

National Cancer Institute Oral History Project
Interview with Calvin B. Baldwin, Jr.
conducted on December 31, 1997, by Gretchen A. Case
at Mr. Baldwin's home in Garrett Park, Maryland

GC: If you have notes, we can just start with that. Or would you rather I ask you questions to get things started?

CB: Well, let me tell you a couple of thoughts I had when I knew I was going to do this interview. The first one, of course, is that I joined the Cancer Institute in 1970, and that's twenty-seven years ago. If you're looking for accuracy in dates, names, places, events that happened twenty-some years ago, I don't have a great deal of faith in my memory, or anybody else's, for that period of time.

As you say, these are oral interviews that you hope will lead to a history. If I were doing a history, I would emphasize that there is a vast written record, that you probably are aware of, that you can turn to. Particularly, since I was in administration, the budget hearings, the appropriation hearings, and the authorization hearings before Congress, are just full of information that you would want to use.

In addition, it seems to me if you're trying to learn what people think about the Cancer Institute, and particularly the so-called War on Cancer, it started in 1971, about the time I became Associate Director for Administration. I would hope that the interviews would include comments by people from what we always called Building 1, which was the Office of the Director, NIH [National Institutes of Health]. Because many of them didn't think much of having a War on Cancer, with so much emphasis on the cancer problem.

There are some people that you might be interested in talking to if the Cancer Institute wants to get another point of view about the Cancer Act. John Sherman, who was the deputy director of NIH, is eighty years old and his wife is not well now, but John would be a very good, objective person to talk to about the Office of the Director's point of view of the cancer program.

Tom Kennedy, who happens to be my next-door neighbor, was the Associate Director for Planning and Evaluation, and was a very, very close associate of Jim [James] Shannon, the Director. I'm amused when I think of accuracy in history, because Tom wants to write about the history of the NIH, and before Dr. Shannon died, he spent a lot of time interviewing him. He has a lot of information, and undoubtedly some comments on the Cancer Institute. But Tom, who was a great admirer of Dr. Shannon, commented on Dr. Shannon's ego, and the fact that everything that happened that was good was the result of Dr. Shannon's efforts. Dr. Kennedy said, "You know, when I've tried to dispute something with him, he didn't want to listen to what I had to say." So that would be a problem for historians.

I'm sure you have interviewed people like Al Rabson and Ira Pastan. Have you talked to Ira?

GC: Not to Ira Pastan yet.

CB: Ira would be a good person to talk to, because he's been there for a long time. As you probably are aware, the National Library of Medicine has done oral histories. I

understand Benno Schmidt, who would be wonderful, is ill. Did you get a chance to interview Benno?

GC: I just spoke to him last week, actually. I'm hoping to interview him soon.

CB: He's available for an interview?

GC: Well, he didn't promise anything yet, but he said he would talk to me some more about it. I'm really, really hoping he's going to.

CB: He would be wonderful, because he was such a key player in the War on Cancer. I had heard he has Alzheimer's disease. So you might want to check that out. Paul Van Nevel would know that.

Jonathan [E.] Rhoads I think is still around. Jonathan was the chairman of the Cancer Board. He is emeritus, I think, up at the University of Pennsylvania. He would be good.

Someone that I'm somewhat reluctant to recommend, but he was in the White House during the War on Cancer, is Jim [James] Cavanaugh. I've got a *Who's Who* here that's 1984 or '85, and Cavanaugh was a commissioned officer in [U.S.] Public Health Service, and worked in the PHS, or the Department, and went over to the White House as an assistant to [Richard M.] Nixon, and played a key role during the early days of the War on Cancer. He's in the *Who's Who*, working for one of the pharmaceutical firms now. I am amused that he states that he was an assistant to President Nixon and assistant to

President [Ronald] Reagan. He lists his address as 1600 Pennsylvania Avenue! But I think he lives in California. He would be an interesting person to interview.

Paul Rogers is someone who ought to be interviewed, because Paul was the head of the congressional authorization committee. He was a congressman from Florida. I think he's still a lobbyist here in Washington.

Unfortunately, Mary Lasker is no longer with us. She was a key player. Then there was a woman that kind of followed Mary around, Deeda Blair. She is still, I think, active. I don't know if she is on any of the cancer committees or not. Her husband, William Blair, was the head of the Kennedy Center. They are socialites here in Washington. She might have interesting comments about Mrs. Lasker.

Finally, you should interview Dr. Morrison, Bud [Bayard] Morrison. If you want a trip to Florida, Dr. Morrison was the assistant director.

GC: Yes, I saw him this summer.

CB: Oh, you've seen him. Good. Isn't he a lovely man?

GC: He really is.

CB: Besides those names, I want to point out that any historian should read the Institute Directors' minutes as a source of information, as well as the minutes of the scientific directors' meetings, because a great deal of care goes into the writing of those minutes.

Of course, there are the minutes of the Cancer Council, and then the Cancer Board, and the Cancer Panel. I mean, there's so much, that if I were taking on a history of the Cancer Institute I think it would be a full-time job for several years in order to do a thorough job.

Well, those were just some initial thoughts I had about writing a history of the Cancer Institute, and I hope it gets done.

GC: I hope so, too. I really hope so. It should be done.

CB: Just to finish my biography, I spent thirty-three years at NIH. I was hired in a junior management position. My three key jobs at NIH were the executive officer of the Child Health Institute, when it was created during the [John F.] Kennedy administration. It was kind of the Kennedy Institute because of the family's special interest in mental retardation. Then I was the executive officer of the Cancer Institute for ten years, from 1970 to 1980. Finally, I spent my last six years as the associate director for administration for all of NIH.

I retired when I was sixty years old. I had had a mild heart attack, and decided I would enjoy myself for my remaining years. A very satisfying, happy career at NIH.

Now, I'll let you proceed. You probably have set questions you'd like me to answer.

GC: Let's back up just a little bit. You told me a little bit off the record, you came from Chapel Hill, you were an undergrad at Chapel Hill, and then you went back. You

were talking about you were there during the [US Navy] Pre-Flight School [during World War II]. Could you just bring me from that time up to when you came to NIH?

CB: Yes. I grew up in Bethesda [Maryland]. My father's career is much more interesting than mine. He was a New Dealer, and headed up Farm Security Administration during the New Deal. When he left government, he helped organize the CIO Political Action Committee. Then he helped organize the Progressive Party, and was Henry Wallace's campaign manager when he ran for President in 1948. So I grew up in a very political family. That was, I'd say, a disastrous campaign. Although the Progressives claim that they pushed Harry Truman to the left, and that's what led to that surprising victory in 1948, when he beat Dewey.

I graduated from Bethesda-Chevy Chase High School in 1943. I went to Chapel Hill for my freshman year before I went into the infantry for two years during World War II. I then returned to the University of North Carolina, and spent four more years there, got my undergraduate degree, and did graduate work, both in sociology. I came to Washington [D.C.] in 1951, spent two years as a management intern in the Office of the Surgeon General. Then came to NIH in 1953, and spent thirty-three years at NIH in various administrative positions.

GC: So when you came in 1953, do you remember who hired you, or what brought you?

CB: Yes, that's quite an interesting story. It has very little to do with the Cancer Institute. My father, having been in left-wing politics—this was during the McCarthy era, [Senator

Joseph] Joe McCarthy, the infamous Joe McCarthy. When I first tried to get a job I wanted some socially significant program. I went to what is now HUD [Housing and Urban Development]. It was then the Housing Home Finance Agency. When they heard of my father's left-wing politics and [with the] McCarthy stuff going on, they decided they could hire somebody else that didn't have this controversial father in his background.

