

**National Cancer Institute Oral History Project**

**Interview with Phebe Dunn**

**March 16, 1998**

**Interviewed by: Gretchen A. Case**

*(Location: Ms. Dunn's home in New Bern, North Carolina)*

**GC:** You said you had been looking over your employment record. Do you just want to start talking about what you remember?

**PD:** Well I can. I started working at the National Cancer Institute for Dr. Samuel S. Herman. He was in the extramural program and one of the smartest men I have ever known. And also one of the funniest. He wouldn't be a bad person for you to talk to even though he's long since left the NIH. But he was a man who kept current and had a lot of contacts at the NIH which he didn't hesitate to use. If you had an opportunity, he's fun to talk to and he's very knowledgeable.

**GC:** So he's not at the NIH anymore?

**PD:** No, but I'm sure he'd be pretty current. And he would be good for that period of time. I worked for him in 1966 for two years in the NCI. He had a short span of attention and he moved from the NCI to the Institute of Environmental Health Sciences.

**GC:** Down in Research Triangle Park?

**PD:** Yes, but they had an extramural office in Bethesda. And then he went to the Eye Institute and I followed him around. He decided to leave NIH, after which I was in the NCI personnel office for a very short time. That was not my thing. I took everything home with me and I'd get so upset about these people I couldn't place anywhere.

And then I worked for Bill Terry for two years, from '71 to '73. He was chief of the Immunology Branch. I was very fortunate in working for these men. They were outstanding people, not just smart. But Bill Terry was one of the best men. He just was a good man.

At that time, there were a lot of young men who were fulfilling their military obligation so you'd get the cream of the crop. They didn't really want to go into armed services so they went into public health service. Steve Rosenberg was one of them. He was there.

**GC:** Did you work with him?

**PD:** He was in the lab. I didn't work with him very much because he didn't need anybody. I mean they had labs set up and they had a couple of technicians. At that time Steve had M.D./Ph.D. degrees and he left and went back to do his surgical residency and became a—I always understood that he was offered a big job up in Boston at Sidney Farber, I think, or one of those big institutes.

**GC:** I read his book and he—

**PD:** Oh did you? He wrote a book? I didn't know he wrote a book.

**GC:** Yes, he wrote a book, and I can't remember the title. But yes, he has a book out.

**PD:** I'll look it up on the net.

**GC:** Yes, it's maybe three or four years old, like 1993.

**PD:** Was it a personal book, or . . . ?

**GC:** It's published by a major press but it was kind of a—he wrote a kind of a personal story about what the science in there—

**PD:** Oh my, that would be wonderful. Again, I was so fortunate to know these people. He was a delightful man and still is. He is the kind of man who—even the employees could go to Steve and say, "My mother is sick" or "my whatever has got this problem," and he'd say, "Bring her in, I'll see her." He just was a special person. A lot of people I think talked to him and he always made himself available even as busy as he was then. And in fact I remember when he came back—maybe it was before he left—they started working on the melanoma protocol and of course that's been so much in the news lately. It looks like they made real progress.

So anyway, I worked for Bill Terry for those two years and then I went to work for Dr. Frank J. Rauscher. I worked for him first. Altogether I worked in the director's office for eight years from '73 to '81 when I went over to work for Committee Management Office in the NIH.

**GC:** The Committee Management Office?

**PD:** Committee Management Office, yes.

**GC:** Okay. Let's back up a little bit from there. You said Sam Herman was a lot of fun or he was fun to talk to. Can you describe a little bit what kind of work you did for him and your working relationship and what the office was like, that kind of thing?

**PD:** Well he was the Deputy Associate Director for Extramural Activities, but actually he did most of the job. He worked for Dr. Phillip Walkes, W-a-l-k-e-s. Nice man, but Dr. Herman really ran that office. You know, it was a grants program and he was very

knowledgeable, and the office was divided—not divided, but physically wasn't located together—the program people were over in the Westwood Building, as you probably know, and Dr. Herman and Dr. Walkes and their small staff were in Building 31. Dr. Herman had a lot of contacts everywhere.

**GC:** When you say he had lots of contacts, do you mean at different cancer centers, different hospitals?

**PD:** Yes, yes. He knew an awful lot of people. It's a job where you advise people in getting their grants reviewed.

**PD:** He was a funny man, but he'd get so frustrated and he'd say, "Why can't everybody be like me?" He was so well organized and his thought processes were so good, and he just couldn't stand it when people weren't just like him.

**GC:** Didn't suffer fools gladly.

**PD:** No, he didn't. But then as I say, he moved along. But he was an interesting man and still is, I'm sure.

**GC:** So he was the first person you worked for at NCI? Is that right?

**PD:** Yes he was.

**GC:** How did you get hired on at NCI? Do you remember who brought you there or why you decided to work at NCI?

**PD:** No, I just applied. I was living in New York, and my mother was ill and I had been working temporarily most of the time. And when my father died, she wanted to come

back to Washington; that was her home. It didn't make any difference to me. My sister was with me and we would spell one another doing temporary work, and when she [my mother] died then it was time for me to get a regular job. I worked for a company called Documentation Incorporated for a while and then—because I never heard of working for the government! I mean I didn't know anybody who worked for the government, and when I went to people and said I was going to work at NIH they'd say, "Oh, you're going to hate it. They just sit around and do nothing." Well I never worked so hard in my whole life. And then I took the test and everything, and Dr. Herman had somebody working—Edith Phillips was the administrative officer or the assistant administrative officer for the extramural program, and I had a letter in my portfolio—that's a fancy name for what I had—from someone named Armina Marshall who was one of the partners in the Theater Guild. I had worked for Theresa Helburn who was one of the founders of the Theater Guild in New York, and Edith was familiar with the Guild. As soon as she saw that, it rang all kinds of bells, and I suspect Edith shoveled me into that job because she was very impressed. I was impressed, too.

**GC:** Were you?

**PD:** Oh yes, I mean I was very fortunate to work for Theresa Helburn. She was a remarkable lady.

**GC:** And that was in New York, right?

**PD:** That was in New York. I just worked part-time for her.

**GC:** Do you remember your first day at NCI?

**PD:** No, I don't. No, I don't think I do. No, I worked for—Dr. Walkes had a secretary named Jeannette Steinbracker, and Jeannette was what I call a sleeper. She was one of those people who looked so sweet and quiet and she had a wonderful sense of humor that took you by surprise. Don't you know people like that?

**GC:** Oh yes.

**PD:** I love people like that. They turn out to be completely different from the way they appear. Anyway, we became good friends. But I don't remember too much about my first day. As I say, Dr. Herman was fun to work for . . . most of the time when he wasn't angry at something.

**GC:** So then you said he eventually left and you went over to Bill Terry's lab? Is that right?

**PD:** Well, yes. I stopped on the way in the personnel office. Rosemary Williams was the personnel director at that time. You probably heard her name, I'm sure. But I really wasn't suitable for that job. I wasn't good at it really, to tell you the truth.

**GC:** Sounds like you didn't really enjoy it.

**PD:** No, I didn't. I worried an awful lot about it. I'm a world class worrier.

**GC:** I understand that.

**PD:** Are you too?

**GC:** Oh yes.

**PD:** I was interviewing people for secretarial, clerical jobs and some of them would come in and you'd look at them and you'd think, "How in the world am I ever going to find a job for this person?" You know, they were so unplaceable. And I'd worry. I'd go home, you know, they'd be single mothers and how are they going to get along? It was terrible.

Anyway, I wasn't very good at it and I wasn't very smart about it. Who was it? Dreama Chapman, Dreama Chapman. I worked under Dreama in Personnel. She had been a secretary in the NCI Extramural Office where we knew one another. And Dreama's a very, very smart woman, and she certainly got out of the secretarial business in a hurry. She had one drawback, she was from West Virginia and she had a terrible West Virginia accent. You know this does make a difference.

**GC:** Unfortunately it does.

**PD:** It does, yes, it does because she was really a very smart woman. But anyway, she's probably around somewhere. I haven't heard from Dreama for a long time.

**GC:** Do you think she's still at NIH somewhere?

**PD:** No, she's retired I'm sure. Probably living in that area. Then I went on to Bill Terry.

**GC:** So what kind of work were you doing for Dr. Terry?

**PD:** Mostly just running his office, kind of, or trying to. There were three or four people who worked under me. I didn't do real secretarial work, you know, typing and shorthand. I had gotten out of that and then never did it again, pretty much. Dr. Terry was a very busy man. It was a big lab and I was mostly overseeing the people who worked in the office. I didn't feel I was very good at that either. He seemed to think I was and that

was fine. That was all that really mattered to me, but I wasn't comfortable. I don't think I'm a very smart woman. I never was, but I write everything down and I work very hard, and it seems to work.

