

Dr. Peter V.V. Hamill Oral History Interview – JFK 1#, 11/24/1969
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Biographical Note

Dr. Hamill was an epidemiologist who worked as the medical coordinator to the Surgeon General's Advisory Committee on Smoking and Health (1962-1963). In this interview, he discusses the research on the link between smoking and cancer, the organization of the Advisory Committee, and the intensity of the smoking debate, among other issues.

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Dr. Peter V.V. Hamill– JFK #1

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Oral History Interview

with

DR. PETER V. V. HAMILL

November 24, 1969
Annapolis, Maryland

By William W. Moss

For the Oral History Program of the John F. Kennedy Library

MOSS: Why don't we start by your giving a little bit of your background and how you got into the Public Health Service and how you eventually wound up in the business of organizing the Advisory Committee to the Surgeon General on Smoking and Health?

HAMILL: Right. That's important. Keeping that title clear is important because frequently it's rather somewhat distorted to being-sometimes it's simply called "The Surgeon General's Report." That's a rather serious mistake, I think.

MOSS: Right. Go ahead. Wait a minute, Peter. Let's see if this thing is really picking it up. Yes, I think it is. Let me turn up the ...

HAMILL: Do you have a light that keeps the ...

MOSS: Yes. Well, no. There's a dial there. All right. It's doing all right now. Let's go ahead. Maybe the dial was turned down a bit.

HAMILL: As I understand, first you want to get me in relationship with the Public Health Service.

MOSS: Right. Right.

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HAMILL: I'm a career, commissioned officer in the U.S. Public Health Service with a rank of medical director, which is like a colonel. I came in the Service in March of 1955, that's fourteen and a half years. I've had specialty training in internal medicine before coming into the Public Health Service. I came in to go up to Alaska. Ever since I was little, I always wanted to go to Alaska. And I had an opportunity to play doctor up in Alaska, so I came into the Public Health Service to take care of Eskimos and Indians. At that time I was an officer in the U.S. Public Health Service on detail to the Department of Interior, Bureau of Indian Affairs.

MOSS: Oh, yes.

HAMILL: Shortly after I got up there—three or four months, in July of 1955—the whole health part of the Bureau of Indian Affairs was transferred to the U.S. Public Health Service. Health, education, I guess some kind of welfare capital program was all in the Bureau of Indian Affairs. But everything else remained in BIA [Bureau of Indian Affairs], but health was picked out and transferred by an Act of Congress. I'm quite sure it was. I'm sure it was an Act of Congress since they always had general responsibility for the U.S. Public Health Service. So I just stayed where I'd—it didn't affect me a bit. It didn't affect my activities one bit. I stayed in Alaska, oh, let's see, at that time two and a half years. And I went in to sea in the Aleutian Islands.

I'll probably end up being more analytical, but you can chop what you want. I'll try to be a little relevant because I'm leading up to my specialty, which is called epidemiology, and it's not too well understood. So, I'm kind of—it'll take a little time to get out of here.

But if I were a neurosurgeon, I could just say, "I'm a neurosurgeon," and you'd have a pretty good idea of what I mean by that, so I have to spend a little more time trying to explain what an epidemiologist is. I'm an epidemiologist in my specialty boards, rather than, say, neurosurgery, orthopedic surgery, or dermatology, or preventive medicine; that's my specialty boards. And I'm a fellow of the American College of Preventive Medicine, just like Steve Hiltabidle [Stephen B. Hiltabidle] is a fellow of the American College of Surgeons and so on.

But how I got there is a problem I want to retrace because it's somewhat relevant to the whole study on smoking. When I went up to Alaska, I was a physician; I was a people doctor. I took care of sick people, and that's what I loved. I had skill in it, and I had every intention of staying in that area. But up in Alaska it was not only that people were sicker, but there were also more sicker people. And I can very readily say environmental circumstances, the total milieu-environmental and the style of life, not just environment in the sense of cold but also as a whole style of life that contributed to an immense amount of sickness. I was rather disabused at the old idea of the, both of the noble savage and also of the healthy savage. He was a savage, but he sure as hell wasn't healthy. I also had heard somewhere.... There'd been myths that they didn't have many colds or pneumonia and didn't have cancer. That was also false—nobody looked.

But at any rate, tuberculosis was the number one big disease up there. I don't think there was a native family, Eskimo or Indian, in all of Alaska who didn't know what tuberculosis was, and usually it meant at least one person in the family had died,

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sometimes as many as three, four, five. I remember one girl I had who'd been in the san [sanatorium] for ten years. She was eighteen, and she was the last remaining member of a family of thirteen. There were ten or twelve that died with tuberculosis. So a communicable disease was not just a kind of word; it was a palpable entity.

And I got close to these people and I felt heavily involved with them, and so when that happens you start thinking in terms of how you can help them more or get involved in their problems and try to solve them a little bit or whatever you can do, sometimes solve them. But you can't solve all problems. When I first went up there I was at the main TB hospital, and we used to get people from all over the territory of Alaska, two thousand miles away, being treated there, and sometimes they'd be there for two, six, eight, ten years.

MOSS: Where was this, Fairbanks?

HAMILL: No. This was down at Sitka, Mount Edgecumbe in Sitka. And in those days this was the primary sanatorium. And then we would discharge them back to village. We gave them great care while they were there. There were several of us who had a lot of skill, but tuberculosis is a long, continuing disease, and if you'd, say, keep them for four years, give them great care and all of a sudden send them back to village, and they may not see a doctor or nurse or anything for the next fifteen years, and God knows what will happen, you know. And this bothered me a lot.

And then we developed what I started articulating as kind of... We used to have discharge conferences, and that is—well, there were two of us, primarily, who made a lot of the decisions on when a person could go home. This was rather critical in the person's life if they'd been there for three or four or five years, especially if they had a family, you know. Say there is a mother who's twenty-eight years old and they've got five kids at home and she's been in the san for four years: This is rather a significant decision on whether they stay in the san another year or whether they go home. If we send them home too early they'd break down and everything was probably for naught. They were worse than ever before and infect more people. If you kept them too long, on the other hand, that was keeping them away from their family for another six months or a year. So this was a tough decision, and as far as I was concerned, every single case was a kind of gut decision in a lot of ways. And sometimes you made mistakes and sometimes you didn't.