Next, I went to be interviewed at what was then the Federal Security Agency, which was the name of the organization which is now HHS [Health and Human Services]. It was the Federal Security Agency, then HEW [Health, Education and Welfare], then HHS. I went to see the security officer and told him what had happened to me at the Housing Home Finance Agency. He assured me that if I was offered a job anywhere in the Federal Security Agency, that he would see that, on merit, that my father's political background would have nothing to do with whether I was hired or not. So I was hired in the Public Health Service as a management analyst.

When I was interviewed for a job at NIH two years later, there was some concern, again, about my father's political background. This was 1953. They made me take a full field clearance by the security people, who wanted to know what my political philosophy was. In fact, 1948 was the first year I voted, and I voted for Harry Truman instead of Henry Wallace, who my father was working for. But in any case, NIH had some hesitations, and then I was hired by a woman named Zelda Schiffman, who later worked in the Cancer Institute, and who, by the way, is in her eighties, and very articulate. You might possibly want to interview Zelda. She's a very interesting person who spent most of her career at NIH.

Then I had a series of jobs in budget, management analysis, and then became the administrative officer of the Division of Research Services, and spent a short time in the Division of Research Grants before I went to the Child Health Institute in 1963, where I spent seven years, and was offered the job as the executive officer. In 1970, I was offered the position of executive officer of the Cancer Institute by Carl Baker, then director, to replace Bob [Robert E.] Learmouth, who was the executive officer of the Cancer Institute. I spent ten years there.

In 1980, Don [Donald S.] Fredrickson, the director of NIH, offered me the job as the associate director for administration for all of NIH, and I went to Building 1, the Office of the Director, and spent six years there. That covers my NIH career.

GC: When Dr. Baker hired you to come over to NCI, was he anticipating the War on Cancer? Were you brought in to work on this, or was it kind of coincidental that you came, and then the War on Cancer started in the 1970s?

CB: It was coincidental. I knew Dr. Baker, because we both worked a lot of overtime. I would go up to Dr. Baker's office and he always had WGMS, the good music station, on, and we would listen to music and talk philosophy, so I knew him quite well, and was pleased with the opportunity to work in the big, bad Cancer Institute, which was not always popular with everybody in the front office of Building 1.

GC: Oh, really? How so?

CB: Well, I would call them an adventuresome institute. Ken [Kenneth] Endicott, who was the director before Carl, Carl, and Lou Carrese, who is no longer alive—they had the idea that some research could be planned and contracted for, and that was not a concept that was very popular in the rest of NIH. The Cancer Institute really pioneered the idea of planning research. Two people that you may have talked to, or should, Gordon Zubrod. Have you seen Gordon?

GC: Yes. He's wonderful.

CB: Yes. John Moloney. I don't know what happened to John.

GC: I think he's in Canada. Maybe in Toronto.

CB: But in any case, those were the two programs that Carrese and Baker, who were really the leaders in trying to introduce more planning in research. Moloney was virus and cancer, which I'm sure Dr. Baker has covered well, and Zubrod was cancer chemotherapy. There are several papers, I know, that Carrese and Baker authored about the planning process. It was really doing things more like [Secretary of Defense Robert S.] McNamara and the Defense Department might be doing.

The preferred way of doing business at NIH was through grants and individual researchers making decisions, rather than a vast planning scheme that would say that we want to get from here to there, and these are the steps we have to take. In some cases grants will do the trick, but in many cases in order to get things done, we have to contract to do them. And NIH now does a fair amount of contracting. That all started in the

Cancer Institute. Carrese and Baker, I think, are the two people who led that. I would be interested to hear what Dr. Zubrod and Dr. Moloney now think of the results of those planning efforts.

GC: What did you think about the whole grants/contracts controversy?

CB: I found what the Cancer Institute wanted to do, to be stimulating, interesting, and it made sense to me that certain things could be done just as well, or probably even better, through the contract mechanism, where you knew exactly what you wanted to do, and you didn't want to wait for somebody to submit a grant application to do it. I don't know whether anybody has attempted to write up the success or failure of that approach, but it was clearly something new at NIH when they tried to do that.

My friend, Dr. Thomas Kennedy, who lives next door, was head of planning in Building 1. This is Tom Kennedy, a close associate of Dr. Shannon's. I think, as the associate director for planning, he probably thought it was ridiculous that you could plan research. It would be interesting to get other points of view about what NCI was doing, like Dr. Kennedy and Dr. John Sherman, while you're doing these interviews, if you want to go outside of the Cancer Institute.

GC: Yes, that would be interesting. Were you involved in the planning—I know Dr. Baker talked about meetings at Airlie House and Tysons Corner and those kinds of things. Were you involved in those meetings at all?

CB: Very little. The executive officer responsibilities were largely straight administration. Under the executive officer is the budget process, the personnel office, contract office and procurement. The one exception was grants administration, which was headed up by Palmer Saunders, who's another person that you might want to talk to, if you haven't.

GC: Yes, he's on my list.

CB: He's down in Texas, and would be an interesting person to talk to. But grants administration was not my responsibility. All the other administrative activities were. I did not get involved in the substance of science, or in the process. That was Carrese's office that did that. I was aware of what was going on, but I do not think I attended the meetings that Dr. Baker referred to at Airlie House and other places.

GC: Did you work with Palmer Saunders, or were you pretty separate? Did you have contact daily, or weekly, or anything like that?

CB: Oh, yes. The head of grants administration under Palmer was Leo Buscher, who is still in the Cancer Institute, and who might have some interesting observations to make. He's been there many, many years. He is the head of grants administration. And I think he now reports to the executive officer, Phil Amoruso. He attended my staff meetings. I had weekly staff meetings of the top administrative staff, the administrative officer of each one of the cancer divisions. One of the divisions was extramural. Leo Buscher would usually attend those meetings.

Then I would attend the regular meetings of the division directors, which would include Palmer Saunders, and the other associate directors of the Institute, and the division directors. So I was in contact with these people quite regularly, had to be, especially because of the budget process and the personnel process.

GC: So what was a typical day like for you? What would you work on? What time would you come to the office, and then where would the day go from there?

CB: Well, I usually started the day on the tennis court, early-bird tennis at the Linden Hill Tennis Club. I would come to work around eight o'clock, and leave at sixish, or perhaps a little before. It was not unusual to come in, in the evenings, or on weekends. There was a lot going on in the Cancer Institute, especially when the legislation passed—the War on Cancer. I was accustomed to putting in fairly long hours, as I think most of the top staff was.

My day would be made up, at least half of it, of meetings, meetings with people in the Cancer Institute, and then the executive officers of all of the institutes would meet every week. So we were constantly in touch with the other institutes. Then, of course, there would be individual meetings with my personnel officer or my budget officer. Rosemary Williams was the personnel officer. Earl Browning was the budget officer. Both excellent people. Carl Fretts, we were fortunate to hire Mr. Fretts, who was one of the best contract people in the department. Carl is retired now and lives in Virginia, and is doing consulting work, and is another person you might possibly want to interview. He can tell you all about the contract process, and particularly the Cancer Institute and contract process.

I had a superb staff of these people I just mentioned, so much of my job was good communications and coordination, making sure everybody knew what everybody else was doing, that the right hand knew what the left hand was doing. The Cancer Institute had over 2,000 employees at that time, and grew quite a bit. I've forgotten the precise numbers, but we got a lot of money and positions with the War on Cancer legislation. I probably did not know more than 100 to 200 people out of those 2,000. I had very little to do with the intramural program and the laboratories. I knew the top staff, but I had very little day-to-day contact with the laboratory people.

GC: That was one of my questions, actually, is did you ever go to the Clinical Center, or did you ever go to the laboratories to see what was going on.