**GC:** Well, everyone else's opinion contradicts yours.

**PD:** No, no. I just fooled them.

**GC:** I keep hearing that you actually ran the Institute.

**PD:** No, no.

**GC:** That's what the rumor is now.

**PD:** Oh really? That's nice. I don't want to spoil that rumor. That's a nice rumor. No, I had to work hard. When I worked for Dr. Upton, I used to get in there—I always did no matter where I worked, I'd always get in probably half an hour ahead of time to get myself together before I worked. Dr. Upton, who ran up the stairs every day—

**GC:** He told me that.

**PD:** Yes he did. But I kept getting earlier and earlier because I wanted some time to get organized for him and he kept getting earlier and earlier because he'd come in to do some—he saw I was there early so he came in early. But he was a wonderful man.

**GC:** So what time would you come in for Dr. Upton?

**PD:** I don't know, sometimes I'd get there at seven thirty in the morning. Seven, seven fifteen. I got there early.

**GC:** And stayed till five or six?

**PD:** Yes, usually. Through lunch.

**GC:** Through lunch?

**PD:** Most of the time. Well, I tell you, I was not very smart. I had to work hard. But the same thing with Bill Terry. I can't tell you what all I did.

**GC:** It sounds like a lot of what you're doing is coordinating the other support staff.

**PD:** Yes, it was that pretty much and at that time they were doing manuscripts in the office. That was always a problem because these guys, once they got a manuscript going, they wanted to be at the top of the list to get it typed up. And now I think they, long since, they farm them out and get them done that way but at that time there would be maybe one or two of these girls in the office who would have to work on the manuscripts. There was a lot of work.

**GC:** I know. And it would be a rush job it sounds like.

**PD:** Always. Always. And purchasing and travel are big things in labs like that.

**GC:** Really? I can see how purchasing would be.

**PD:** And travel was, too, because these guys would travel all over to meetings. Especially the chief of the branch, he'd go all over the place.

**GC:** Sure. And I guess there's a lot more paperwork involved because it's the government?

**PD:** Yes, that's right. And a lot of things that you can't do and things that you can't accept or you have to get permission to accept it. Probably that hasn't changed.

**GC:** I think that's still true. You mean in terms of gifts or equipment or whatever?

**PD:** Yes, or just if the program didn't have the money to pay for it and the sponsor would want to pay for it, you'd certainly have to go through all kinds of paperwork to get that approved.

**GC:** So would that fall under your duties or would you be coordinating someone to work on that kind of thing?

**PD:** Yes, it would fall under somebody whose specialty it was in the office. In my case, it was a woman named Ethlyn Howard who would do most of the travel stuff. Ethlyn, E-t-h-l-y-n. Ethlyn Howard. She's retired now, too. And Beverly, I can't remember Bev's last name. She was very good. All the labs are busy places and those jobs are very underrated, I think. Or they were at that time and I imagine they still are. Somebody like in a surgery lab or branch, that was a hectic, hectic job. And they have to fight like crazy to get grades and that's too bad because it's hard work. And they were good. So anyway, I didn't feel very comfortable in that job either, so I went to work in the director's office.

**GC:** So how did that transition exactly take place?

**PD:** You know, somebody said something to me about applying for the job because Suzy whatever-her-name-was was leaving. She was going to have twins.

**GC:** Suzy Hooks?

**PD:** Yes. Did you talk to her?

**GC:** No, Dr. Upton told me about her. He mentioned her. Or Dr. Baker maybe.

**PD:** Dr. Baker probably. I don't think Dr. Upton knew her.

**GC:** Yes, it was Baker. But no, I don't know anything about her. I just know that she preceded you.

**PD:** Yes. And she clued me in to all these things that she'd been doing. I think her sister-in-law had her job before.

**GC:** Betsy?

**PD:** Betsy. That's right. See, you know this better than I. So anyway, somebody suggested that I apply for the job and I didn't feel I was very good at the job with Bill Terry, although I would have jumped off the end of the pier for him, as most people would who worked in his lab. They were devoted to him, with good reason. Anyway, so I applied and much to my surprise I got it.

**GC:** So you came in to work for Dr. Rauscher, right?

**PD:** Yes.

**GC:** Okay.

**PD:** Dick Rauscher. If anybody calls him Frank you know they don't know him.

**GC:** So what was it like working for him?

**PD:** He was a lovely man. He was very astute about dealing with the Congress, more so I think than any of the other directors. I mean you get a lot of pressure, at least you did then, in those director jobs where a congressman would call—most of them were nice—I mean somebody like Senator Humphrey would call, and he'd just want to call the constituent's problem to the attention of the director, but he wouldn't apply any pressure at all. Sometimes other people would, and Rauscher was very clever and would say, "Yes, indeed we'd look into it."

**PD:** He made them happy and they could make their constituents happy. He was good at it. And I think that Dr. Upton came in, I don't think he was—or any person who hadn't worked in that atmosphere didn't realize how much pressure you get from outside.

**GC:** So was Dr. Rauscher down on Capitol Hill a lot or down at the White House or did a lot of their calls—

**PD:** Mr. Flood was, I believe, the very flamboyant chairman of the Appropriations Subcommittee—

**GC:** He was the one from West Virginia?

**PD:** No. He was from Pennsylvania.

**GC:** Okay. I think I know which one you mean.

**PD:** And Steve Elko. They all ended up in jail, I think. Flood did, Steve Elko did, and he was his administrative assistant. I hated it when the phone rang after five o'clock and it would be Steve Elko, and he'd say, "The Chairman is on the floor right now, and they're bringing the NCI budget up for a vote, and he wants to know what Rauscher's done about" whatever it was he would be calling about. You know, he was really awful. I mean they weren't even trying to hide it. You know, "The Chairman's asking me what Rauscher's doing about this" and you just have to—I hated it when that phone would ring after five o'clock because I always knew it was Steve Elko.

**GC:** So what would you do? Would you just go to Rauscher and get the answer or would you just tell him—

**PD:** No. I'd just say, "Well I know Dr. Rauscher's working on that. He'll get back with you . . . ."

**PD:** They were the worst. You know Flood was very popular with his district, and for good reason I guess. He really went to bat for his constituents. So there was a lot of pressure from him.

**GC:** How long did it take you to get comfortable with kind of the political pressures of being in the director's office? Was that something you just kind of caught onto as you worked with Rauscher? Like you said, you knew who it was going to be when the phone rang and you knew how to handle these kind of things.

**PD:** I don't know that I handled them very well. It was hard because I hadn't realized that it was as bad as it was and it was very offensive. It offended me to think that these people would behave in that manner, so pompous. And I had my own political agenda.

**PD:** But I had a lot of help certainly from Bud Morrison and from Cal Baldwin and Guy Newell who was a sad, sad person, but he was very funny and he was the acting director for quite a long time. I don't remember how long he was acting for Rauscher when Rauscher left.

**GC:** It was between Rauscher and Upton? That's about a year.

**PD:** Was it that long?

**GC:** Well, it would've been '76 to '77. It was probably about eight months.

**PD:** Yes.

**GC:** So when Rauscher left—that was one of the questions I wanted to ask you about—Newell came in as kind of acting director until they placed Upton? Is that right?

**PD:** Yes.

**GC:** How involved were you in this whole transition? Did Newell know what he needed to do in the job or did you—

**PD:** Oh, yes. He had worked very closely with Rauscher. He was his assistant director. And they'd have staff meetings every week and they were all pretty current. And then Chalma was there, T.J. Chalma? T.J.?

**GC:** Okay. Yes, T.J. Mr. Baldwin mentioned him. So would you go to all the staff meetings as well? Was that part of your—

**PD:** I'd go to staff meetings, yes. Their Monday morning staff meetings.

**GC:** What kind of hours were you working when you worked for Dr. Rauscher? Were you still coming in at seven thirty?

**PD:** I didn't have to come in quite as early, I guess, but I did work long hours because that was my habit.

**GC:** Was that pretty typical for people in the director's office to work early and late? Work long days?

**PD:** You mean before I'd come in? I don't know.

**GC:** Or just while you were there, were a lot of people working the really long hours too?

**PD:** Not as long as I, I don't think, because they were more secure in their jobs probably. And of course they were different, too. They were married and they had children and it was a different situation for them. And there was a Pat . . . Pat Oxenburg, who worked for Guy Newell. And then Norine McKee came in and worked under my supervision and then took my job when I left while DeVita was director.

**GC:** So Dr. Rauscher left to go to the American Cancer Society. You said earlier that you thought that it was a difficult transition for him to go to the American Cancer Society?