But I began to realize I was treating groups of people. Traditionally, medicine treats one person, one person at a time, and you also—not only the unit of one—but it's also an after the fact kind of situation. You come in kind of after the cow; you close the barn door after the cow got away. And it got a little discouraging because in those days we didn't have much help and we were always behind. We didn't have enough rooms in the hospital—excuse me, enough beds in the hospital—and we always had a waiting list of six months to a year for

the worst cases, and a lot of them, by the time we would call them in, they'd die before they came in.

And so gradually I started shifting some of my thinking from the traditional physician's rule of taking care of a person who has a structure disease to thinking back in the chain a little bit earlier on how you might prevent the disease or interrupt somewhere earlier in the chain of events and be a little more effective. In other words, a thing that we talk about much more glibly today is altering the environment in some

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way. For example, in smoking today we alter either life style or the environment by stopping smoking. Other than trying to cure lung cancer, we try to prevent it by altering something in your behavior before lung cancer occurs, or emphysema or heart disease, the other two big things associated with cigarette smoking. Put kind of gradually I started shifting more and more to treating a village rather than treating an individual.

And then I went from Alaska down to the narcotics hospital in Lexington [Kentucky], which was another rather incredible experience. And the place is always described much more like a hospital than a jail, but much more like a jail than a hospital. It was kind of a mix. Half the people, in fact, were federal prisoners there. This was quite a wild experience. And it's another form, you might say, of communicable disease because every junkie, to justify his position to himself, just like a religious fanatic, has to go out and get converts. That's the best way of justifying any kind of a strange situation. And I put up with that for nine months. It was pretty, really pretty depressing. You didn't cure anybody. Our estimates of our curing was somewhere around between two and five percent. In fact, I admitted one guy—I was chief of the admissions service—I admitted one man; it was his thirty-eighth admission to Lexington, and Lexington had only been open for eighteen years. And this was his thirty-eighth admission. Well, that's a little discouraging.

Anyway, I went back up to Alaska aboard a ship bound for the Aleutian Islands for six months, playing doctor again, this time taking care of—steamship's doctor. And also, extending a little further back again around this other traditional doctor, there's also the safety officer and kind of a little bit again in prevention, you might say, trying to anticipate certain kinds of either injuries or illnesses.

And then I took a big jump when I came back. My training and experience had been in lung disease, chest disease. And in 1958 I came down in a rather young but quite exciting and not very well structured air pollution medical program, which was kind of a funny program in those days. It still is. And that is it was reversing cart and horse, and this was a cause looking for a disease, you might say. In other words, postulating air pollution as a noxious agent, our job was to find out what diseases does it cause usually. In medicine traditionally we've always gone the other way around. We find diseases and then look to see what either the cause or precipitating factor or whatever term you want to use, what causes the disease, but this way we—after we kind of intuitively consider the cause and then look to see what the cause does. And we did some pretty exciting stuff and a lot of new ways of looking at things. This is when I started becoming an epidemiologist.

I got some formal training at the University of Michigan and down at the Communicable Disease Center in Georgia. I became the chief of epidemiologic studies and directed an excellent field study in Pennsylvania on chest disease in two towns, getting some comparative rates of chest disease and yet widely differing. The towns were similar in almost all respects except their widely differing levels of air pollution.

Now let's take quite a few.... This is very relevant to the smoking thing because this is, in a way, why I was tapped by the surgeon general or drawn into the smoke thing. I was a skilled chest physician; I was an epidemiologist, but even more important, epidemiologist in chest diseases and, specifically, my diseases of primary interest in air pollution were bronchitis and emphysema, chronic; bronchitis and emphysema, to some extent lung cancer, but primarily bronchitis and emphysema. I

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became quite knowledgeable in this area of bronchitis and emphysema on all levels, from a clinical level to a laboratory research level, developed a pretty good idea of what the current state of the art was, of both knowledge and where a lot of the missing pieces of information—what the primary gaps in knowledge were, and I think I also had some pretty good ideas of how to supply a lot of these gaps.

I left air pollution to finish my formal training at Johns Hopkins in epidemiology and preventive medicine, becoming what they call board eligible. I finished all my requirements for board—certification—and a lot of biostatistics and population genetics and the movement of diseases, behavior of diseases in populations. And when I came back from Hopkins, back to air pollution in 1962, within a few weeks after—it was rather coincidental—my coming back to Washington and air pollution with the surgeon general of the Public Health Service, Dr. Terry [Luther L. Terry], and the smoking and health study. The prime movers were the American Cancer Society, the National Tuberculosis Association, and the American Public Health Association, and the American Heart Association; those four were pushing to try to define much better the relationship between cigarette smoking or tobacco smoking, but primarily cigarette smoking and health.

MOSS: Yes. I have a couple of notes here that I should just put on the record, Peter: 1 June 1961.

HAMILL: '61?

MOSS: 1961. The presidents of the four societies you've named sent a letter to President Kennedy [John F. Kennedy] urging the formation of a presidential commission.

HAMILL: I didn't realize there was that big a lapse of time.

MOSS: ... to look into the implications of the tobacco problem. And then on 4 January 1962, the representatives of these organizations met with Surgeon General Terry and urged that more be done along these lines.

HAMILL: There had been a decision that was out of my ken, of course, but I think it was a wise decision to reject a presidential commission and refer the thing to the U.S. Public Health Service—it would get a better job.

MOSS: Okay. Now, why do you think this was a wise decision?

HAMILL: Oh, we're kind of getting right to the heart of things now. The U.S. Public Health Service, as you probably know, is, I think, historically, next to the Marine Corps, is the oldest continuing branch of a uniform service.

MOSS: Yes, they were responsible for merchant mariners.

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HAMILL: Yes, the beginning. They started off as the Marine Hospital Service in Boston to take care of primarily derelict merchant seamen who were drunks and syphilitics and so forth, usually had no family, and these ports didn't want to be burdened by them. So we started setting up the marine hospitals in seaport towns, Boston, Charleston, somewhere on Long Island and so forth. This went on for sixty, seventy years, then we addressed the problem for the first time on an extraordinary level of yellow fever epidemics. And we took on a new character then of going far beyond just merchant seamen. And the yellow fever was quite exciting, apparently, in the Mississippi River, oddly enough. There were many times that riverboats were met at towns by posses with shotguns. They just refused the landing. If they heard that there was yellow fever or somebody died, they just wouldn't let the boats land anywhere along the whole Mississippi River. So this required something higher than the state level. You know, this was getting into health on an interstate level, which obviously suggests usually something to do with the federal government. And also it required an expertise that just didn't exist, it had to be developed, and that is what we now call epidemiology and control of communicable diseases, but there was nothing yet developed. But over the years we developed this. And then in—I don't remember all the chronology; we won't go through that now.