CB: I would. Occasionally they might ask me to come to one of their meetings to talk about some specific problem they might be having, because they're quite dependent on our personnel office, or our budget office, or our contract office. If they were unhappy with something, they might call me into one of their meetings. But that was rare. As I say, we had an able staff, and I did not go to many of those meetings. I remember a couple of times going to meetings of the clinical directors, for example, but that was a rarity.

I spent a lot more time in the Office of the Director in Building 1 with my other colleagues in the other institutes, who were envious of the Cancer Institute with its money, its positions, its special authorities. Like the budget bypass, you may have heard about. When they passed the War on Cancer legislation, we were really riding high, because the White House was letting us take our budget directly to the Congress, which

made the Office of Management and Budget and the department and the PHS a little unhappy.

We also were given authority to hire high-level people without having to go through the usual clearance points, and there were many. We were allowed to give people jobs, at high levels, without getting the approval of the NIH, the Public Health Service, or the department. For high-level appointments, you had to go to the Civil Service Commission, which is now the OPM [Office of Personnel Management]. So it was sort of heady stuff for an administrator to have all this authority. A lot of it was, I think, based on some of the things that NASA had done. Carl Baker probably talked to you about that.

I think the Cancer Panel and the White House and the Congress looked at some of the authorities that NASA had. There were some people who wanted to take the Cancer Institute totally out of the NIH and make it a separate entity. I'd be interested to know what Dr. Baker may have told you about that. Probably Mrs. Lasker liked that idea.

GC: Yes, she was one of the proponents of that.

CB: It got knocked down, and I don't know what the politics were—I always thought it was a good idea that we stayed as a part of NIH. I think we belonged in NIH, and I think that subsequently that's proven to be true.

GC: When the legislation finally went through on the War on Cancer, did your job just change rapidly, or did it change slowly, or was it affected at all with the new bypass budget and the new money?

CB: Oh, it was definitely affected. It simply made life simpler in some ways, because we could do things without clearances from above. But it was also a problem. I did not want to antagonize, nor did anybody else want to antagonize, the administrative levels above us, especially the NIH. So I think it had to be handled with a good deal of care, so we didn't do something that was irresponsible, and I don't think we did. But this just allowed us to do things that we had never been allowed to do before. I think we handled these new authorities with a great deal of care and responsibility, so we didn't get in trouble with the hierarchy above us. I think of all the authorities we were given, the most important was the budget bypass.

GC: Which was fairly unprecedented, wasn't it, to do that?

CB: Oh, absolutely unprecedented in the department, yes. It's a very wasteful process, just like the personnel process was quite inefficient. We were a big organization with this emphasis that the White House and the Congress was giving us, with all of these administrative layers above us that could hinder our getting things done. So I think in that regard it was really quite successful in allowing us a lot more freedom to act. The personnel process and the budget process are both lengthy, and can just take forever. You might want to hire someone at a high level, and by the time it's gone through the NIH, the Public Health Service, the department, and to the OPM, it might take months.

In the meantime, you might lose the person that you wanted to hire. I think that most of those authorities still exist. I retired twelve years ago, so I've lost touch.

Something I didn't mention in my *c.v.*, because that ended when I left NIH, I've been the president of the NIH Alumni Association. We started that ten years ago when NIH celebrated its centennial in 1987. NIH decided that there should be an alumni association, and I helped with the organization of that. I just finished a two-year term as president of the Alumni Association. So I've stayed in touch with a lot of people at NIH.

GC: They've been one of my best resources in terms of getting in touch with people.

CB: What, the alumni office?

GC: Yes.

CB: Harriet [Greenwald] and Mary Calley Hartman?

GC: Yes. They've been wonderful.

CB: It's been kind of disappointing to me, because NIH, like most government agencies, has never kept track of its alumni. There are thousands of people that have gone through the NIH since the 1930s, but we've had only 2,000 people join the Alumni Association. We're right on the financial edge, as far as being able to get out our newsletter three or four times a year. But I've enjoyed it, because I love NIH and I like to stay in touch with my former colleagues. It gives me an opportunity to go over and knock on the door of

Dr. [Harold] Varmus or Ruth [L.] Kirschstein, the deputy director, and talk about what's going on at NIH.

One thing that I made a note to myself on in regard to this interview, on the War on Cancer, regards my first boss, Carl Baker. When they passed the Cancer Act, the War on Cancer Act, he was rather unceremoniously dumped, if I may say so, and, I thought, unfairly. He was a very able man. I don't know all the political reasons. I think he would attribute it to the fact that Benno Schmidt and others thought that this was a good time to start with a new person. I think it was very hard on Dr. Baker.

I can remember when Dr. [Frank] Rauscher, who had been his subordinate, came to take the job, and Dr. Rauscher said there were tears running down Dr. Baker's face as he was assigned to Building 1, the Office of the Director. He had spent his career in the Cancer Institute and had helped get the War on Cancer Act passed, and suddenly he was no longer the director. I don't know that whole story as to exactly what happened, but it was very sad in many ways. Dr. Rauscher was a very able man and I'm sorry he isn't here to be interviewed.

You've met Dr. [Arthur] Upton, who was an absolutely lovely man. He was only the director for a couple of years.

GC: Right, two and a half, I think.

CB: Then my fourth—I worked for four directors—Dr. [Vincent T.] DeVita. I'll say for the record that I think I was lucky I escaped Dr. DeVita. Dr. DeVita and I didn't have that

warm a relationship. I was promoted to Building 1, and I think Dr. DeVita really wanted his own person in the job, and that happened to be Phil Amoruso, who had worked with him in the Division of Cancer Treatment. So I only worked for a short time under Dr. DeVita, who I think was a brilliant guy, not as easygoing as the other three directors that I had worked for. So that was a fortunate turn in my career at NIH.

What I started to say, though, during that ten-year period when I was with the Cancer Institute, there was always a lot of talk about what we were going to accomplish in this War on Cancer. There were so many hundreds of thousands of people dying of cancer, and the hope was that we could cut the cancer rate back dramatically, and, of course, that still hasn't happened. The cancer rate, I guess, if anything, has gone up a tad, but it hasn't changed a great deal. I think probably the problem was more complex than anybody understood it was going to be.

In my naive way, I kept saying, well, if we're going to do this—and we were talking about planning with Lou Carrese—why didn't we set goals? Why didn't we say at the end of three or four years that we would cut the cancer rate from this number to that number? But there was always a great reluctance to do that. I said, well, I thought this was good for any organization, to set a goal and try to achieve it. If you don't achieve it, you should be able to say we didn't achieve it because the problem was much more complex, or whatever, but at least set some goals. I think there was always a fear of doing that, because we might not reach those goals, and that's proven to be true. I mean, if we had set goals, I'm sure there would have been an attempt to say the cancer rate was going to be reduced, and, in fact, it hasn't.

It's not like the Heart Institute, where they've had such great success in reducing the number of people dying of heart attacks. Cancer is just a very complex problem, obviously.

GC: At the time that the Cancer Act was passed, wasn't there a kind of general goal that cancer would be eradicated by the Bicentennial? That was the hope, is that they would?

CB: Well, some people talked like that, but I think they were more the politicians than the scientists. I would have to go back and read the record, but I'm sure there were hopes that that might happen. Obviously, not very realistic hopes. I believe that the Gordon Zubrods and the Al Rabsons and the other division directors would have said that's totally unrealistic.

GC: In fact, they did. [Laughter]

CB: Okay. [Laughter]

GC: But that was something that was part of the rhetoric of the time, was by the Bicentennial, that we will have a cure for cancer, which obviously did not happen.

Were you ever called down to Capitol Hill or to the White House during this whole process to testify, or were you involved in any way in all that?