**PD:** That was the feeling I got. I don't know—well I'm sure you know. You've heard stories about him, but I just—in talking to the people who worked there—his secretary would call me and almost in tears because she felt she couldn't please him because he had all these demands. He was a lovely man but he was not accustomed to a one-man office with one secretary. I think it was very hard for him.

**GC:** So how big was the support staff in the director's office while you were there with Rauscher, when you were the executive secretary?

**PD:** In addition to the OD staff, which included the Information Office, there were three large divisions—

**GC:** So what you're saying is it wasn't just the support staff—

**PD:** That's right. That was the whole support staff.

**GC:** The whole organization.

**PD:** Yes, under him.

**GC:** Okay. So he left and Guy Newell moved up to acting director for a while. And was he still doing the kind of political maneuvering with the people on the Hill and that kind—I don't mean maneuvering exactly, but contact with Congress?

**PD:** No, not as much. I think Rauscher had a bigger constituency than Newell ever had. I think he was just trying to hold it down.

**GC:** So when Upton came in, did Newell move back to the position of acting director?

**PD:** Yes. And then of course DeVita brought in Jane Henny.

**GC:** Tell me about Dr. Upton, working for him.

**PD:** He just was a delight. You know, there are some people that you know or you work with who—this sounds kind of silly—but they make you a better person, and I think Upton had that effect on me. He was such a good person himself, and he enjoyed everything. He never criticized personally anyone, at least not to me. Sometimes some of these pests would get in the office, I couldn't keep them out, and they'd just insist on seeing the director. Anybody else would have been awful, but he'd come out and he'd be laughing. He didn't mind, he had a wonderful time. I think I was a little bit better for having known Arthur Upton at that time. I reverted back after he left, but you know, you do when you're around somebody like that. He was just a real special person. And he was very smart, he was very kind. I don't know what else to say. He took some difficult positions when he had to, fired some people when he had to.

**GC:** Can you remember any of those?

**PD:** John Mahoney, Moloney. There was a big thing about that. I think he got rid of Moloney at some point. You heard that before?

**GC:** I just have heard little bits about that. I'm not sure exactly what happened there.

**PD:** I don't either. I don't remember too much about it, but I remember that it was a difficult thing for him to do. People tended to think that he didn't have that kind of . . . courage? I don't think that's the word, but when he had to do something unpleasant, he did it. And I can remember Secretary Califano calling him in the middle of the night. I guess it was

that Three Mile Island thing. And he had to go out and get a newspaper in the middle of the night. And then of course he was off for a couple of days, several days at Three Mile Island.

**GC:** Dr. Upton went up to Three Mile Island?

**PD:** Oh yes.

**GC:** He didn't tell me about that.

**PD:** He didn't tell me much about it either. It wasn't something that I asked, because I guess it was pretty sensitive back then. But he was a low-level ionizing radiation expert. Wasn't he an international expert?

**GC:** Right. He came out of Oak Ridge. Worked down there for a while. I didn't realize that, that story [about Three-Mile Island].

**PD:** You've got to go back and ask him.

**GC:** He was holding out on me. And you were there for two years, '77 to '79? Does that sound about right?

**PD:** Probably, because I have '73 to '81 I was in the director's office so it was eight years and I probably didn't work for DeVita longer than about a year or so, a little over.

**GC:** Because DeVita came in in 1980.

**PD:** In '80? Did he? Then I left in '81. So I didn't stick around too long.

**GC:** Who was in place? There was a gap of about six or seven months between Upton and DeVita. Do you remember who the acting director was then?

**PD:** Between Upton and DeVita?

**GC:** Yes. There was a little bit of a gap, and I'm not sure if it's because Upton officially resigned but then stayed on, or DeVita came in but didn't officially start, or something like that?

**PD:** Gosh, I can't remember that, Gretchen. I don't know.

**GC:** I'll have to check my dates again, but you don't recall an interim director?

**PD:** No. I'm sure somebody had to do it.

**GC:** Okay. So DeVita came in and you worked with him for about a year?

**PD:** About that.

**GC:** He brought a lot of changes.

**PD:** Yes. He brought his own staff, too. He brought in Jane Henny. She was a very pretty woman and I think that she suffered because of that. I mean, she was very good at her job and a bright woman. And what she got she got on her merits, not because she was a pretty woman. And Phil Amoruso. You'd think those names were gone forever. But he brought him in and I guess Bob Namovicz went over to the NIH Office of the Director. DeVita was very secretive and he worked that way. I think he was paranoid, too. He

thought people were conspiring against him. Nobody was—you either had a strong opinion one way or another about him I think. They either were devoted to him or they couldn't stand him. And he could be a very charming man, as I'm sure you know. And funny when he wanted to be, and smart. And he always saw himself as a physician, I will say that. Maybe he told you that, too.

**GC:** He did say that his patients were very important to him.

**PD:** That he was first a doctor, he said. But I always had this feeling of conspiracy going on...

**GC:** Did you notice when the directors changed that the atmosphere of the Institute or of the office changed with them?

**PD:** Yes, I certainly did, for the people closely associated with the office I think. Have you talked to Paul Van Nevel?

**GC:** I'm working for him, for him and Nancy Brun. That's who—

**PD:** Oh sure. That's right. Nancy Brun, yes, that's right. You did tell me that. Because Paul—is he still there?

**GC:** Yes.

**PD:** He'd be able to tell you just about everything about all these people.

**GC:** He's on my list, too.

**PD:** You haven't done him yet, huh?

**GC:** No.

**PD:** He's a wonderful guy. I like Paul a lot.

**GC:** We talked a little about Susan Hooks, Suzy Hooks. She preceded you. You said she helped you kind of get up to speed on coming into this office. What did you need to know?

**PD:** Well, one of the things that came as a great shock to me was that they monitored telephone calls all the time, and that was one of the things that Suzy told me to do. Every time a new director would come in, I would say, "Now this is what they've been doing in this office. Should I continue doing it?" And they'd think about it and say, "Okay." Though I stopped shortly after Dr. DeVita took over—his calls were long and personal.

**GC:** So by monitoring you mean you'd be on the other line?

**PD:** Yes. I'd be taking notes on the other line. And certainly Dr. Rauscher was used to that because Suzy had been doing that all the time for him. Dr. Upton of course was not used to it, and he knew I did it and he never stopped me. I did give him the option, because I always felt kind of, you know, a little bit sleazy about it.

**GC:** So you just took notes and then they would be filed somewhere just in case the director needed them? Was that the idea?

**PD:** Yes, or follow-up notes because a lot of the things that I would take I could follow up through the Institute in other ways. Telling people about it or that a director wouldn't have time to do or wouldn't know about. If a director was new, it was certainly helpful.

**GC:** Because he wouldn't know necessarily who to talk to about some things?

**PD:** Sometimes, yes. I have some notes. Let me get some.

**GC:** Okay. Let me just pause this.

[Brief Pause]

**GC:** That's a lot of paper. This [tape recorder] is on.

**PD:** Oh yes. Okay. Do you want me to read this?

**GC:** Yes.

**PD:** I said to Ellen, "After our"—this is probably somebody in personnel—"after our conversation several weeks ago, I resolved to keep a log on the day-to-day trivia. I did for about two days and the attached jottings are the result, plus several current additions. Is this the sort of thing that would be helpful? If so, I can certainly provide more. Any advice would be welcomed. Needless to say, I want very much to retain my grade. More importantly, and without, I hope, sounding pious, I'm particularly anxious to do justice to the job description since it will, I assume, affect my successor and possibly others now in the OD [Office of the Director] and divisions. I certainly appreciate that your job is not an easy one and no matter what the outcome I am grateful to you for your patience and helpfulness."

I made a list of all these wonderful things that I did, and I should be director of the Institute. But this might give you a better idea. I had forgotten about this.

**GC:** Could you just tell me the date of that letter?

**PD:** The letter was July 24, 1978.

**GC:** And that was to Ellen who must have been some—

**PD:** She probably was in the personnel office and they were doing job evaluations so they could downgrade all of us, I guess.

**GC:** Oh gosh.

**PD:** Do you want me to read this or I can give it to you. I don't know what I would want with it.

**GC:** Or I could make a copy of it or something like that. Take it and make a copy of it and bring it back to you.

**PD:** You wouldn't have to.

**GC:** It would be probably really interesting to read, though, to have a copy of that.

**PD:** Okay. Do you want me to continue?

**GC:** Okay. But I really can make a copy and get it back to you.

**PD:** You can just send it to me, I don't care. It's no big deal.

**GC:** Okay.

**PD:** It just gives a little description of things that I did that I thought would be important. Well, like, this attached note says, "Dr. Upton, Would you like Dr. Chalma to review document on committee nominations, and Mr. Baldwin (and/or Mr. Graalman) to review document on support contracts?" "Yes, please, thanks. A." That's the way we communicate.