But the Public Health Service by the early 1960s was not only one of the oldest but, I think I can say with all modesty, certainly one of the most honorable and one of the most professionally skillful branches of the entire federal government. And when I say "honorable," I mean this: They were essentially conservative in statement, in the good sense of conservative, in the sense that they almost never overstated a case. And the word of the surgeon general was almost as good as—was better than a draft on the Chase Manhattan Bank. We had an incredible history of being apolitical. And that is all extremely, extremely relevant as I see it. The thing is, it's totally changed from then to today by Mr. Johnson's [Lyndon B. Johnson] purposeful determination to, you might say, make the U.S. Public

Health Service subordinate and more responsive to the political will. I consider that a tragic decision, but until that time....

When I say we were nonresponsive to the political will, let me try to illustrate what I mean by.... We weren't indifferent to what was going on politically, no, not at all, but our decisions were based as much as possible, was almost humanly possible, on the merits of the situation rather than what political consequences or mileage could be gotten of any decision that was made. It was made in terms just like supposedly the good physician handled any case. He handles his primary responsibilities to the individual patient regardless of what's in a guy's will or what his family wants or what happens if he lives or dies. That's not the important thing. It's our relationship. He makes his decisions almost solely on the basis of as he sees it in all of his both technical skill and professional wisdom, as how he conceives what is best for the patient, that particular patient, and let the chips fall where they may. So the U.S. Public Health Service for 170 years was almost totally run by physicians. Most of the physicians had been clinicians. They kept this attitude of integrity towards the patient. The patient was the larger patient in kind of our—all the people of America, the United States, but trying to keep that same kind of relationship on this total population rather than the single case, but almost the sanctity of the doctor-patient relationship. That was always sacred, and the violation for any kind of perversion, for any kind of mileage was, well, almost a sacrilege in the sense that anybody who knew about it in the Public Health Service would incur nothing but

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contempt for that kind of person who did that kind of thing, whether he be the surgeon general or the chief of a hospital or whatever he was anywhere in the Public Health Service. The integrity went all the way from the youngest guy to the surgeon general.

The surgeon general was chosen as a career professional officer, by law. You might say that one way of looking at him, he was the chief physician of the U.S. Public Health Service. He was supposedly a skilled, accomplished man. He was the chief administrator. He, in fact, did run things, but also he was the rallying symbol and the symbolic mouthpiece too. He was on several levels of being a leader. I have since learned with the emasculation of the Public Health Service just—I've learned much more about the Public Health Service since we've kind of lost it, and this happens so many times I think I can see just what we've lost. The surgeon general's probably chief skill within the Public Health Service was to mobilize resources. His chief skill in relationship outside of the Public Health Service was, as I see it, to be this wise and authoritative spokesman, this completely clean spokesman. If a surgeon general made a statement about, say, a vaccine.... We have some problems in the polio vaccine.

MOSS: Yes, the Salk business, right.

HAMILL: Yeah. Yeah. The Cutter Labs [Cutter Laboratories], and there were some serious problems. When the surgeon general made some statements, nobody wasted their effort or time by saying, "I wonder what he meant by that. I

wonder what he's going to gain by this." You didn't look for hidden meanings. Nobody did, either in the medical profession or even the pharmaceutical industries or even the politicians. They would—by that I meant the congressmen—they all knew that he was calling it as a professional man. He wasn't trying to get any political mileage out of anything. Let the chips fall where they may. If he stated a thing was a danger, it wasn't to punish any kind of an industry or any kind of a group of people, it was simply he considered it in his best professional judgment a danger.

If he... I'll be more specific. If he stated if in fact air pollution was a significant danger to health, he didn't say that because he was trying to increase federal control or involvement in any kind of municipal or state relationships, or several big lobbies that we used to deal with were the petroleum industry and the soft coal—they both had very well organized lobbies—it wasn't to retaliate against them for anything. If he did say that it was simply because as a physician, as a public health physician, integrating all the best information he could get, all the best sources, he would've judged this to be a menace to health, regardless of its social, political, or economic consequences, totally independent of that. Now, this was extremely relevant to the smoking story, obviously.

Now, this immediately has two important sides to it. One is the outside people. The people who were accustomed to use or be consumers of the U.S. Public Health Service's pronouncements had a trust and belief in the U.S. Public Health Service. In a way that's—the best kind of a person to resolve some kind of a dispute is somebody that everybody involved can accept as the impartial judge, the company—impartial judge, both a skilled judge, a technically skilled judge, and impartial. That's a good combination.

Within the Public Health Service, because of a kind of a mutual trust and not much skullduggery, the same kind of trust or faith could operate within the Service in

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a sense of tackling a difficult job in all good faith, which makes a lot of difference on how you operate. If you have to watch out around every corner for being blitzed on your blind side, that decreases your efficiency greatly if you have to keep covering your flanks all the time. But traditionally, when it was an important thing, you didn't have to worry about that. Also, he could get the best people.

MOSS: Yes. Let me interject a question here. Do you think that this made Public Health Service people generally politically naive because they hadn't had the experience with it?

HAMILL: No. No. Not at all. In fact, we were rather...

MOSS: Hypersensitive to political pressure?

HAMILL: Yeah. Yeah. Not to ignore it—but avoid it.

MOSS: Okay.

HAMILL: In other words, in order to remain clean, you had to be—you couldn't be naive because you had to know what you were avoiding, and that's the only way you can really remain clean. Naiveté is certainly no defense against anything as far as I can see. And to know exactly where the possible political pressures might be coming from and why was important, to know this so you could say—or either build your defense or just say, "To hell with them." Otherwise, the nature of political pressures could be insidious to kind of persuade you; if you don't know what's operating, you can be persuaded without your knowing you're being persuaded.

MOSS: This is all very interesting because it impinges on the very touchy relationship of the scientific advisor to the political leader.

HAMILL: Right. Right. Yes. Right. Now, smoking, the whole problem of smoking is a rather remarkable problem, a health related problem.

MOSS: Let me back up just a second before you get started and let me get something that I was thinking about earlier; that is, you said that it was decided that the Public Health Service should...