CB: Yes. As the executive officer, I always accompanied the Institute director to the appropriation hearings, because the budget was part of my responsibility, so it was my

office that prepared the budget. Some directors, like Dr. Baker, particularly, had a heavy involvement in putting the budget together. I think he enjoyed the process, knew how important it was. But all of the directors had to be involved in that. We would help write testimony.

We had this remarkable man in Building 1 named George Payne, who lives here in Garrett Park, and is in his eighties and not well, but mentally very alert, who worked for Dr. Shannon. George Payne is an interesting person, because he cleared all of the written testimony in Building 1 before it went downtown, even in the case of the Cancer Institute. George was an excellent editor and writer. He did a lot of writing for Dr. Shannon and subsequent directors.

I know I did some work on writing the budget, but it was a matter of putting it together. Each division director, Rabson, Zubrod, Jim Peters, and others would prepare their parts of the budget, and then my office and the budget office would put the total package together. There was a lot of collaboration among all the people in the NCI front office in writing the budget testimony.

Usually, the director, since he had to give the testimony—I started to say they had the final say, but they would send their material over to Building 1, and we often got very helpful comments from people like George Payne and others. But since we had this budget bypass, we had complete freedom to tell the Congress what we wanted, and without having to stay within the President's budget which was an unique arrangement.

Did I answer the question that you asked me?

GC: I think so. I had asked if you'd ever had to go down to the Hill.

CB: Yes, I would sit beside the Institute Director when he was testifying. A few questions might come my way if they dealt strictly with administration. The three people who would sit up at the front to testify would be the director, the executive officer, and the budget officer. We had an extremely able budget person, Earl Browning. I don't know whether anybody suggested you talk to him. Earl lives in Montgomery County, and played a key role while I was in the Cancer Institute. An extremely able man who had come from the Defense Department.

Also during the early days of the War on Cancer, I remember particularly going downtown with Dr. Rauscher and Lou Carrese and some of the other front-office people to meet with Benno Schmidt and talk to him about various things. I can't emphasize too much the important, strong role that Benno Schmidt played in the War on Cancer. He was, I think, a brilliant, articulate man, who tended to want to run everything, and he always did his homework. He would come to meetings with these long policy papers that had been prepared, and he would have read them carefully. If we had any problem with any level of government between us and the Congress, or with the Congress, the director could pick up the phone and call Benno Schmidt, and he would help us through the problem.

GC: I'm going to stop you for just a minute and turn the tape over.

CB: I will repeat that, because I think it's important, and that is that people like Paul Van Nevel and I had to work closely and carefully with our counterparts in the Office of the Director, because the Office of the Director often thought, because of our special authorities, that we were arrogant, and we did not want to give that impression. We were happy to have these authorities, but we also respected NIH and wanted to work closely with NIH. Eventually the Heart Institute picked up a lot of these authorities that we got originally.

GC: You were talking about Benno Schmidt just a minute ago, before I turned the tape over. I wanted to hear some more about what you had to say about Mr. Schmidt. You said that if there was ever a problem, he was useful or helpful.

CB: Yes. You would not have expected a man with his responsibilities and his financial job in New York, and who had all these interesting ties with people like Laurence Rockefeller, who was on our board, to have given so much time to the War on Cancer. The two of them owned this enormous hunk of Australia, thousands of acres of farmland together. I don't know if Mr. Schmidt was responsible for Laurence Rockefeller being on the board. But he was a rather quiet person, and when he spoke up, you always listened to him.

Benno, on the other hand, was aggressive, articulate. I can remember now at one of the meetings of the Cancer Board when Benno said, "Well, now I don't want to run the board meeting," and Jonathan Rhoads, Chairman of the Board, got this grin on his face, like, "Well, Benno, we know you run everything." [Laughter]

Benno was so involved in the first few years of the War on Cancer that he was constantly going back and forth between New York and Washington, going to the White House, working with people like Jim Cavanaugh, who was in the White House as an assistant to the President. Not only did he run the panel meetings, but he came to the board meetings, as well. Jonathan Rhoads was the chairman of the Cancer Board, a very respected surgeon from the University of Pennsylvania.

Benno had this interesting way of speaking when he was making a point, and he would come to the end of it, but he didn't want to give up the floor, and he would sort of say, "Ahhh," so nobody would take over. He would still be making sounds, and then launch into his next point. But he was a very powerful presence and a very positive one in the time that he headed up the Cancer Panel. I hope you have a chance to interview him, and I hope he's well. He's a remarkable man. His son, Benno Schmidt, Jr., was at Yale. President of Yale, wasn't he?

GC: President, yes.

CB: Then Benno, Jr. took this strange job—gave up the Yale position and went into some educational foundation. He was going to do some experimental educational work. You just don't hear anything about him anymore. I've heard that Benno, Sr. was not only ill, but had Alzheimer's, so I don't know what the situation is. You don't hear about Benno anymore.

GC: He was in his office when I called him, so at least he's well enough to be in his office. I hope he's well.

CB: I just have the utmost admiration for Benno Schmidt.

GC: So did you know him personally, or did you just know him through—

CB: Well, he went to a lot of our meetings. One kind of funny thing that comes to my mind is that in the first year or two when he was such a strong presence, those of us in the front office all got these big Christmas boxes of grapefruit from Texas, from the Stewart Farms, from Benno. I wrote him a note thanking him. I wasn't sure if we were supposed to accept anything like this, and told him that the capitalistic system, which he represented to me, was working well, because I was now sending all of my friends grapefruit at Christmas from the Stewart Farms, because they were so good. For about three years running, we would get these enormous boxes of grapefruit from Benno. I don't know who else in the Cancer Institute got them. I didn't consider myself a major player, because I was not in the substance of the cancer work. I was an administrator, and I wanted to make sure things worked and worked well. I did not know science. I knew politics, was interested in the whole political process. I think that was important.

I would be interested, if you should have the time, you could call me and let me know how Benno is. I really would be interested, because I don't hear anything about him anymore.

GC: Sure. After I talk to him, I will.

CB: He must be well into his eighties, because I'm seventy-two years old now.

GC: I think he might be close to ninety.

CB: I wouldn't be surprised. Well, that's good news to hear that you can talk to him, and he was at his office.

GC: I hope so. Just as a little side note, if you were to ask him a question, are there questions that come to mind immediately? I'm planning on asking him about all the politics and everything you talked about. But is there anything that you would want to know from Benno Schmidt about his time at the NCI?

CB: Yes. I would like to know what were the factors that led to replacing Dr. Baker, which I think is a sort of touchy point. It would be interesting to hear what his version of this is, because he must have had something to do with it. I think probably he, working with people like Paul Rogers on the Hill, and whoever was in the Senate, I'm not sure whether it was [Warren] Magnussen.

GC: Magnussen, yes.

CB: Was it Magnussen?

GC: Yes.

CB: Probably all had something to do with this decision. Of course, they didn't go outside of the Cancer Institute, but chose an NCI division director, Dick [Frank J.] Rauscher.

I would be interested to know how successful he thinks the War on Cancer was since, in fact, the cancer rate is still about the same now as it was in 1970. What does he attribute that to? Does he consider it a failure? Of course, we're curing a lot more cancers than we used to, and the population has increased.

So my guess, since he played such a major role, he probably won't want to think of it as a failure, because he was a very important person in this effort. I think he's a person that probably would like to take credit for some of the successes that the Cancer Institute had.

I commented that he spent an enormous amount of his personal time on this. How did he achieve that, amongst all of his other duties? I have the impression that he gave it top priority. You get some advisors, who come in, and they're in and out, and you don't see much of them or hear much from them. Benno Schmidt was somebody that we could pick up the phone and call, and ask for help, and we would always get it. So he played an extremely important role.

Let's see. I'm trying to remember the names of the other two panel members. Of course, one was Lee Clark, the head of M.D. Anderson. The other was a University of Minnesota man. I can't think of his name right now, who was an immunologist. He was the third member of the first Cancer Panel [Dr. Robert Good].