I'm sorry I didn't keep some of my notes because I did keep extensive notes. I don't mean from phone conversations but just myself. And I guess I learned a long time ago that if you give someone a note, he's going to do something about it before he throws it out. He won't throw it out. So it's just a good system because rather than just telling him about it, if you give him a piece of paper, he's intimidated about throwing it out and won't throw it out until he's done something about it. Really. So I did a lot of that, and when they went away on trips or something, I would usually record everything that had happened, make notes of the correspondence. Sometimes I'd have a folder that had a lot of stuff in it, but on top of the folder I had a list of everything that was in the folder and how it had been taken care of or not taken care of or what things that he had to do. It always worked. Every place I've ever worked, it always worked. They'd check it off.

**GC:** Wow. That's a great system. I never thought about it. You're right, though. A piece of paper so you have to do something with it.

**PD:** That's right. If you just tell them, it doesn't work. But if you give them something they have to check off or keep on their desk, they can't throw it out.

**PD:** I don't know why in the world I would ever need it again.

**GC:** Well, I don't want to disturb your files. Is there no "o" in your name?

**PD:** No, there isn't.

**GC:** I've been misspelling it this whole time?

**PD:** Everybody puts the "o" in. If I were fifty years younger, I would change it and put the "o" in, because all my life, people have been putting the "o" in, especially my literate friends put the "o" in.

**PD:** It doesn't bother me really. And I'm fourth generation, so I come from an illiterate background. Those people didn't know how to spell Phoebe I guess.

**GC:** Or chose to spell it differently.

**PD:** That's right. I think Shakespeare spelled it differently. . . without the "o".

**GC:** Well maybe that's where it came from.

**PD:** Probably.

**GC:** You were talking about giving them paper as opposed to just saying something to them. Were most of the directors pretty good about getting back to you? You showed me one from Arthur Upton that he scribbled a note back to you very quickly.

**PD:** Yes. They all were. I don't think DeVita—DeVita never understood what I did until I left, and he would try to stop me because I had a system of—I'd follow up on anything that I sent out, and if it had deadlines on them I'd call if I didn't get it back or didn't see what had been done, and he objected one day to that, to what I was doing. I guess one of the nicest compliments I ever had from DeVita came by way of Bel Ceja, secretary to the NIH director, and she said he came in one day and he said, "I never realized what Phebe did. I never realized how good she was." That's what he said. It was a wonderful compliment.

**GC:** And this was after you left?

**PD:** After I left, yes. But I did spend a lot of time doing that, in effect. I didn't do any actual secretarial work, but you didn't have to in that office, because you had all these other people doing it. Things were done for you. I'd ship everything out, either for his signature—for somebody to prepare a response for the director's signature or for somebody to do a direct response maybe with a copy to the director, maybe not. It would depend. So that was a big part of the job.

**GC:** As kind of liaison between the department—

**PD:** Well, yes, because there was an awful lot of paper that came into that office, so I was really performing as an executive secretariat—they didn't have one at that time—and then that's what I inherited from the Hooks.

**GC:** So you came in and Dr. Rauscher came in right after the National Cancer Act.

**PD:** Yes. Dr. Rauscher was—well actually he was the director when Nixon signed that into law, I'm sure.

**GC:** It was right—Baker and Rauscher were kind of—I think Baker was still there but Rauscher came in right with that. I'm not sure how the dates line up but—

**PD:** I'm not either but I do remember Rauscher going to the White House.

**GC:** For that signing?

**PD:** Yes. I don't think I was working for him at the time but I can remember his talking about it. He admired President Nixon very much. I mean I don't know politically whether he did but personally he said he was a very smart, charming man.

**GC:** So since you were at the Institute during the time the National Cancer Act was signed, did you notice how that changed the Institute? I mean, there was a huge change in terms of budget and power.

**PD:** I didn't notice it myself, no. I knew that the budget was enormous and there was a lot of resentment in the other institutes, but I don't think I noticed it particularly.

**GC:** How much contact did you have with the other institutes when you were in the director's office?

**PD:** Not a whole lot that I can remember. I think the directors were always compatible, as far as I knew. I never heard them say anything evil about any of the directors but they were all so busy with their own jobs. A busy job being a director.

**GC:** So what was a typical day like? You would come into the office at seven thirty, and what would you start doing?

**PD:** I guess get ready for the day. I kept a calendar for the director. I kept his calendar up-to-date and that was something else that I inherited from the girls [the Hookses]. They always kept a very neat calendar so I'd always type everything in on the calendar, and just go over what hadn't been done the day before. I always had correspondence to go over. When I was on vacation and I'd come back, I'd have a weekend where I'd come in and get the paperwork and take it home and go through it. It was a busy job for someone who . . . and I know—it's going to sound funny but I wasn't very smart, I had to work hard, and it was fun though. I enjoyed it. And it's wonderful to pick up the phone and say, "This is the director's office." [People would jump.

**GC:** I was going to say, you must've gotten quite a reaction.

**PD:** Well everybody was very supportive. . . always, always. And I think Paul Van Nevel, he was wonderful to work with and all the people in his office. I can't remember anybody that—I wouldn't have seen anybody who wasn't cooperative and nice.

**GC:** What makes you laugh?

**PD:** I was thinking of when—the Pap smear—when Mrs. Papp had a birthday and Betty came by, and she was talking to DeVita, it was something about "Happy birthday Mrs. Papp and all that crap." That's all I can remember and DeVita looks up shocked. She didn't send it, but it was—that's what I was laughing about. I just remembered that.

**GC:** She made up a letter for him to—as a joke?

**PD:** She didn't even make up the letter but she just had a little poem she had made up. Poor Mrs. Papp. But they were nice to work with, all those people. I can't remember anybody that—I wouldn't have seen anybody who wasn't cooperative and nice.

**GC:** Meaning you wouldn't have let them come up?

**PD:** No, they just wouldn't have been anything but nice to me. Some of them were a little pompous, but then so was I.

**GC:** So were you mobile? I mean did you go around the building and see these different people or were you mostly in the office and you called around?

**PD:** Yes, I was mostly in the office. It was busy. I didn't have time to do that. But then of course I knew people from having been in other jobs in the Institute, and in the other institutes, too: Environmental Health Sciences and the Eye Institute for a while, Personnel Office. So I had a little exposure before I got in that office.

**GC:** Were you ever over at the Clinical Center or did you have anything to do with what was going on over there?

**PD:** No, not in that [the Director's office]. But of course the labs were in the Clinical Center.

**GC:** Right, so when you worked over there . . . .

**PD:** But other than that, I really wasn't too much aware of what was going on.

**GC:** Did you ever go down to the Hill when any of the directors testified? Did you accompany them?

**PD:** No. I did go down when I was working in the Committee Management Office. I took a course and went down on the Hill. I remember being very embarrassed because I was in a group of—we were in a group of people and I can't remember what this woman was addressing us about—she was talking about PACs, and I said, "It seems to me that I recall that there was one congressman who said that he wasn't going to take PAC money," and she went ballistic and tried to tell me that PAC money didn't make any difference to any of them and of course I was embarrassed but I have proved to be correct, that PAC money was indeed not such a good idea for some congressmen. But anyway, I had a little more freedom when I was in the Committee Management Office than when I was in the Institute.

**GC:** Would you help them prepare for going to testimony?

**PD:** No.

**GC:** That seems like that was one of the most stressful things for the directors to do.

**PD:** Yes it was. But they had a lot of help. They had all of the directors and Paul of course was very instrumental in preparing testimony and correcting it when it came back.

**GC:** The whole viruses cancer controversy that was going on throughout the seventies, were you ever aware of what was going on with all that, the viral oncology program and all that?

**PD:** No.

**GC:** That's one of the big controversial things that was going on.

**PD:** With Rauscher it would have been, of course, because he was a virologist, wasn't he?

**GC:** Yes, he had a virus named after him.

**PD:** That's right. Rauscher Virus. It seems to me it was kind of over by the time I was working for him. Anyway I wasn't aware of it. Of course there was the laetrile mess that was always popping up.

**GC:** Yes. Tell me a little bit about that. Dr. Upton mentioned a little bit.

**PD:** I'm surprised Bud Morrison didn't tell you about that because he was in charge.

**GC:** He may have told me, too.

**PD:** And he hated that. He was furious. Not furious, but he hated having anything to do with it, and he and . . . one of the . . . I can't remember who it was. I think it was someone who was assigned. . . maybe he was doing his military service, I can't remember. But anyway, they ran some kind of a study on it. I don't remember too much about it, really, I just remember that they were very busy with it, and he hated it. He'd been fighting the laetrile business for his whole career practically.