HAMILL: Would handle all the presidential commission.

MOSS: Who made this decision?

HAMILL: That part I do not know.

MOSS: Okay.

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HAMILL: That part I do not know. This was made prior to my involvement, and I never quite....I had some inklings....Do you want me to try to do some guessing or what? I really don't know.

MOSS: Yes. Go ahead...

HAMILL: I don't even have....I don't even have some good guesses on this.

MOSS: Okay. We'll....Just as a...

HAMILL: I have some guesses but not good guesses.

MOSS: Okay. Just as a reminder...

HAMILL: We may come back to this later, but let's skip over on this now, this one.

MOSS: Oh, okay, we'll come back to it.

HAMILL: Because I'd like to guess on some other things.

MOSS: Okay.

HAMILL: Lots of other things. Let's just say the decision was made before I had any involvement. It was prior to me; two things; both chronologically prior and also, you might say, administratively or administrative level prior to me.

MOSS: Okay. Let me fix one thing here then again. What is the date of your involvement—approximately, give or take....

HAMILL: July first, 1962.

MOSS: Okay. There are problems.

HAMILL: Right. Right.

MOSS: All right. And exactly....

HAMILL: I know an important figure in this is....I know that Dr. Kenneth Endicott, who is the director of the National Cancer Institute and he has been for, oh gee, I guess ten years now, and he was definitely one of the most, I'd term, powerful men in the Public Health Service, had a lot to do with this decision. He had a lot to do with the surgeon general on several levels....Pardon me, I do know I know this. I don't know exactly how much he had to do, but I know he had a lot to do with it. One, he had a great deal to do with the fact that the U.S. Public Health Service handled this question at all rather than to go over it or just kind of buck it to somebody else. I also suspect he had a lot to do with taking it or diverting it from

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a possible presidential commission, which frankly, most presidential commissions on health usually stink. I don't care if they get big glossy names, but just like next week we're getting the presidential, what are they calling it—White House Conference on Nutrition?

MOSS: Yes.

HAMILL: And this....Some people asked, "Why isn't anyone involved until now?" Three months ago they said, "Don't waste your time getting stuff too—don't make the data too good because everybody's going to ignore it anyway. They don't

want the data to interfere with their prior conclusions anyway."

MOSS: And they tend to be platitudinous, too.

HAMILL: They sure as hell do, and they've usually written most of the conclusions before they ever started. Now, Ken Endicott had a lot that—he had both the.... I know he wanted to do it, and he also—I know he had the political influence to divert this from being a presidential commission to the U.S. Public Health Service.

MOSS: All right. Now, how did he have such political influence?

HAMILL: Well, this kind of goes back to Laetril [a cancer cure] and Dr. Andrew Ivy, Illinois. He also had a lot of backing in Congress—I'll have to stop.

MOSS: Okay. We'll have to kind of pick at that question later.

HAMILL: The Public Health Service was very interesting in its last fifteen—from the war on to 1960, its last fifteen, its almost twenty years of its existence. The surgeon general was the chief professional officer, but we had a lot of what people called "feudal barons." I liked that system, frankly, in the Public Health Service. It gave a diffusion of power and authority, and if you didn't like one guy's style, you could always find somebody in the Public Health Service who wedded the combination of skill and power—you'd always find somebody whose style you liked. And Ken Endicott was one of the real feudal barons.

And ever since the days of Dr. Tom Parran [Thomas Parran, Jr.]—who I'll be mentioning again when I talk specifically about Dr. Terry—Dr. Parran, most people consider, or a lot of people consider, the best surgeon general we ever had. He was certainly the most vivid we ever had. He was the one who brought, so called brought syphilis from under wraps and brought it out into the—the whole problem of syphilis—and brought it out of the Victorian Age where you couldn't even mention it, the word syphilis, to.... He started making speeches on the radio, and that was our first real big health program that also had social implication and social involvement. This started back in the thirties. Parran was a powerful man, but he still had—there were still some feudal barons under him, Parran.

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But since Parran's time—the next surgeon general was Leonard Scheele, who was surgeon general for eight years, who was not the strongest surgeon general, and the feudal baronies really got going under Leonard Scheele. But much more he was not a strong personality. I'm not saying feudal barons in a pejorative sense at all. As I say, I think they're actually kind of a real source of power. Primarily to the outside world we had a unified voice, and that was the surgeon general. This was important. This was very important. But with them we would have various councils.

Now, a lot of these men like Jim Shannon [James A. Shannon], great director of NIH, who had Lister Hill and...

MOSS: Fogarty [John E. Fogarty]?

HAMILL: ... Dan Fogarty, his really close friends, he didn't go through the surgeon general, he didn't do through anybody, he went directly to Dan Fogarty and Lister Hill when he wanted something. So does Ken Endicott. So has he always done, and he always will as long as he's around. He has his own support. They were two barons. They had their own base of authority and power independent of the king.

It meant several things: They couldn't be intimidated, and the king—if I'm using this imagery for a minute—the surgeon general had to actually make some kinds of deals with them, sharing power. He had to reckon with this authority because there's another unique thing in the budget of the U.S. Public Health Service. The surgeon general never had any money of his own. He never had any program of his own, all the money was located in the different programs. For example, Ken Endicott at cancer [inaudible] had millions of dollars at his disposal, and Luther Terry, except for running the immediate office of surgeon general, very damn little, very little, very little resources, and very little money of his own. He could call on moneys, but if a guy had a large base of authority and really didn't want to give him the money and resources, I'm really not quite sure—and you really want to stand up to him, if it came down to a clash—I'm not quite sure what the surgeon general could do. Oh, he could probably remove him, but when you say "could," that would have been easier said than done, too. But anyway, I'm digressing a little bit on the—let's see, where did I digress?

MOSS: Well, let me go back to a couple of things here now.

HAMILL: I said I want to digress. I haven't finished my picture at all, I got rattled. All I was trying to get across—a diffusion of power.

MOSS: You were talking about the diffusion ...

HAMILL: Of authority.

MOSS: ...of authority, right. And I think...

HAMILL: But it was a specific point. Why did I...

MOSS: ... this was why Endicott had the power to call it a—to push through

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his...

HAMILL: Right. Oh, you said, "What was the source of power," right?

MOSS: Right.