GC: Right and I can't think of it either.

CB: He went to Florida, and I think he's still alive. But they were all, I think, quite effective. But there was no question that Benno was the leader, and I thought he did it in a way that didn't really irritate people too much. They had so much respect for him, because, as I say, he knew what he was talking about in a rather complex field.

GC: Did you know Mary Lasker at all?

CB: Yes. I had one book that I would recommend for you to read. You've probably gotten very interested in the NIH and the Cancer Institute. There's a book written by John Gunther. Have you ever heard of it? You know who John Gunther is? He's the guy who wrote all the *Inside U.S.A.* and *Inside South America* and *Inside Europe* books. Before your day. Those books came out in the forties and fifties. But he wrote a book called *Taken At The Flood*. The book is about Albert Lasker. Albert Lasker was Mary Lasker's husband. They had no children. He was a public relations person, who was quite remarkable, and that's what got Mary interested in the whole health field. This book tells you about some of the beginnings of the NIH.

Florence Mahoney is another name that comes up, who was a key player back in the forties in this enormous growth of the NIH.

But *Taken At The Flood*, I think Mrs. Lasker asked John Gunther, who was a well-known writer, author, to write this book about her husband, Albert, who died of cancer, I believe. Albert and Mary helped start the American Cancer Society and Planned Parenthood. He worked with Margaret Sanger, who started Planned Parenthood. It was

his idea, as a public relations man, that instead of calling it birth control, he coined the name Planned Parenthood. All of this is in this book called *Taken At The Flood*, which is probably out of print now, but it's probably in most libraries. It's a fascinating book. It has a lot to do with the politics that led to the creation of the NIH in its current form.

Mary Lasker is a remarkable woman who continued on with her husband's efforts. When he died she set up the Lasker Awards. She would go down on the Hill and insist that the NIH appropriation be doubled, or that it wasn't nearly enough, and how important it was. I think she was just a very effective lobbyist. I had the impression that it made people like Jim Shannon, who was a scientist and a great leader of NIH, uneasy to have Mary Lasker playing such an important role in the growth of the NIH, and she undoubtedly did.

One of the interesting anecdotes having to do with Mrs. Lasker is that when I was in the Cancer Institute I headed up the NIH Training Committee, and we brought in young management interns to learn NIH administration. One of the people we brought in was a man named Terry Lierman. Terry Lierman was a very bright young man, and I was his mentor. Interns would have four three-month administrative assignments, and then take a regular job.

The people down on the Hill often called for NIH interns to help. Harley Dirks was Magnussen's top aide in the Senate Appropriations Committee. Harley called me and asked for some help from one of the interns, and I got Terry assigned down there. At the end of three months, I got a call from Harley Dirks saying, "He's so good, and I want to keep him for three more months."

So I called up Terry and I said, "Terry, do you want to spend three more months?"

"Oh, yeah, I'm really enjoying this assignment on the Hill."

So the end result was that Terry Lierman never returned to the NIH. Harley Dirks got into some trouble, and I'm reluctant to go into the whole story, but he was fired as the top staff person on the Senate Appropriations Committee, and Terry Lierman, this young guy, not thirty years old yet, was made, by Magnussen, the head staff person on the Senate Appropriations Committee. This really floored a lot of people in the department and other places, to have this young management intern in this very responsible job.

Terry is now in the lobbying business and has set up an organization called Capitol Associates. When he went into lobbying, his number-one client was Mary Lasker. They almost had a mother/son relationship, Mary and Terry. Terry has a lot of other clients, but I believe Mary was his key client for his lobbying organization. He would be another interesting person to talk to. He spent probably three months working in the Cancer Institute as an intern, and now he runs a lobbying organization and lobbies for the Cancer Institute and NIH and other organizations. He's fun to talk to, and a very bright guy who is in his forties now, I guess, and nicely attributes his success in his career to my assigning him to the job in the Senate Appropriations Committee.

I mention all this because he was extremely close to Mrs. Lasker until she died. He would go up and spend Thanksgiving with her and that sort of thing. I don't know what she paid Terry, but Terry now lives in a great big house over here at the edge of the Potomac. He's a very successful young man and lobbyist.

I think Mrs. Lasker was a remarkable woman. Of course, I never knew her husband; he died a long time ago. It's an interesting comment about how politics works in the United States, and how health politics works, that a person like Mrs. Lasker could become as influential as she clearly was.

GC: How do you think that went over within the NCI? How did the scientists feel about this kind of politics coming into science? Did you ever get a sense of how that was received?

CB: I would say that most of the scientists I knew—and I must say, the ones I knew best I played tennis with—I saw them more on the tennis court than I did in their laboratories. People like Ira Pastan; Bill Terry, who is up in Boston, now an immunologist; and others. I think they tended to not have any special interest in politics. They were interested in science. When I think about the scientists' attitude towards the political process, one name that comes to mind is Roy Hertz. Have you heard about Roy Hertz?

GC: I'm hoping to interview him soon, too.

CB: Well, Roy's an old friend of mine. Roy is a very interesting man, who is now pushing ninety, I would guess. I believe that he was the person who discovered a cure for choriocarcinoma, a female cancer. It seems to me I've heard that that was one of the first cancer cures. Roy lives in Hollywood, Maryland, now, and would be an extremely interesting person for you to interview. He admitted the first patient to the Clinical Center. He has an ego as big as a house. He's a friend of mine, because we have a lot of mutual acquaintances.

Two of his associates were Griff Ross and Mort Lipsett, both of whom are dead now. Lipsett was a laboratory chief, endocrinologist, in the Cancer Institute, and became head of the Clinical Center, became later became head of the Child Health and Arthritis Institutes. He had a lot of top jobs. He worked with Roy Hertz in the laboratory when they did this work on choriocarcinoma. I always got the feeling from talking to Mort, who was a particularly close friend of mine, mostly through tennis, that Roy had a Chinese scientist that worked with him, who did most of the work. It always irked Mort Lipsett, who was a good scientist in his own right, that Roy was getting all the credit for being the person who had done the work on choriocarcinoma, when Mort thought that the Chinese associate scientist should have gotten as much credit as Roy did.

GC: That was Dr. [Min Chiu] Li, right?

CB: I don't know. You've heard some of this?

GC: Yes.

CB: I don't remember the name, but I can remember Mort Lipsett, who I had a great deal of admiration for, commenting about that. He was quite critical of Roy Hertz on that score.

Now, where am I now? Let's see, we are really covering a lot of ground here.

GC: Yes, we are. We were talking about Mary Lasker. Another one is Colonel Luke Quinn. Did you ever run into him?

CB: Colonel. Oh, yes. You're bringing back all kinds of interesting memories when you mention Colonel Luke Quinn. Colonel Luke Quinn worked for Mary Lasker. Another good source of information was something called the *Blue Sheet*. Have you heard about the *Blue Sheet*?

GC: The *Blue Sheet*?

CB: Yes. I think they still come out. Now, there's a *Blue Sheet*, an *Orange Sheet*, and a *Red Sheet*. Recently I was in a building in Friendship Heights, and I saw all of these names on the wall there, and it was one of these organizations that kept up with the politics of NIH. We all could hardly wait for the *Blue Sheet* to come out with all the gossip about who did what to whom. I think Luke Quinn had something to do with the *Blue Sheet*.

Another name, and I don't know what's happened to him, that helped write the *Blue Sheet*, was named Tanney Polster. Has that name ever come up to you?

GC: No.

CB: Well, Tanney was a writer on the *Blue Sheet*, and then he helped, I think, start the sheet that concentrated on heart problems. Everybody that was interested in the Heart Institute and politics would subscribe to that sheet. Ask Paul Van Nevel about the *Blue Sheet*, and Tanney Polster.