**GC:** You're right. He did talk to me about it. You just sparked my memory about that. But you didn't have anything really to do with that? Was that just something you kind of—

**PD:** No, yes. Well you know, it would crop up all the time, that and . . . that was the main thing I guess. But then there were the Nutrasweet and . . . what's the other?

**GC:** Saccharin?

**PD:** Yes, that was a big thing, too.

**GC:** In what way?

**PD:** Because there was an advocate who—an opponent I guess—he felt that—gee, I don't remember well enough to talk about it, Gretchen. Somebody else would. Paul certainly would know about it, and he'd know about it very well. This man used to show up at meetings of the [President's] Cancer Panel and the National Cancer Advisory Board. I don't know if he's still around or not. I guess he isn't, but he created a big stir about saccharin.

**GC:** I remember that just from the play it got in the media that it caused cancer. When something like that came up where there was this huge stir in the media, you know, "Saccharin may be causing cancer," blah blah blah, how would the Director of the National Cancer Institute become involved in that? Or would he become involved?

**PD:** Yes, he would, yes, because I think that they were forced to discuss these things at the Advisory Board—I know they did—and I would get a lot of phone calls which probably Paul would handle, or his office would, and letters that they would prepare answers. I do remember that, when I think about it now, that was one of the things that was hardest for me when I went to work for the director's office. Sometimes you'd get a call from a patient. I can remember one of my early morning calls was some young man whose mother was dying of cancer, and it was excruciating because what did I know? All I could do is tell him to call . . . put him onto the information office when they came in or get somebody to call him back, which I did a lot of because I wasn't—I was quite inept at it. That was hard for me to deal with people like that because you just wanted to help them and they would be distraught. Some of them would be aggressive and not very

nice, but then others would just be so upset. But that's when I'd send them down to Betty MacVicar or to Paul or to whoever was in the information office because they were so good at it.

**GC:** Did that happen very frequently?

**PD:** Fairly frequently, yes.

**GC:** Well I guess I can see that if you just hear of the National Cancer Institute, you would call the director.

**PD:** That's right. Go to the top. I would do the same thing.

**GC:** That must have been really heart-wrenching.

**PD:** As I say, it was hard for me because I didn't know how to handle it very well and they did such a much better job of it. They could tell them where to go. My sister had breast cancer about a year-and-a-half ago now, I guess, a very minor—it turned out to be very small because she gets—we were still going up to Bethesda to get mammograms because that Dr. Yingling was so good up there, the radiologist.

**GC:** Oh really.

**PD:** Yes. She was really super. Kay Yingling. But anyway, she found this little tiny, tiny, tiny spot, and we came back down here and she had a biopsy, I think they call it, something like that, at Duke, and they were wonderful there. They had wonderful radiologists there, too.

**GC:** At Duke?

**PD:** Yes. Super women. Really good. If you ever need it, that's the place to go. And they have a breast cancer program where that's all they do. I guess I can't remember what I was talking about.

**GC:** We were talking about getting calls early in the morning and then your sister having breast cancer.

**PD:** I can't remember why I got on that.

**GC:** You were talking about dealing with phone calls knowing how to deal with people and other people knowing how to deal better.

**PD:** Yes, and they did know how to deal better. I can't remember why I got onto talking about Elizabeth. As a matter of fact, then they did a lumpectomy here at ECU [East Carolina University] with a very wonderful surgeon and it all turned out fine, no problem. But I can't remember what I started to say. Well anyway, go on.

**GC:** Okay. What was your favorite part of the job? Did you have different favorite things working for each director? I don't mean to lump them all together, but what made you happiest or what made you proudest of what you did?

**PD:** Gosh. I don't know, I guess I felt important, really, because some of it just rubbed off onto me, which is not true, but it did make me feel good. It made me feel good that I could get along with people, at least I think I did, and it was fun.

**GC:** Were you interested in the work? Were you interested in what was going on?

**PD:** At the time? Yes. I didn't understand a lot of it. I got every kind of cancer that came across my desk, which is not unusual, I think, for people to relate to it. You start looking for things in your own body that—

**GC:** Oh, you mean.

**PD:** Yes, yes, that's right.

**GC:** You felt like you were getting everything?

**PD:** Sure.

**GC:** Well I can see that. I think that's called "first-year med student syndrome" or something where they learn about these new diseases and then they decide they have malaria and meningitis. You must've gotten up to speed pretty quickly, though, on the technical side of things if you had to deal with it so often. Did you feel like you were able to converse pretty well?

**PD:** No. I sent it to the information office. Well, I don't know if I did or not. I wouldn't say particularly.

**GC:** Did you keep up with any of the current research that was going on in the Institute? Was that part of your job to know who was doing what kinds of research?

**PD:** Yes. It was part of my job to know what was going on in the different divisions so that when correspondence or other kinds of things would come across the director's desk I would be able to send it to the proper place.

**GC:** So you would know who was doing what?

**PD:** Yes. Well you had to know that, because as I say, it was sort of a clearing place for correspondence and phone calls that came in, and you would refer them to whatever branch was involved. And you had to know that much, and if you didn't, you sent it to Paul Van Nevel.

**GC:** And he knew where to send it?

**PD:** Or would find out, yes. Bud Morrison was a great help, too, with lots of things. And Cal Baldwin.

**GC:** It sounds like you had a lot of contact with both Dr. Morrison and Mr. Baldwin. Is that daily interactions?

**PD:** Yes.

**GC:** They both spoke about you as if you all kind of ran in the same circle dealing with things.

**PD:** Yes, they were very helpful. They had jobs that—especially Cal Baldwin, you would depend on him a lot for everything. He's a very smart man, got along with everybody.

**GC:** So who would you interact with on a daily basis? Cal Baldwin, Dr. Morrison, can you name some other people that you would see on a daily basis?

**PD:** I guess T.J. Chalma, Lou Carrese, and Paul certainly. I guess it would just sort of depend. Newell, at the time. I didn't have—when DeVita came in with his crew, it

changed because then it was a little circle and they were a tight-knit group. I had the feeling they were always whispering and planning.

**GC:** I've heard that about other directors, too, though, that they had kind of a small—that each director would have their kind of coterie. Did you find that to be true?

**PD:** Not so much except for DeVita. Very much so with DeVita. He was very paranoid.

**GC:** But not so much with Rauscher or Upton?

**PD:** No. They were both more open kind of guys.

**GC:** Did Upton seem to be as politically savvy as Rauscher was? You said you thought Rauscher was the most? I didn't mean to—

**PD:** No, that's true. Rauscher could fabricate, if necessary. I don't think Upton could.

**GC:** I guess that's part of politically savvy?

**PD:** Maybe.

**GC:** This is a comment that Cal Baldwin made about you. He said that you write beautifully. He said your writing was beautiful. Were you composing letters for the directors or composing memos or that kind of thing?

**PD:** Sometimes I would, but they were always easy letters. You know, "Dear So-and-so, Dr. Rauscher's out of town right now." You know, that kind of thing. I'm amazed that Cal would say that. Very interesting.

**GC:** That's one of the things he said about you, that you wrote beautifully. I was just wondering how much writing was a part of your job.

**PD:** I don't remember. I would write a lot of things in these notes that I gave to the directors, but they were just kind of isolated paragraphs or suggestions or information that I was passing along to them.

**GC:** So if the director wanted information to go out to the Institute, would you be disseminating that or would that go through the Information Office?

**PD:** Well, it would depend on what it was that he wanted to go out. Lots of times it was something that he might decide at a meeting and he'd say, "Would you prepare that for me?" or "You do that." But that might be way out of my abilities, depending on what it was, of course. But I could write little thank-you things or kudos for somebody, things like that.

**GC:** Okay. You've gone through my questions wonderfully.

**PD:** Oh gosh, Gretchen, I'm not telling you anything.

**GC:** Yes you are.

**PD:** No I'm not.

**GC:** Did you have contact with any of the kind of major lobbyist people, Benno Schmidt, Mary Lasker, Luke Quinn, Sidney Farber, those four were very involved—

**PD:** No, not personally but of course the directors did, always.

**GC:** Did you ever get to meet any of them or did they come to the office?

**PD:** No, not really. I can't remember any of them coming to the office. Because you know they were always there for the board meetings, but they rarely would come into the office.

The television crews did come in a couple of times. Mike Wallace came in, I guess it was "Sixty Minutes." I don't think it ever got on, though. They did a terrible job on Bill Terry. I could've killed them. But they were there one time I can remember—there was a lovely room at the end of the corridor that had two offices, two big offices, and a big entrance office where we sat, the three of us sitting there. A beautiful, big window looking out, and there was a dictionary stand there, and I can remember Mike Wallace going over to the dictionary stand and looking out the window and [pretending he was] reading from Deuteronomy. You know, but he was kidding.