HAMILL: What was the source of power? Yeah. Yeah. I can give; you a little bit of a story about it to illustrate a source of power. Senator Douglas [Paul H. Douglas] of Illinois was a rather powerful senator back in 1960, '61, '62. This was when Ken Endicott was out after the Krebiozen [a new magical cancer cure] people. I was in his office. Some of these things I may, you know—let me ask, some parts of this thing I may want to be set aside. Can there be certain things I—can we go over the whole thing later on at some point and say certain things might better be set aside, or what are the ground rules on this?

MOSS: All right. The ground rules are that you can set any limitations that you want.

HAMILL: On specific parts or the whole thing or what?

MOSS: Preferably on the whole thing because it makes it administratively simpler. It's not necessary.

HAMILL: It might make a difference on what I say and what I don't say.

MOSS: You can designate specific parts to be held out, but administratively for us, it makes it simpler if you apply to the whole thing the most strict control that you would apply to any part of it.

HAMILL: Well, then I'll do a little bit of self-editing because I don't think I want to restrict my whole thing very much, so something like this, I'll edit a little bit this. I'll just say that he more or less told.... Andrew Ivy, the venerable [inaudible] liver researcher and college friend, had a lot of support in the state of Illinois to present the Krebiozen people. Ken Endicott had been—I mean, scientifically it looked like we had a case for quite a number of years. Endicott had been very patient in trying to handle the thing fairly delicately. He had reached the point of getting a federal judge in Illinois to issue—it was some kind of an injunction against Ivy and the two brothers, I can't remember their specific names, they were Yugoslavians or whatever they were, the makers of Krebiozen.

Senator Douglas tried to—this can go on the record—he tried to intercede on the Ivy behalf. And it got Endicott strong enough to literally tell them to go to hell, which he did. In fact, in his way Douglas wanted to have lunch with him, and he just said, "No." "No," just as simple as that, "No, I don't want to. I'm not going to." I guess that's clean enough. I won't.... This I know I'm on completely solid ground because I was right there when this happened. Endicott is not a foolish man. It suggests several things: both that he was on very solid ground on his Krebiozen situation, which later proved certainly he was.

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MOSS: Technically.

HAMILL: Technically. And also it suggested that he had enough outside support in Congress to, you might say, protect him from a congressman's, an irate congressman's retribution, or also the surgeon general's retribution. I mean, he had a kind of immunity which Jim Shannon, Director NIH, usually enjoyed. Most people that's public knowledge that Jim Shannon more or less enjoyed for his twenty years or nineteen years, whatever, eighteen or :nineteen years. Now, in a lot of ways, I always considered this strength. If you got a good man, these are real strengths. I always like to see anything run with really good men as independent as possible, and that's what a lot of these Jim Shannon did, Ken Endicott, and quite a number of others.

Endicott was—I'm quite sure I'm safe, I'm fair in saying—was probably the prime mover in getting the Public Health Service, getting the surgeon general to, you might say, take on the smoking study and go along with the request of the presidents of the four agencies that you mentioned that started off more than a year ago in requesting some kind of federal government or agriculture activity on a very high level. Now, he was the most important man in this, up until the time I came aboard, he was the most important man.

Now, I can take two different kinds of tacks. Let me ask you what your choice is. One is not only to describe a little bit the way I viewed Luther Terry as surgeon general—it can be now or later, some other time later, but it's extremely crucial in the whole thing because it's important in his relationship to Ken Endicott because he'd not been surgeon general for long. Let's see, he'd been surgeon general for just about a year, which makes a lot of difference. That isn't a very long time to get to know the ropes, and he wasn't what I'll call a real pro anyway, which makes a lot of difference, too. By personality, by sources of real power, and by experience, Ken Endicott was a much more powerful man than Luther Terry was. Now...

MOSS: And what was the other tack you mentioned?

HAMILL: The other tack is—because I figure the other tack for right now is digression.... The inexorability of a tape recorder just kind of, it...

MOSS: Yeah, it frightens.

HAMILL: ... it kind of puts a block in my way.

MOSS: It does. It does.

HAMILL: When you don't come up with a....

MOSS: Don't worry about it, though. Just...

HAMILL: This was—let's see, it was coming up to the study, was Luther Terry as an individual and surgeon general....

MOSS: You're talking about Endicott and how the whole thing got started.

HAMILL: Endicott and relationship to the other people....What was the other point? It was—oh yeah. I know it. The other diversion is describing the tobacco problem. By that I don't mean just technical, I mean putting it in its full picture of its social, political, economic, and scientific complexities and consequences.

MOSS: Okay. Let's take the Terry bit first since I've got a little bit of tape left, and then we'll flip the tape and get on to the others.

HAMILL: Because the others are going to be longer. That'll be long.

MOSS: Okay. Okay. I'll make a note of it.

HAMILL: Now, the part on Terry. How much do.... I guess I'll have to use my reason judgment as—I don't think he was the best surgeon general in the Public Health Service. I'll be groping a little bit as to how much to say and how much not to say. I'll do some editing.

MOSS: Right. Let me begin by mentioning the fact that his full name was Luther Leonidas ...

HAMILL: ... Terry.

MOSS: Terry.

HAMILL: And Lister Hill's father's name was Luther Leonidas Hill. And Lister Hill's father was in practice of medicine with Luther Terry's father. They were partners, and Luther Terry was the namesake and godson of Lister Hill's father. Now, I was certainly, rank-wise, way down in the middle somewhere, so at the time the exalted position of surgeon general was kind of way, way up somewhere, but I heard a lot of things, and in retrospect, I know what was good and what was not good. I don't think this is prejudicial, I think this is factual. On this part—let me go ahead on this and then just request that you and I sit down at some time to go over what I say about Terry himself because it might make a difference on what I want edited there. But let me shoot now. Let me shoot ...

MOSS: All right. Go ahead.

HAMILL: ... on my assessment of Terry. The best betting odds were if you rate the people in kind-of the senior officers who would've been likely to have been chosen surgeon general, I would say Luther Terry would've ranked probably fiftieth or sixtieth in the list of senior officers. Not that he was stupid; he wasn't. He was a

well trained internist, primarily heart disease. He had no formal training in public health, and frankly, I don't think he had much skill in it, either. He was not a good administrator. He had very little experience in it. Also, I don't think he had much ability in it, either. I think he was probably an honest man, I think a good doctor, definitely a good doctor. I think most people, even his closest friends,

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would've admitted that if it weren't for Lister Hill being the most powerful man in the Senate in health affairs, he wouldn't have stood a chance of a snowball in hell of being surgeon general.