GC: Okay.

CB: I think that, again, if you were writing a history, that would be a very interesting source of information.

Colonel Quinn, I just knew a little about. I may have met him a time or two. But he died. He was a close associate of Mary Lasker and was, I think, an effective lobbyist. I don't know much more about him than that.

GC: So you didn't really know him?

CB: I didn't really know him, no. I probably met him a time or two, but, no. What other names do you have there?

GC: Well, I wanted to go back for just a minute to your work with the directors. You talked a little bit about how you worked with Dr. Baker. When Dr. Rauscher came in, what was your working relationship with him? How often did you see him? How was it different from working with Dr. Baker?

CB: Well, that's interesting, because when I came into the Cancer Institute, my predecessor, Bob Learmouth, whose name you've probably heard a few times, was very well regarded. I felt very complimented to be replacing Mr. Learmouth. He was another one of my tennis partners.

We had the two offices on the eleventh floor. On one corner of the eleventh floor of Building 31 was the Director, and the other corner was the Executive Officer. So here I

was sitting in my glory in a great big office on the corner overlooking Building 1 with Dr. Baker. Then shortly after Dr. Rauscher came in, he decided he wanted a deputy director, and there was no deputy director of the Cancer Institute then. He hired Guy Newell. Guy is no longer alive, I don't believe. So I, of course, vacated my corner office to let the deputy director move in, and took an office adjacent to the deputy director, to Guy's office.

Up there in the corner of the eleventh floor there was the director; the deputy director; there was Bud Morrison, the assistant director; and myself; and Lou Carrese, associate director for planning. Another person who was there that Dr. Rauscher brought in was T.J. [Tjalma] Chalma. Have you ever come across his name?

GC: No, that's not a name I've heard.

CB: He lives near Chapel Hill. You could ask Paul Van Nevel. He was an assistant director like Bud Morrison. I think his expertise was more in—I think he was a veterinarian, if I'm not mistaken. But we had, I think, an easy, close working relationship. All would wander in and out of each other's offices. It was quite informal. Everybody worked well together. There was not a lot of politics. As far as I was concerned, it was a very happy relationship among the people that worked in the front office of the Cancer Institute.

As I say, I had this superb staff that was also on the eleventh floor. Rosemary Williams was the personnel officer, and Earl Browning was the budget officer. I could just totally rely on them. I can remember particularly Dr. Baker, who had this special interest in the budget process, knew that the budget officer, who worked for me, knew more about the

budget than I did. But that didn't bother me a bit that I'd go down to the budget office, and there would be the director sitting in Earl Browning's office, my employee, talking about the budget. It was just an easy working relationship.

Of course, Dr. Rauscher had a scientific background, but he had come out of the Cancer Institute, so he knew the NIH culture well, as, of course, Dr. Baker did. Like some of my experiences when I was at the Child Health Institute, I, in a sense, had more responsibility when a person like Dr. Upton came in, who had never had any experience in government, which was true of Dr. Aldrich, who was the first director of the Child Health Institute. In a way my job was more important and more interesting for me, because they had to depend on me more than somebody who knew the NIH culture. Of those four directors, Upton was the only one who had not been a government person, and he was an extremely easy person to work with.

GC: Then you only worked with Dr. DeVita for, you said, a few months.

CB: Probably less than a year. I'd have to go back and check the records. But I knew DeVita well, because he was a division director when I was the executive officer, so we were in meetings together frequently. His administrative person was Phil Amoruso, who you've probably met, who took my job when I left the Cancer Institute, which was fine. But I think Dr. DeVita wanted to have his own person in that job. Fortunately, at that time the top administrative job at NIH opened up, and there were three or four of us contending for it, and I got it. So that was kind of a nice way to cap off my career at NIH.

GC: Did you know Phebe Dunn?

CB: Oh, do I know Phebe Dunn. Phebe Dunn is one of my absolutely favorite people. Phebe Dunn and Bud Morrison, Carl Baker, and I, were all classical music fans, and that brought us together. Carl, as a matter, composes classical music on computers. He's probably told you about that.

GC: Yes.

CB: I just got a Christmas card from Phebe, who was an extraordinary person, from North Carolina, where she's retired in New Bern. She is retired there with her sister, Elizabeth, who just died unexpectedly.

GC: She died the week we were supposed to meet for an interview. It was just a few days before.

CB: Well, I hope you interview her, because she is a very bright lady. She was the secretary to several of the directors, but she was more than a secretary. I mean, she was a woman who was smart and knew the political situation well and wrote beautifully. I remember particularly well, we were trying to get Dr. Rauscher a secretary because Suzy Hooks, who was Dr. Baker's secretary, left, and we were trying to get Rauscher to hire Phebe Dunn. Phebe worked for Bill Terry, who was head of immunology. Bill thought she was just superb. But Phebe was not known to Dr. Rauscher, and we kind of had to twist his arm a bit to hire Phebe, because we thought she would be superb. He hired Phebe Dunn, and she was everything we expected. I hope you get to interview her. I've got to write her a letter about the death of her sister, which is very sad.

But it was part of this nice culture we had there, where everybody had a good sense of humor and everybody worked hard. It was just a pleasant place to work for something that we all felt strongly about, which made my career at NIH such a happy one.

GC: It's interesting to hear you say that, because I've heard that from a lot of the scientists, as well, that there was this real sense of community and it was a very good place to work.

CB: One other comment I might make about NIH, related to your question about how did the scientists feel about the politics. I will always remember when they created the Child Health Institute, and I was there, that one of the programs in that institute was population research and reproductive biology. That was a field that Dr. Hertz and Mort Lipsett were working in. I've forgotten what it was called, perhaps the Endocrinology Branch. Mort Lipsett, I believe, was the head of it. We transferred this program out of the Cancer Institute and into the Child Health Institute in the early days, 1963, just in the same way the mental retardation program was transferred out of the Mental Health Institute into the Child Health Institute, mental retardation being the special interest of the Kennedy family, because one of Jack Kennedy's sisters was mentally retarded.

But what I found so fascinating in moving this branch of the Cancer Institute to the Child Health Institute was, I said, "Well, we ought to acknowledge this is a big deal. We're moving a branch of the Cancer Institute to Child Health, and we ought to have some kind of a ceremony." I went to the laboratory to present the papers to the head of this group that was moving, and it struck me then, and later on, that these people didn't care what institute they worked for. I mean, they were doing science, and the fact that they were

working in Child Health, or Arthritis, or Dental, didn't mean much as long as they got resources. They wanted people and they wanted space. It didn't mean that much to them to be a part of the Cancer Institute and now part of the Child Health Institute. They were kind of divorced from this categorical institute structure. By the way, I think Albert Lasker had something to do with calling these institutes by disease categories. He said you're going to get more money that way. I think the book I mentioned, *Taken At The Flood*, probably says something to that effect.

I think that somebody in the Arthritis Institute is as likely to come up with a cure for cancer as somebody in the Cancer Institute. I think that's the feeling of some of the scientists. They're working on their thing, and it doesn't necessarily have to relate to cancer. They're doing basic research. It's a very interesting attitude.

GC: Yes, it is.

CB: So here they were in this disease category organization, cancer, neurology, et cetera, but I don't think that meant much to a lot of the scientists.

GC: That might explain then why there was so much back-and-forth between institutes in terms of directors working together and labs working together. Would you say that was true?