But they did come in. They were doing—I can't remember who they were doing, they might have been doing Rauscher, and Lesley Stahl was there as a . . . she wasn't on "Sixty Minutes" then. I was so impressed. And then they did a number on Bill Terry, it was just awful. There were some people down in one of the islands who were pushing laetrile. I can't remember their names. Friedman or Frye or something like that. And it was all Bill's fault really because he was working—I guess he was working with DeVita then—and he was sitting in that office, one of the big offices, and he didn't have a tie on, he never had a tie anyway, and he was bored with the whole idea. He was busy, he didn't want to bother with them, and they really did a number on him. It was terrible. I was so upset.

**GC:** What do you mean by "do a number on him?"

**PD:** The interviewer was Harry Reasoner who died not too long ago—well it was several years ago. He was on "Sixty Minutes." It was Bill's own fault, in a way, because he was anxious to get rid of them. And you know, they do these awful close-ups on "Sixty Minutes" anyway. They go right up close to their face, it was terrible.

**GC:** So they made him look not very smart?

**PD:** They made him look not very smart and they make those people down in wherever it was look better with their pushing laetrile or whatever it was they were pushing—I can't remember at the time—and it was a shame. That was another thing. The guys who work in the labs are different. I remember Bill Terry always kept a tie in his drawer. He never wore a tie so when he'd go to see a patient he'd put a tie on. But he wouldn't put a tie on for a television crew, for heaven's sakes. For a patient maybe but not for a television crew. A wonderful guy. So that's all I know, Gretchen.

**GC:** That must have been quite a shift for you, though, moving from kind of the laboratory people to the administrative people. Was there—

**PD:** It was easier for the administrative people than it was for the labs. The researchers, I'd not much understanding of what they did. They're pretty free spirits, the people who worked in the labs. They're very dedicated. I get very angry when people talk about "the feds." Of course, they'd complain about the feds themselves. They didn't realize they were feds! Or they'd talk about the bureaucracy and I'd think, well you're the bureaucracy! Don't you know that? They are very dedicated, most of them. There are deadbeats like anyplace else but a lot of them could get better jobs someplace else or get more money someplace else. And they have crazy hours. They have to come in in the middle of the night to check their animals sometimes or check their experiments, and I think a lot of people don't appreciate all of that and the way they work in the labs. Of

course they're fortunate; they don't have to compete for money. They compete for money within their branch, but they don't get fired like they do out in the world and competing.

**GC:** So you said Bill Terry would put a tie on when he went to see patients so he was in the lab and seeing patients in the clinic. Was that pretty typical for—

**PD:** Yes, I would say so.

**GC:** That's one of the things I've been very interested in about the Institute is that the laboratories were not separate from the clinical side of the work.

**PD:** Well they collaborate on different protocols. I don't know if they all do. I'd have to think about it.

**GC:** Were you ever involved with patients at all when you were working for Bill Terry?

**PD:** No.

**GC:** So you stayed pretty much working on the laboratory side of things?

**PD:** Yes.

**GC:** Did you ever go to the Cancer Advisory Board meetings with the directors?

**PD:** Yes.

**GC:** What were these like?

**PD:** The board meetings? Pretty boring sometimes, but sometimes they'd be good. When Mary Lasker was there and . . . who was her pal that they were always pushing . . . Mathilde?

**GC:** Was that Deeda Blair?

**PD:** No, Deeda Blair was there, too. Mathilde Krim [?], and I can remember Mary Lasker was pushing them, pushing something at the time, and Mathilde got up and made a speech—she was not on the board, I think she was in the room—and one of the gentlemen sitting at the table was incensed by this because she wasn't on the agenda. She was pushing for money and he felt it was very inappropriate. But mostly they were interesting really. Some of them were—it was Dr. Farber I guess, who was an elegant looking man—

**GC:** Sidney Farber?

**PD:** Yes. He had a colostomy, too, but he was just an elegant gentleman. And Benno, everybody would sort of kowtow to him. But he was a nice man.

**GC:** So you did meet them at the board meetings?

**PD:** I didn't really meet them, I just knew that they were there. And I could go but I didn't usually have that much time. It was interesting to hear the grants being presented and what programs they wanted to support.

**GC:** So would your purpose just be there for your own—you were there for your own information? You wouldn't necessarily take notes or support the director or anything like that?

**PD:** No.

**GC:** Yes, Benno Schmidt was very interesting. What kind of person was Mary Lasker? She's passed on now, there's no way to meet her, but I just wonder about what kind of person she was.

**PD:** Everybody liked her very much, and she was a very smart woman. Again, when Mary talked, people paid attention. She was no dummy, not by a long shot. And apparently lived in great luxury on the East Side in New York. You know, had an apartment full of wonderful paintings. I don't know very much about her. And then, of course, she gave that building over at NIH. The convent that they converted.

**GC:** They converted a convent?

**PD:** Yes. That was an old convent. It's a conference center now, isn't it? On the reservation?

**GC:** I don't think I know that story.

**PD:** It's not a story.

**GC:** No, it's just that I never heard that.

**PD:** There was a convent on the grounds. It was a convent with a wall around the property. And I think it was dedicated to Mary Lasker. I can't remember whether she paid for it or what, but. . . . I remember going through it. It's very nice.

**GC:** Somehow that just slipped past me.

**PD:** You'll have to check it out, Gretchen.

**GC:** What about Luke Quinn? Colonel Luke Quinn. He was someone who worked with Mary Lasker. . . .

**PD:** I don't know him. The name is just vaguely familiar, but that's all I know.

**GC:** One thing that's come up a lot in these interviews is scientists talking about one of the things about working at the National Cancer Institute is that there's always a political element because it's a government facility and you have to work with Congress and all that kind of thing. What was going on there? Were people—let me see how to phrase this question. Since you worked with people in the laboratories and in the administrative side, did you ever feel that there was friction over the fact that there was so much contact with Congress or that there was a political element to this research as opposed to just being kind of science for science sake? Do you know what I mean?

**PD:** Yes I do, Gretchen, but I'm not aware of it, and it could have changed by now, too. I wasn't aware of it then. I do remember one time getting a lot of pressure from a congressman—I can't even remember his name—to get a constituent of his into the Clinical Center as a patient, and this family could not be persuaded that this was not the best thing for the patient. You know, the Clinical Center is a lousy hospital. I mean it's not set up that way, and a lot of people don't understand that, I think. If they don't have a protocol for you, you might as well go someplace else. I can't even remember who was the political guy. . . it was an Italian name. But anyway, they finally took this patient in but very reluctantly because they could not get this across to the family that this was not the best place for that patient because they didn't have a protocol. But people don't

understand that. But you're really asking about directed research and I'm not competent to address that. Just remember that all research had to go through review and approval by external groups.

**GC:** Because it's not really a hospital.

**PD:** No it's not. You're much better off in a hospital unless there's a protocol, unless they're working on something. There's a woman here in Greenbriar who was at the Cancer Institute and on a protocol, and apparently they did wonders for her and she appeared to be in remission, and it came back, and they tried to get her back into the Institute—I guess they did, but they said, "We can't do anything for you anymore." And her husband's very bitter. And I can see why he would be, but he never did understand. I mean there's nothing more they can do.

**GC:** So there was sometimes political pressure to—

**PD:** To take a patient in, yes. Sometimes. I wasn't aware of it very much but I can just remember that one instance where it was a mistake to do it, and they had to.

**GC:** One other instance of political pressure that I think may have been either political pressure or media pressure; was this idea that they passed the National Cancer Act or there was this idea that cancer would be cured by 1976. How did Dr. Rauscher handle that kind of pressure to cure cancer by 1976?

**PD:** I don't remember that there was a date on it, but maybe there was. Dr. Rauscher was very adroit. He was. I don't mean that in a nasty way, he just was good at handling these things and making people feel better even though there wasn't any reason for them to feel better but he could do it. He was good at it.

**GC:** When 1976 came around and it was clear there was no cure for cancer, was there any kind of—

**PD:** No, I wasn't aware of anything. They'd just keep throwing money at the Institute. They did, that's what happened.

**GC:** There's a lot of money there.

**PD:** Oh my word, now it's . . . . How many billion dollars do they have now?

**GC:** I hesitate to even say, but I think it's two, two point three?

**PD:** I don't know. It's in the billions.

**GC:** It's a lot of money. I always got the sense that that 1976 deadline was not something that came out of the Cancer Institute, it was more something that came out of a popular hope that it would be cured by then.

**PD:** I can't remember. Seventy-six, I was there. I can't deny it.

**GC:** So where did you go when you left the Institute—I think you told me this at the beginning—but you left NCI to go—

**PD:** I just went to the Committee Management Office at NIH.

**GC:** Okay. And then how long did you stay with NIH before you left?

**PD:** Let's see, I went in October of '81 and I left in November of '85, so it was four years.

**GC:** One of my questions was, coming into the NCI did you have goals: thinking about where you wanted to go within the Institute? Did you have an idea of where you wanted to go or where you wanted to end up?