There was also a little bit of bitterness involved. On a political level, I do know factually several things: One Leroy Burney, who had been the surgeon general and spent four years—he was a Republican. He was a superb administrator, a real pro. He was not a warm personality, but he was a real pro. And he was not only a professional administrator, he was a real professional in the field of public health. When his four years for his appointment was up in spring of 1961, shortly after Kennedy was inaugurated, I do know that old Tom Parran, who was still alive, surgeon general 1936-48 and got to know him because he's local, who was a very staunch Democrat and a very political person, almost pleaded—he was asked for his advice—he almost pleaded to have Leroy Burney reappointed for a second term for several reasons: One is he thought he was a damn good surgeon general and that it takes him more than four years to really get good things going. This was just on a kind of the professional level.

The other was, it was our old way of thinking. Even though Parran, whom I know as a person fairly well—I know a lot about him. I know his son who is director of alumni affairs at St. John's [College, Annapolis]. I've known young Tom Parran for seven or eight years. I know quite a bit about old Tom Parran. He was a real political being, and he had great political instincts. He was a gut thinker. But when it came to the surgeon general of the U.S. Public Health Service, one of his other important things was—even apart from the incumbent himself, Leroy Burney—was to try to get the term of the surgeon general out of phase of presidential elections. He suggested a compromise was, "Okay, appoint them for a couple of years rather than the usual four years so that his term ends up about two years, halfway between presidential elections," the point being to try to keep the tradition not just for the tradition's sake but, as I tried to point out earlier, the, I consider the tremendous merits, trying to keep the surgeon general being as apolitical an appointment as possible, independent of politics, and, primarily, having the best professional public health physician in America being the surgeon general.

This advice, obviously, was ignored. There was some other Democratic, and strongly Democratic, high level public health men who pleaded the same situation. Parran, I know absolutely, I know definitely about, but, as I say, for various reasons his advice was ignored. So the very frankly political appointment of Luther Terry was made. It was—as I say some of these things I'll have to edit—it was almost a laugh, really. Really, it was almost embarrassing to start with. For quite a few people it was, "Who the hell is Luther Terry?" I mean, old-timers with the Public Health Service, "Who the hell is Luther Terry," literally,

he's just a good cardiologist, riot just figuratively. But of the people who knew him, it was even a little bit of a bitter laugh. He went quietly and slowly, Terry did, because frankly, he didn't know anything about the job, literally.

More to give you background, one of the really sharp guys, the assistant surgeon general, retired. He was eligible for retirement. He just couldn't hack it any more, and he retired. I think that's about what I'll say about him right now; I got more to say about him later.

MOSS: Let me take the break here since we're just about out of tape.

[-15-]

[BEGIN SIDE II TAPE I]

MOSS: Right. You had said you wanted, you had two tacks. One was Terry and you talked about him a bit, and the other one was the whole context of the tobacco problem. Let me put something in here very quickly: Some of this is from the introduction to the report itself. It traces the origins back to early 1954 with the creation of the Tobacco Industry Research Committee to research questions of tobacco use and health, and then in June 1956 the surgeon general—this would have been Burney—in '56 instigated a scientific study group which talked about or studied existing studies, reassessed existing studies. And then later in '57, Burney issued a statement in which he concluded that excessive smoking was indicated as one of the causative factors in lung cancer. Okay, now you take what you can add to that simple statement.

HAMILL: Now first, I'll just amplify on the technical level. As far as—the technical judgment of what is the relationship between tobacco smoking and its health consequences has been up in the air ...

MOSS: Since the 17th century.

HAMILL: ... yes. There'd been argument back and forth. Very little reliable information available until, really, 1950 when Graham, Evarts Graham, and Ernst Wynder at St. Louis University by—Graham was a great thoracic surgeon—studying pathology specimens of lung cancer, definitely noticed that of the cases of lung cancer there was a much higher proportion of heavy cigarette smokers who had lung cancer than of people who didn't smoke. In fact if I recall in the original reports, they stated they never came across a case of lung cancer in a person who never had smoked in their life. They are relatively rare—but certainly occur. Prior to that for, oh, thirty or forty years there were occasional remarks by people of—they were by physicians. They were half-some of them were moralistic; some of them were very, very kind of scant evidence. A big name, Alton Ochsner of the famed Ochsner Clinic in New Orleans, had been claiming very loudly since the 1930's that cigarette smoking was a rank evil. He was an excellent, splendid physician, excellent surgeon, but he was a miserable epidemiologist. He happened to be kind of right in

his general conclusions, but for the wrong reasons. He wrote several books, several small books supporting his case that tobacco smoking was injurious, and, as I say, he happened to be right mostly in his conclusions but for all the wrong reasons. I mean, the level of inference making was absolutely abominable, and so was the quality of data. And if you'd practiced medicine on that level, you'd have been sued for malpractice and thrown out of the medical society, fired from practice in less than a month. It was so outrageous and that [inaudible] so that really doesn't count scientifically.

The scientific debate really started with Graham and Wynder. Shortly after Graham and Wynder, Doll and Hill started publishing good data from English doctors, Sir Richard Doll, and Sir Austin Bradford Hill, two excellent, very—well trained men, both in England, Doll a physician and Hill a premier [inaudible], found a much higher relationship, association in lung cancer with smokers against nonsmokers. And this

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kind of opened the flood gates. The American Cancer Society with.... Damn machine [inaudible].

MOSS: Don't sweat it. Just forget it. Just forget the machine. It'll run, and it won't make any difference.

HAMILL: Horn [Daniel Horn] and—Horn's a secondary one.

MOSS: It doesn't matter. Remember, you can always add the note to the transcript in writing if you have to.

HAMILL: Okay. The American Cancer Society followed Cuyler Hammond. E. Cuyler Hammond started his series of studies which went on—are still going on, this is sixteen, seventeen years later. And now, most of these early studies are what we call "retrospective" in establishing—you start from today and say, "This person has lung cancer," and go back. They're efficient but limited in associative power.

MOSS: This is inquiring of the individual or of his medical records what his symptoms, et cetera, are?

HAMILL: Whether he was a smoker and so forth and so on.

MOSS: Right. As opposed to a control group where you start...

HAMILL: Which is so-called "prospective." Much more powerful.

