. I had the feeling, too, that his willingness to move on some of these things was such a contrast to the two previous administrations, in which many of us felt so frustrated in trying to accomplish any objective along these health areas, that it was for many of us a very exciting time.

M: Well, that perhaps then is a good statement then to end the interview.

P: I think so.

M: I appreciate your time.

P: Oh, you're very welcome. I hope it's some contribution.

[End of Interview I]

M: After the recording machine was turned off, Dr. Prindle indicated that he thought that James Sundquist's account in Politics and Policy, a book published by Brookings Institution, was an accurate account of the developments in environmental control.

[End of Tape 1 of 1]

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In accordance with the provisions of Chapter 21 of Title 44, United States Code and subject to the terms and conditions hereinafter set forth, I, Richard A. Prindle of Madison, Virginia do hereby give, donate, and convey to the United States of America all my rights, title and interest in the tape recording and transcript of the personal interview conducted on February 3, 1969 in Washington, D.C. and prepared for deposit in the Lyndon Baines Johnson Library.

This assignment is subject to the following terms and conditions:

(1) The transcript shall be available for use by researchers as soon as it has been deposited in the Lyndon Baines Johnson Library.

(2) The tape recording shall be available to those researchers who have access to the transcript.

(3) I hereby assign to the United States Government all copyright I may have in the interview transcript and tape.

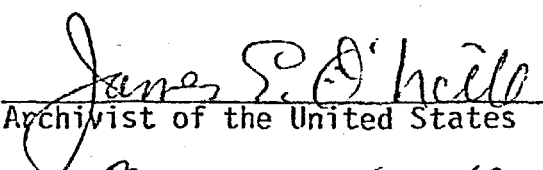
(4) Copies of the transcript and the tape recording may be provided by the Library to researchers upon request.

(5) Copies of the transcript and tape recording may be deposited in or loaned to institutions other than the Lyndon Baines Johnson Library.


Donor

12 Nov - 1979
Date

Acting


Archivist of the United States

November 29, 1979
Date