**PD:** Not really. I guess I was motivated a little bit by the fact that my mother had cancer and died of cancer, and that made it important for me to be working in that Institute.

**GC:** You were just saying that because of your mother's illness—

**PD:** Yes, well that was one of the reasons I felt good about working for the National Cancer Institute. I wouldn't say I had any particular goals, it just was a good, logical institute for me to be in. Of course everybody has somebody who's died of cancer now, it's not that unusual. But she had a hard time, and she was a long time fighting it. In those days they didn't have anything like they have now. They didn't really have chemotherapy, they had cortisone is what they treated it with, or surgery. So it was a tough time.

**GC:** Yes. And cortisone can be worse than being sick. Did you feel a real loyalty to the Institute? Was there a sense of—did employees feel loyal to it?

**PD:** I would say so, yes. I think if I were looking for a virtue, I was very loyal to the Institute, to the people I worked for.

**GC:** That was my second question. Was there a different—like were you loyal to the Institute or to the person or *and* to the person?

**PD:** Both. But I left Dr. DeVita because I would have a hard time defending him and a lot of his actions. He was such a secretive man and such a troubled man, really.

**GC:** It sounds like you felt a much stronger sense of loyalty to both Rauscher and to Upton and to Newell.

**PD:** Yes I did.

**GC:** Would you say you got along with them really well? Would you consider them friends or—

**PD:** Yes I would, very much so.

**GC:** Was that pretty typical of the people you knew at the Institute to be . . . what am I trying to ask. Would you say most people were friendly? Was it a tightly woven kind of place or . . . ?

**PD:** Yes, I would think so, very much so. And certainly the labs were like that, all of the labs were. All of those people would mingle socially and care for one another. And they had a lot of visiting scientists, too, and they would take care of them. A lot of Israelis would come and—mostly the people I remembered were the Israelis—but I think those people just cared for one another a lot.

**GC:** Did you ever feel like you had to protect the directors from—was it your job to say who could see them or who couldn't see them?

**PD:** Yes, sometimes you had to.

**GC:** You mentioned that Upton would have some kind of wacky people—

**PD:** Yes. He'd always see them. If I let him, he would.

**GC:** Do you remember any of those stories in particular?

**PD:** No, I don't remember them in particular. I just remember some real off-the-wall people going in and talking and staying for a long time taking up the director's time. I'd be outside worrying about it, "how could they take this busy man's time talking about that kind of nonsense," and he'd have a wonderful time. He'd come out laughing. He just was a special person. They were all special really in their way.

**GC:** Would they be scientists or politicians or—

**PD:** No, just some stranger off the street.

**GC:** And they would just come to the Institute and come upstairs and—

**PD:** Sit down in the chair right beside my desk.

**GC:** Really?

**PD:** Sure. That didn't happen often, but on that one occasion that I remember with Dr. Upton, the man wanted to see the director and was determined to see him.

**GC:** And he just came and sat there until he got in?

**PD:** Yes.

**GC:** Did people call also and ask for appointments in the same way that you would have to decide whether—

**PD:** Not too frequently but some of them would, and some of them could be pretty offensive. I'd try to pawn them off on the Information Office, and they'd take care of them.

**GC:** Was Rauscher as open to seeing people as Upton was?

**PD:** Not really, no. He was always courteous but no, he wouldn't. He would be protected anyway.

**GC:** Protected by you or by—

**PD:** By me or by whoever or I'd go to Bud Morrison and say, "Come help me get this guy out of here," and he would. Or whoever. They were all great about it. All you had to do in that job, and it wasn't me, it was just whoever was sitting in that chair was just call for help and they'd come.

**GC:** And it was usually Dr. Morrison or Mr. Baldwin?

**PD:** Yes or Newell or Chalma, whoever. Whoever was handy they'd come and help, which was a great feeling.

**GC:** Mr. Baldwin also mentioned that you and Dr. Morrison and he were all classical music fans. That was a kind of bond between you. Is that something you remember?

**PD:** Yes. I remember Bud Morrison especially because he kept waiting—he had an enormous record collection and—

**GC:** He still does.

**PD:** I'm sure. He's probably still waiting for the ultimate piece of [music] equipment. That's what he was waiting for then, instead of just going out and getting whatever it was, [stereo] receivers whatever that whole scene was at the time, he was always waiting for the best thing to come out, so he never got anything. Except he kept adding to his record collection. He belonged to the Musical Heritage Society—well I guess Cal did, too. Yes, they both did.

**GC:** So are you a classical music fan also?

**PD:** Not like they are, but I like classical music, yes. I like opera, too. And that's another thing. DeVita loved opera.

**GC:** He did mention that.

**PD:** Oh yes, he really was an opera fan. He was very knowledgeable. His son Teddy had aplastic anemia and that was just a terrible thing for him, but worse for his wife, which I guess he appreciated, but she never got away, never, ever got away. But he'd get in his car and go off on weekends and go to the opera. And I'm sure that she did not resent that, although she probably needed it more than he did. Well, I don't know, probably not. She was probably glad for him to be able to do that. I never talked to her but I'm just guessing. I know it was a release for him to go up and hear the opera, but she never got away, and they spent a lot of time with Teddy every day.

**GC:** He was sick for years wasn't he?

**PD:** Yes.

**GC:** Seven or eight years?

**PD:** I think, yes, at least. And then DeVita never gave up. He never thought that Teddy wouldn't be cured. He hated it when Teddy died, and people would say, "Well, it's for the best," but that would send him into orbit because he was always convinced that Teddy was going to live, he was going to get better. I guess they had a hard time with Teddy at various times, he was a very difficult patient, and the whole thing was difficult because of DeVita's position. It was all kept under very close wraps. But I think he was a difficult patient at times and probably threatened to get out of this bubble [a laminar flow room] and leave. He was just a kid growing into a young man, and I think that DeVita suffered a lot with that. It might have been an explanation for some of his drawbacks, disagreeable things.

**GC:** Were you involved in that [his son's illness]? In helping him out with that at all or were you just kind of aware of that?

**PD:** No, I was just aware of it. He very seldom mentioned it.

**GC:** Really. He didn't talk about it?

**PD:** No, not to me. Once in a while he might. But when Teddy died, he was over there I guess for a couple of days almost continually and he did talk a little bit about it then. He said his son was just wonderful, the way he had behaved he was so proud of him. That was the only time ever I heard him talk about it.

**GC:** That must have been—

**PD:** Yes, it must have. Tougher on her probably, too, although it's hard to tell.

**GC:** Did you get to know the wives of the directors pretty well? Were they around the office?

**PD:** No, not really. I knew them a little bit. Rauscher, he was a very generous man, and so was his wife, Peg. They always gave me nice gifts for Christmas or when they'd travel or something. I'm sure she always picked them out. She was a nice person and they had a nice family. But he kind of had a drinking problem after he left. I'm sure you probably heard about that.

**GC:** A little bit, yes.

**PD:** And Newell's wife I didn't know very well. He'd say, "Sadie's the only one who understands me." And then Upton's wife, she was a little problem. She's kind of strange.

**GC:** She's an artist, I think.

**PD:** Yes. She was always nice to me, and he would jump whenever she'd call or do anything, he'd go racing out the door.

**GC:** You talked a lot about what you liked about working at the Cancer Institute. Were there any drawbacks to working there? Any difficulties? Anything that you really didn't like about working there?

**PD:** No, I can't think of any. I was in an enviable position, so I never had anything to complain about.

**GC:** It sounds like you actually were in a very powerful position.

**PD:** Well, I think that's something you have to guard against, thinking that you're the director and you're not. No, but it was very nice. I had a lot of support from people.

**GC:** One thing I'm really interested in is—and I don't know if you knew anybody—but there are I'm sure a lot of women who have not been recognized as much as the men for their accomplishments at the NCI. Can you think of who the women at the NCI were either in science or administration? Every time I get names it seems like it's men coming up all the way, thirties, forties, fifties, sixties, seventies. I was just wondering if you could think of any women I should talk to who were there and were doing the work and maybe not getting as much recognition or were not in the same kind of positions as the men were? Or that might be something to think about?

**PD:** That's a tough one. You'd have to ask somebody else. I'd have to think about that whether there was discrimination against these women because they were women and that they were always as talented? I don't know.

**GC:** I guess maybe not even if there was discrimination but just because of the way things worked, they weren't in the same kind of high profile positions as the men were. I don't know, it's just a kind of interest.