MOSS: Right.

HAMILL: Yes. Okay, you see all that. This is a very important distinction. But these associations were very strong; retrospective or no, they were very strong. And by 1957 when Burney made his pronouncement, his pronouncement was in the good tradition of Public Health Service. If it was to err, it was to err a little bit on the conservative side. This was always purposeful and understood by all consumers. It wasn't that he was stupid or—you know, that's the way we always, that's the way physicians always handle their patients, always. The relationship in retrospective studies was fairly impressive, but there were quite a number of very significant questions that were unresolvable on whether it was in fact a true causal relationship.

Now, several very prestigious and wonderfully accomplished men, the chief amongst them being Sir Ronald Fisher [Sir Ronald A. Fisher] who almost invented modern biostatistics, did not believe in a causal relationship. He believed, impressive as it might be, that it was a spurious association, that there was a third underlying factor. He granted the association, cigarette smokers and lung cancer, but that this was simply a labeling phenomenon or tagging phenomenon and that smokers were also different in other ways, either genetically determined, constitutionally determined. This is the heart of the whole argument. There was some constitutional predisposition that both why a person elected to become a heavy smoker and also that

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same kind of person developed lung cancer, that even if that person quit smoking, they would still get lung cancer—but that had no real causal relationship.

MOSS: Plausible sounding sort of thing.

HAMILL: We have a lot of history in epidemiology of having spurious strong associations that truly were not causal, can be fooled by sampling and all kinds of problems. The strongest advocate, the most, let's say, let me use the term the most outspoken, and I'll use the term, what's a good term?—accomplished in America was Joseph Berkson [Joseph V. Berkson], the great biostatistician at the Mayo Clinic, who also went along on the Fisher thing that this was not at all a causal relationship. Now Berkson was a very contentious guy, and some people accused him of taking this point of view simply because he liked to fight, and I'm still not convinced today that that's not the case.

MOSS: He's just sort of playing devil's advocate.

HAMILL: Right, and really loving it. And he would get into real fights; I mean he would goad people at meetings. And he served a damn good function, regardless of what his motives were. But he got very tiresome. I'm not sure if anybody knows besides Joe Berkson what his real motives were, but he used to bully Cuyler Hammond of the American Cancer Society. He used to drive him up a wall. In short, he loved it. Fortunately for us we executed a plan to avoid his haranguing us.

MOSS: Just parenthetically, I have a note here from the New York Times, 19 January 1960: "Dr. Berkson says surveys regarding smoking and cancer ignore other diseases. Dr. Hammond agrees." [Laughter]

HAMILL: Yes. Joe Berkson's chief thing in this other disease—let me tear it down a little bit.

MOSS: All right.

HAMILL: He invoked the principles of occam's razor in which if a reputed cause on examination then starts causing all kinds of diseases., then you'd better be suspicious. Frankly, this interview is six years later after our report, and I would say in all modesty I was very accomplished in technically judging this whole problem. But this still bothers me a little bit today, the occam's razor principle. The fact that smoking is not just associated with lung cancer, heart disease, and emphysema are our big three, but also kidney disease and many other things, still bothers me today. And I had to really worry about.... We have searched and searched and researched the sampling biases and all kinds of pitfalls. I don't think we've run into any major ones, but I'll be damned if I'm still not uncomfortable on this principle. The razor is getting dull.

MOSS: Because there seem to be so many results...

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HAMILL: Right.

MOSS: ...that can be traced to this cause at least on the premises that the reports....

HAMILL: And depending on how technical we want to get in this discussion, it's not only a wide number, but also it's invoking.... Well, see, as of today, I'll use the term, any reasonable man who is skilled in this area—the betting odds are that the causal relationship between smoking and lung cancer is probably, I'd say, a thousand to one. But he'd still be wrong. But it's probably far less than the thousand to one that we've overlooked some peculiar thing or that....

There's another issue, and that is possibly he may have been deceived before in his thinking—his various solipsisms, all kinds of philosophical systems—and possibly our whole vaunted, modern, scientific inference-making mechanism may be wrong. But I'm staking my life and we're staking our entire culture; on the basis that it's not inherently wrong. I don't mean just making distinctions; I'm talking about the entire system of skillful inference making.

MOSS: You mean the perspective of the scientific method.

HAMILL: It may be wrong. It may be a grand trick that God's playing on all of us. That's possible. Now, I philosophically—if He is, then He's doing it maliciously. I mean, I've lived with certain kinds of things. [Laughter] I won't go into this right now. But we used to entertain this on the smoking study. We used to talk about all this.

MOSS: That's interesting that you'd get into this kind of thing....

HAMILL: Oh, by God, we did. Oh, yes. Now, on—I'll revise that—lung cancer, ten thousand to one; emphysema, a causal relationship in some people, probably a thousand to one that, yes, there is a causal relationship with excessive cigarette smoking and at least the severe effects—I will not necessarily say the initiation of the disease of emphysema, but at least....

MOSS: The deprivation.

HAMILL: Yes. Yes, definitely. There are a lot of different possibilities; one is initiation; one is something else initiated, it makes it worse, and so forth; or it acts in concert with something else. Let me put it another way: Without—these people I'm talking about in emphysema, if they didn't smoke, they wouldn't have died from emphysema; that's what I'm saying.

MOSS: Okay.

HAMILL: Okay.

MOSS: Okay.

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HAMILL: Yeah.

MOSS: Like an asthmatic would be aggravated by smoking.

HAMILL: Right. Okay. Yep. That's probably a thousand to one. Heart disease, probably still, as far as I'm concerned, fifty-fifty, whether there's a causal.... As far as an association, there's no question about that, a statistical association; that is, if you are a heavy cigarette smoker you have 1.5—those are our best data—but 1.5 chance of dying of coronary heart disease than if you don't smoke cigarettes.

Now, this is the area that Fisher may be correct on the whole constitutional hypothesis for a lot of reasons. First, it's more plausible, the personality types; in other words, the hard-driver type who is the coronary prone type who is also the smoker and so forth. Also, some of us suspected mechanisms, and this was what I was getting at. The associations, and that is on the epidemiologic level, not only the associations, but also ruling out all other possible explanations, the big picture—I quoted the odds.