CB: Yes, I think there's a lot of that. I notice when I read about NIH now, that Dr. Varmus is especially interested in seeing that there is more collaboration between the scientists. If you look at the *Yellow Sheet*, that comes out every week with all of the lectures and other

meetings, unless you're a scientist, you don't know what most of them are about. But there are these new collaborative groups that meet, that are in the same scientific field, but are in different institutes. They have regular meetings together, and that's something that I think is relatively new in the last ten, fifteen years at NIH. Varmus, I think, is pushing that. Varmus is primarily a basic researcher. The new director of the Cancer Institute is a basic researcher. The new head of the Aging Institute is a basic researcher. The head of the Neurology Institute is a basic researcher. That makes some of the clinicians a little uneasy, who have an interest more in patients research than in the basic sciences. But it seems to work. It's been, I think, a very effective organization. But, of course, I was a part of it, and I like to think of it that way.

GC: Did you have much contact with the viral oncology, the viruses-cancer program?

CB: No. I knew Moloney pretty well, and some of the other scientists. I remember meeting in their laboratories, maybe on some particular administrative problem, but those meetings with the people in the labs were relatively few.

GC: One other name I wanted to go back to—

CB: I didn't think I could possibly talk for two hours.

GC: You're doing well. I'll wrap it up pretty soon.

CB: I'm just surprised that so much, as Carl Baker said, comes back to you.

GC: One name I wanted to go back to was Sidney Farber. Did you know Dr. Farber?

CB: Yes, Sidney Farber, another remarkable man. I first met Sidney Farber—another job I didn't mention, I was the executive officer of the Division of General Medical Sciences. It is now the Institute of General Medical Sciences. I helped start that organization. I was very lucky, I was in the beginnings of the General Medical Sciences, the Child Health Institute, and I came to Cancer [Institute] when the War on Cancer started. So it's a lot of fun for an administrator to be in a new setting, it's very stimulating.

Sidney Farber was a member of the National Advisory Health Council. NIH had a single overall council at one time, and it became the advisory council to the Division of General Medical Sciences. That's where I first met Sidney Farber, who, I guess, eventually, came over to be on the Cancer Board, if I'm not mistaken.

GC: Right.

CB: A delightful, warm person, who I cannot make judgments about his scientific ability. I can make judgments about the politics, and he was a very effective politician who worked with people like Mrs. Lasker and others, and was a key person, I think, on the Cancer Board.

I attended all the Cancer Board and Panel meetings, but I didn't sit at the table, I sat in the back and took it all in, because it was important to me, putting the budget together, to hear what the problems were and make sure everything was running smoothly. Sidney Farber is a name that I should have thought of. Of course, there are a lot of names we

haven't mentioned. Who are some of the other ones that you think of that we haven't talked about? But Sidney was a very important person to NIH.

GC: We've gone through a lot of the names that I have written down. One thing I wanted to ask you about is, you've mentioned that you thought it's important for organizations to set goals. When you came into the National Cancer Institute, did you have goals for yourself as an administrator; things that you wanted to get done during your time there?

CB: I would have to say, no, that just trying to administer this big organization, and all of these new authorities was totally time consuming. I guess if I had a goal, I reached it, in that I got to be the head of administration for all of NIH. I really had no goals beyond doing that. I never thought I would go from a Grade-7 management analyst to be the director of administration at NIH. When I did that, I thought I had it made. The next step up for me would be to go down to the Public Health Service, or go to the Department, which some of my colleagues at NIH did, but I really had no interest. I was just extremely happy working at NIH and felt very fortunate. I was in the right place at the right time. My kind of caustic comment was that I was at NIH at a time when any fool could get ahead, and some did.

GC: I need to stop the tape again.

GC: This is the second tape with Calvin Baldwin, Jr. Today is December 31, 1997.

We were just talking about your goals as an administrator, and you said you really just felt lucky to be at NIH.

CB: Yes. Well, my personal goal—my hero at NIH was a man named Al [Albert] Siepert, who is still alive and retired in Tucson. Al Siepert was the first associate director for administration at NIH. I think they called him then the executive officer. When I came out to NIH as an intern, he was the big honcho in administration at NIH.

NIH was so fortunate, it had leadership that, in my wildly exaggerating moments I think of George Washington, Benjamin Franklin, Thomas Jefferson, Madison, and Monroe. NIH had Shannon. It had Al Siepert, who was a superb administrator. It had a man named Chuck Kidd, who was the head of planning, who is still alive and living here in Washington. It had a man named Jack Fletcher, who was the head of communications, Paul Van Nevel's counterpart. C.J. [Cassius] Van Slyke was the deputy director. They were just a remarkable group of people, who were not only smart administrators and smart scientists, they were smart politically, and it all just jelled. I was there when this whole thing was just getting really started in 1953.

Siepert was sort of my hero. So if I had a goal, it was to become the associate director for administration at NIH. I looked up Al Siepert and wrote him a letter and said, "I'm in your job and I never thought I would ever get there." I got this nice letter back from him, and I have now been having a regular correspondence with him in Arizona. He was an extremely able, interesting man.

He was such an able guy that when NASA was created, they were looking for the top administrator for NASA, and they stole Al Siepert away from NIH to be the head of administration in the space program. He had quite a reputation, well deserved. I don't

think he was as successful at NASA as he was at NIH. But we had a remarkable group of people who helped NIH when it went in this growth period.

When I came to NIH in 1953, my recollection is the budget was something like 60-some million dollars. When I left NIH thirty-three years later, it was seven and a half billion dollars and now it's doubled again. Of all people, Senator Connie Mack, from Florida, who is an utter conservative, is now sounding like Mary Lasker, saying the budget ought to be doubled. I think it's prompted by the fact that he's had a lot of cancer in his family, and he's gotten very interested in it. Now he wants to cut other programs and increase NIH.

My wife worked for Head Start, and I worked for NIH, and I said, "By gosh, we work for the two most popular programs in government. Everybody wants Head Start and NIH to succeed. Hardly anybody is against those two programs."

So I've had a very happy career at the NIH, and the Cancer Institute was one of the highlights. I just wanted to be an effective administrator. The nice thing about NIH was that it attracted very able people. So a lot of my job, as far as I'm concerned, was being sure that you hired the best people. We had a very successful administrative training program, which I was instrumental in. Now those people I considered to be junior administrators, they're now in top-level administrative jobs at NIH. It's very satisfying to see that happen.

Another interesting thing like that has happened that would be of special interest to you. This goes beyond the Cancer Institute, but I'll always remember that when I was in my

first executive officer job, when we were starting a training program, there was this enormous argument over whether we would have any women interns, would you believe. A couple of the old-timers, Institute executive officers named Ken Brown and Gil Baylis, did not want to hire women in the intern program. Their objections were overcome, and the first two people hired in NIH's administrative intern program were George Kingman, who became executive officer of the Environmental Health Institute, and Margaret Byersdorfer, the first woman. Would you believe that Margaret, near the end of her first year of training, got pregnant and left. These two old-timers said, "This is why we should never hire women in the program."

Now you look at NIH and there are more women in the training programs than there are men, and there are women in all kinds of high-placed jobs at NIH, which I think is just lovely. I'm delighted to see it.

GC: That's really interesting. So that was a huge deal then?

CB: Oh, yes, it really was. It's kind of hard to believe now. On the other hand, the women have been very successful, whereas the blacks have not. There have been a number of black management interns, but they have simply not risen to the top like the women have. It's an interesting commentary, and that's a totally different subject we won't get into.

GC: Okay. Was there ever a big controversy about that, as well, about hiring minorities into the intern program?

CB: Less so. The problem was finding eligible people. The interesting thing about the intern program, when it first got started, most of the candidates, like myself, came out of the university and passed what was called the JMA, the Junior Management Assistant exam. Then, for reasons I can't remember entirely, that was stopped, I think, by the Civil Service Commission, by OPM. We started hiring people as managers from within, rather than getting the brightest people out of the universities.