**PD:** Yes, you'd really have to talk to some of the women I think, professional women, on that.

**GC:** Okay. Can you think of anybody else that I should talk to? I think I mentioned some of the people I've already interviewed. Should I talk to people like Susan Hooks or Betsy Hooks?

**PD:** I don't know. I don't know that—and of course they worked for different people—they worked for Endicott. It might be interesting to talk to them from their perspective. Well Baker was working with Endicott wasn't he? He probably had a lot of things to say about Endicott.

**GC:** Yes he did. They were close friends.

**PD:** He was a character.

**GC:** Did you know Endicott at all?

**PD:** No, just I knew a lot about him because everybody did. I don't know if Ruth Kirschstein ever worked for the Cancer Institute. That's Rabson's wife, who is now (I believe) Deputy Director of NIH.

**GC:** Yes, she's still there.

**PD:** If she ever worked for NCI, she would be a good person to talk to but I don't remember that she did. She'd still be very aware of discrimination against women.

**GC:** I don't know. I'll have to look into that. When I talked to Dr. Rabson, he mentioned his wife.

**PD:** She's a nifty woman.

**GC:** Is she?

**PD:** Yes.

**GC:** I liked him a lot. He was a lot of fun.

**PD:** Yes, he's great.

**GC:** He was up in the Director's office when you were there? No, he wasn't.

**PD:** No, he was a director of Cancer Diagnosis and Treatment or something like that.

**GC:** Right.

**PD:** I forget what they call it now.

**GC:** But you would have had contact with him the same as you had—

**PD:** Yes, except sometimes I'd ask him to help me personally with problems that family members—my uncle would call up and say, "I've got this thing on my back." He was a doctor and I would say, "Well I'll talk to Dr. Rabson about it." I had another friend who had cancer, and I asked Dr. Rabson about getting a confirmation of diagnosis and he was wonderful. You could go to him with your personal problems and he'd help.

**GC:** You mentioned Steve Rosenberg was the same way.

**PD:** The same way, yes. I imagine he still is.

**GC:** Would you say most people there were pretty open to that?

**PD:** In the NCI?

**GC:** Yes.

**PD:** Yes. More so than other institutes.

**GC:** But what you're saying is at the Cancer Institute, that was—

**PD:** In my experience it was.

**GC:** That's really great. It says a lot about the people who work there.

**PD:** It does. A very dedicated group of people. So go talk to Steve Rosenberg.

**GC:** I would really like to. Can I use your name?

**PD:** Sure, sure. He might not remember me, that was a long time ago. A long time ago.

**GC:** Before I stop the tape, have I missed anything or not asked you anything that I should?

**PD:** Gretchen, I really don't think I've made any kind of a contribution at all except just—because I don't remember much about the issues that were happening at the time. But anyway, I can't think of anything that you haven't asked me.

**GC:** Why don't we end right there then.

**PD:** Okay.

*End of interview*

---

American Cancer Society.....	21
Amoruso, Phil .....	26
Baker, Carl .....	14, 36, 74
Baldwin, Cal .....	18, 19, 32, 48, 50, 51, 68
characteristics of .....	49, 68, 69
Blair, Deeda .....	56
Brun, Nancy .....	27
Califano, Joseph [Secretary of HEW].....	23
Carrese, Lou .....	49
Ceja, Bel.....	35
Chalma, T.J. ....	19, 49, 68
Chapman, Dreama.....	9
chemotherapy .....	64
Congress.....	15-18, 22, 40, 41, 59
cortisone.....	64
DeVita, Mrs. Vincent T. ....	69-71
DeVita, Teddy.....	69-71
DeVita, Vincent T. ....	20, 22, 25, 26, 28, 38, 53
changes made as Director .....	26, 49
characteristics of .....	26, 27, 49, 64, 69, 70
relations with Dunn.....	34, 35, 49, 64
son's illness .....	69-71
Duke University Medical Center .....	45
Dunn, Elizabeth.....	44-46
Dunn, Phebe	
and calls from patients and their families .....	43-46
and monitoring of phone calls in Office of the Director.....	28-31
background and family.....	6, 7, 63

---

career with NCI.....	1, 2, 5-77
effective use of notes to directors .....	32-35
loyalty to directors.....	64-67
relations with DeVita .....	34, 35, 49, 64
work in Committee Management Office of NIH .....	4, 62
work in Environmental Health Sciences Institute.....	39
work in Eye Institute .....	39
work in Office of the Director.....	4, 10-77
work in Personnel Office .....	39
East Carolina University .....	46
Elko, Steve .....	17
Endicott, Ken .....	74
Farber, Sidney .....	52, 56, 57
grants programs.....	4, 5
Helburn, Theresa.....	6, 7
Henny, Jane.....	22, 26
Herman, Samuel S. ....	2, 5, 6
as Deputy Associate Director for Extramural Activities.....	4
characteristics of .....	1, 5, 8
Hooks, Betsy .....	14, 15, 35, 37, 74
Hooks, Susan [Suzy].....	14, 28, 35, 37, 74
Howard, Ethlyn .....	13
Humphrey, [Senator] Hubert.....	16
Kirschstein, Ruth.....	74, 75
Krim, Mathilde.....	56
laetrile controversy.....	41, 42, 53, 54
Lasker, Mary .....	52, 56, 59
characteristics of .....	57, 58

donates building to NIH.....	58
MacVicar, Betty .....	44
Marshall, Armina .....	6
McKee, Norine.....	20
Moloney, John.....	23
Morrison, Bud .....	18, 48, 49, 68
and laetrile controversy.....	42
characteristics of .....	68
Musical Heritage Society .....	69
Namovicz, Bob .....	26
National Cancer Act	
effects on NCI.....	36
pressure to cure cancer by 1976 .....	61, 62
National Cancer Advisory Board .....	43, 56, 57
National Cancer Institute .....	1, 43, 62, 76
budget.....	17, 36
Cancer Diagnosis and Treatment .....	75
changes in office atmosphere.....	27
Clinical Center .....	39, 59
Dunn's career with.....	1, 2, 5-77
effects of National Cancer Act.....	36, 61, 62
employees' sense of loyalty .....	64, 65
Extramural Office .....	9
extramural program.....	1, 2, 6
Immunology Branch.....	2
laboratories.....	54, 55, 59, 65
monitoring of phone calls in Office of the Director.....	28-31
political element.....	15-18, 22, 40, 59

---

political pressure to admit patients to Clinical Center .....	60, 61
relationship with other institutes .....	37
research .....	47, 48
researchers .....	54, 55, 65
National Institutes of Health .....	1, 6, 9, 26, 35
Committee Management Office .....	4, 62
Eye Institute .....	2, 39
Institute of Environmental Health Sciences .....	1, 39
Lasker donates building to .....	58
Personnel Office .....	39
Newell, Guy .....	19, 20, 22, 49, 64, 68, 72
characteristics of .....	18
Newell, Sadie .....	72
Nixon, [President] Richard M. ....	36
Oxenburg, Pat .....	20
Phillips, Edith .....	6
President's Cancer Panel .....	43
Quinn, Luke .....	52, 59
Rabson, Al .....	74, 75
characteristics of .....	76
Rauscher Virus .....	41
Rauscher, Frank J. [Dick] .....	4, 15-20, 28, 36, 41, 50, 53, 64
and transition to American Cancer Society .....	21, 22
characteristics of .....	15, 16, 21, 49, 50, 61, 67, 71
Rauscher, Peg .....	71
Reasoner, Harry .....	53
research	
review and approval process .....	60

---

Rosenberg, Steve.....	2, 3, 77
characteristics of .....	3, 76
work on melanoma protocol .....	4
saccharin	
as cause of cancer.....	42, 43
Schmidt, Benno.....	52, 57
Sidney Farber Medical Institute .....	2
"Sixty Minutes" .....	52-54
and laetrile controversy.....	52-54
Stahl, Lesley.....	53
Steinbracker, Jeannette .....	7
characteristics of .....	7
Terry, Bill.....	8, 12, 15, 52-55
as chief of Immunology Branch .....	2, 9, 10
characteristics of .....	2, 55
Theater Guild [in New York].....	6
Three Mile Island .....	23, 24
Upton, Arthur.....	10, 14, 16, 18, 19, 22, 25, 28, 32, 34, 41, 64
and Three Mile Island .....	23, 24
characteristics of .....	11, 22, 23, 49, 50, 65-67
radiation expertise.....	24
Upton, Mrs. Arthur .....	72
Van Nevel, Paul .....	27, 38, 41, 43, 44, 48, 49
characteristics of .....	28
viral oncology program.....	41
viruses cancer controversy .....	41
Walkes, Phillip.....	4, 5, 7
Wallace, Mike.....	52

---

Williams, Rosemary.....	8
Yingling, Kay.....	45