As a result, NIH was very fortunate, because there were a lot of bright people with master's degrees in the laboratories who were dead-ended at Grade 11 or Grade 12. Because if you weren't a Ph.D., you weren't going anywhere in the laboratory. So a lot of those people moved out of the labs and became management interns. They were people with science degrees who were learning administration. They were a talented bunch.

So we had men, women, but I think we were never as successful in recruiting blacks as we were in recruiting good women. Of course, we had a lot of women who had master's degrees in biology or chemistry in the labs, who have since been very successful at NIH.

I did not touch on the matter of EEO, equal employment opportunity. It would be an interesting subject to pursue, because there was, I would say among some of the top staff, there was really not very much enthusiasm for equal employment opportunity in the early sixties, when it became a program unto itself.

In the time I spent in the Cancer Institute, starting in 1970, we had several retreats several where we would discuss the importance of the EEO program. I would say that a lot of

the scientists could care less. I mean, that was something they didn't have an interest in, and I would say that was true of some of the top staff. It was difficult.

Of course, now the equal employment opportunity program is a major program at NIH, with a division of its own. Having been away twelve years, I have really no way to assess it, but I would say that it was really quite controversial and not met with much enthusiasm on the part of the staff at the Cancer Institute.

Being a sociologist, one thing, by the way, I didn't mention is I have a bachelor's degree in sociology. One of the things that really helped my career was that I went to Harvard for a year. You'll see it on my *c.v.* They started a special program on science and public policy at Harvard, and I thought it would be a good idea to spend a year at Harvard. This was when I was with the Division of General Medical Sciences. I was helped by Chuck Kidd, who I mentioned a while ago, because he had helped develop the program at Harvard.

So I spent a year on full salary, with my family living right outside of Cambridge, studying at Harvard, and going to the seminar on science and public policy. I think that was probably of immense help to me in my career, because it was something that not too many people did. Then following that, I helped to get three or four other people in the same Harvard program, who were quite successful in the administration of NIH. My wife says it was the happiest year of our marriage. She just loved being at Harvard.

We had just interesting lecturers, like C.P. Snow, for example. Do you know who he is? He wrote novels and books on science. He was one of the lecturers. Edwin Land, who

started Polaroid Corporation, also lectured. Being at Harvard, you had all these interesting people. It was an extraordinarily stimulating year.

I wrote two or three papers about the budget process that got used in the program that was developed to train and attract grants associates. These are Ph.D.s who were going to be scientist administrators in the grant program. As a result of my year at Harvard, I got invited to talk sometimes to this group and use some of my papers. So that was another stimulating thing that happened to me at NIH. A lovely way to go up [to Harvard] and be paid a Grade 13 salary, and have all my tuition paid. We had three little girls then. It was just a very interesting year, part of my happy career at the NIH.

GC: Is there something that stands out to you as the most exciting, or the most important, or the thing that you're the proudest of in your career at the Cancer Institute specifically?

CB: No one single event jumps out at me as being more important than the whole ten years, which I think were successful. I would attribute a good bit of that success in my ability to choose the right people to work for me who were so able, as I've mentioned to you in this interview. Like Carl Fretts, and like Earl Browning, and Rosemary Williams. They were just smart people, and I think we ran a very efficient organization, and I felt very comfortable with myself. I attribute that to my staff.

Interesting question you ask. I'm sure there were lots of highs and lots of lows. At the moment, not any one particular event stands out. I always found being down on the Hill and testifying before the Congress was the most nerve-racking, because you never knew what was going to be asked.

I remember one particular event when Dick Rauscher went down to testify for the first time, and Congressman [Rep.] [Daniel] Flood, from Pennsylvania, was the head of the House Appropriations Committee, and he was a character. He had a waxed moustache. He came from the part of Pennsylvania where Dr. Rauscher came from. I think Rauscher thought he was going to get a big welcome from Mr. Flood, and, instead, Mr. Flood gave Dick Rauscher a very hard time. That sort of thing made us all very uneasy, because we were accustomed to having a love fest down on the Hill where the questions were friendly. "How can you use more money, Dr.?" sort of thing. But Mr. Flood took Dr. Rauscher over the coals. It would be interesting to go back and read the first year Dick Rauscher testified before the Congress.

But those were always highlights, going down onto the Hill, and hoping you didn't embarrass yourself or didn't get hostile questions, but when you think of how friendly the Congress was to the NIH, I don't think we had very much to be worried about, because essentially they wanted us to succeed. It wasn't like other programs where they were really being critical. We almost always had friendly people.

But, no, no highs and lows, outside of those congressional hearings.

GC: A lot of people have talked about those [hearings] as being very stressful, just for the reasons you've mentioned, that you just had no idea what was going to happen.

CB: You might find a little hostility, but very little. NIH had it made.

GC: A love fest, that's an interesting way to describe it. I had one other little question, and I think this was either in Dr. Baker's or Dr. Upton's interview, we talked about—was it you who would sign all the checks, except over a certain amount the director would have to sign them, or something like that?

CB: I think—

GC: Or was that another administrator? I wasn't quite clear.

CB: I think you may be referring to grants over a certain amount had to come to the director, and these were the great big ones. I probably had little or nothing to do with that. They probably came out of the Division of Extramural Affairs, Palmer Saunders, and would have to be signed off by the director if they were over \$100,000 or something. I don't remember what the figure was.

GC: So that would have been Palmer Saunders, and not you?

CB: That would have been Palmer Saunders working with whoever was then the director. But I would say that was fairly routine, unless there was some controversial grant, and there were always those kinds of things that would come up. Like what's the name of the Nobel Prize winner from California, the Vitamin C man? I don't know why I never remember his name. He won two Nobel Prizes, one for science and one for peace.

GC: Sounds like a name I should know.

CB: Oh, yes, we should both know. He died not too long ago. [Linus Pauling]

One of the problems that the directors were faced with sometimes was to have someone like that apply for a grant that was rejected. There was another, St. Georgi, up in New England, who was well known and who had connections on the Hill. Then the Cancer Board would turn down their grants, because they thought these were, in some cases, elderly scientists whose science wasn't that good anymore. Then we would get pressure from Senator So-and-so, or Congressman So-and-so asking, "What in the world are you doing turning down grants for Dr. So-and-so?"

Again, that was something the director had to handle, and it could be difficult because they would be the ones who would be called. It wasn't an administrator; it would be the director of the Cancer Institute, or maybe the director of NIH, for that matter, who might be called. Then it might have to go back for the board to discuss again. Are you going to give in to political pressure? These are supposed to be peer-reviewed, and they're supposed to be based on science, and not on reputations or politics.

GC: Well, I'm coming to the end of my questions. Is there anything I haven't asked you, or any topics we haven't covered?

CB: No, I think we've covered a lot more than just the Cancer Institute.

GC: We certainly have.

CB: I hope I haven't gone too far afield—

GC: No, not at all.

CB: —in discussing some of these things. They are all interrelated. But when I look at my notes of things I wanted to cover, of names and subjects, I've covered them all.

GC: As I look at my questions, you've answered all of them.

CB: That's good.

GC: That's pretty good.

CB: You said two hours and it's two hours.

GC: We're being very efficient. I'm going to stop the tape now. [Tape recorder turned off.]

GC: If you would just say what you just said to me.

CB: I was just commenting that I think it's quite remarkable that I left NIH twelve years ago, and I would say that half of the dreams I have involve NIH and people at NIH. I think the remarkable thing about dreams is how crazy they are. Because people who didn't work together, are together in my dreams, or spaces that I worked in, or places I worked in, they're out of context somehow. But they're clearly all about NIH. You need a psychiatrist to figure out what that means. Obviously NIH was a very important part of my life.

GC: That's so interesting, though, to say your dreams are about NIH. Thank you for repeating that.

End of interview