What did the specific mediating mechanisms do [inaudible] step by step, we don't know for any of three. But probably—let's say they're all correct, that it does in fact cause lung cancer, it does in fact cause emphysema, and does in fact cause heart disease probably the three mechanisms, strangely enough, are all different in that they're all mediated through different properties of tobacco smoke. One, on the lung cancer, my guess is that it's mediated as a specific chemical carcinogen, by that I mean the so-called aromatic hydrocarbons that are contained in cigarette smoke. We do not know—well, we have a lot of steps of inference—we do know absolutely that chemicals can produce cancer both in laboratory animals and in human beings. We do know that categorically. We know benzoapyrene and quite a number of other aromatic hydrocarbons, benzene rings....

In human beings, historically, the so-called scrotal cancer amongst chimney sweeps is one of the first clues. This was back in the 1700s, this was known about, and that is the little boys who were the chimney sweeps very frequently developed and died of skin cancer of the scrotum. We're quite certain it was the impregnation of the carbon breakdown products in the chimney that they were just saturated with. They never bathed or anything for years and years. Some particles intruded themselves—this is the part we still don't know all the mechanisms—intruded themselves inside of the nucleus of cells—I can do some more guessing, but we won't go that far—inside of the cells produced, probably produced chemical mutations...

MOSS: Of the cell itself?

HAMILL: ...of the nucleus. Some just died off, but out of the thousands of mutations it produced, one or two became cancerous and self-replicating and then you started your whole cancerous process. This is what I'm guessing on cigarette smoking and lung cancer; this is what I'm guessing as the specific mechanism. It's probably riding in—we know quite a bit about particle inhalations—probably riding in and injects a particle, and it's absorbed on the surface of the particle, this specific chemical. It gets right inside of the nucleus of some of the cells lining the bronchus, causing the certain mutations and quite often causing cancer.

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I can go on. I could develop this, but I don't think this will be, as to why or different kinds of elements.

MOSS: Let me ask one question here, Peter, and that is, how much of this technical material is available, say, in printed form?

HAMILL: It's almost all available, but scattered.

MOSS: All right.

HAMILL: A good part of it is in the report.

MOSS: Is in the report. This is my understanding, so that a lot of this we can more or less forego, since it is available.

HAMILL: We purposely wrote the report in a, you might say, an "onion skin way," and that is, we started off with a summary paragraph. We enlarged that to several pages. Then we enlarged that to about a couple of chapters. Then we went back and went into much detail, enlarging and enlarging more detail but essentially saying the same thing, you might say amplifying the same statements and giving more detail and more backing-up.

MOSS: Right. Okay.

HAMILL: Okay. So it's all available. But every step is not known. What I'm getting at is mechanisms. In emphysema it could conceivably be the specific chemical causing an alteration in your basic tissue of the lung, but I think, I suspect that it is probably chemically nonspecific and due to the physical properties of the particle size of smoke, just the physical particle of smoke, which is important. This has important factual consequences. If it's chemical, you might be able to filter those chemicals out or get other chemicals that aren't quite as carcinogenic; carcinogenic meaning cancer producing. Okay?

MOSS: Right.

HAMILL: In lung cancer I foresee a possibility of some kinds of filters being produced that if it's chemical, they may be able to do something about that, and you still can smoke.

MOSS: Or some kind of treatment of the tobacco that would....

HAMILL: Right. Alter, chemically alter. In emphysema, I don't think it's chemical; as I say, I think it's a physical particle. If that is the case, there's not a damn thing you can ever do about emphysema. As long as you got smoke, you've got particles. Smoke is a suspension of...

MOSS: Of solid in...

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HAMILL: ... in a gaseous phase, solids within a gaseous phase. That's what smoke is, so you got to have particles. The only possibility could be of altering the particle size. One way of looking at it, God kind of conspired against us cigarette smokers to make things kind of bad for us, and that is there is an optimal size of particles that get deep down in the lung. If they're too big, they get trapped along the tracheo-bronchial tree. First they settle out, and then they get trapped along the way. If they're too small then they're

perpetually in what we call "bounding in motion." They never settle out, and they'll get expired again in the air. There is an optimal size about .5 to 1 microns in size that settle in the deepest layers in the alveoli—that's the deepest layers of the lungs—I mean settle and absorb there. We know that. Unfortunately, in smoke you have a distribution of sizes, but the modal size and far away the modal size for tobacco smoke is .5 to 1 microns. It's the same size that gets deeply imbedded in the lung. This is kind of an unfortunate thing in health. It would be a possibility—I don't know what it would do to the taste or anything like that of possibly altering combustion such that you have a different particle size, which then could make a difference in ultimate deposition in the deep tissues.

MOSS: I'm just going to say, if it was the size that's always suspended, you'd almost have....

HAMILL: Right, either small or larger, one or the other. And you may end up with good smoke, I mean, from the smoker's standpoint it's still good smoke. I don't know. But now heart disease, if in fact it's heart disease, is probably neither one of these things operating. It is probably something to do with the nicotine, and there are about three or four possibilities on the nicotine. What I am saying is that here is one agent, cigarette smoke, that's inhaled. We have to postulate several things. Inhalation is important; we know that. And that jumps to another thing, is probably why cigarettes are much worse than pipes or tobacco or cigars.

MOSS: Yes, but even a cigar smoker or a pipe smoker inhales some amount.

HAMILL: Not as deeply as a cigarette smoker.

MOSS: Not as deeply, right.

HAMILL: When I smoked cigarettes, I used to inhale them down to my toes. That was part of the kick of—you just felt it all the way down. And now that I smoke just one or two cigars a day, I just very, very lightly inhale it. The remarkable thing is the same agent is probably operating in at least—it's a single agent, the inhalation of cigarette tobacco smoke, but it's probably at least three different properties...

MOSS: Of the smoke?

HAMILL: ... of the smoke that are causing three different kinds of things. Now this is important in this whole concept of Occam's razor and multi-factorial diseases, the whole shotgun causation. And there may be other

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kinds of things operating the same way. It still bothers me, though, today, to have a single agent operating in a lot of different ways.

MOSS: Yes. Even if the general agent, cigarette smoke, has a multitude of component agents ...

HAMILL: Now ...

MOSS: ... now what more.

HAMILL: ... the critical pieces....Yeah, when we—Bumey in 1957, the Public Health Service, could not, of the data available, could not have gone much further than their statement.

MOSS: Which was to say that it's one of the causative factors.

HAMILL: For the important reason there were no major prospective studies yet done.

MOSS: It was all retrospective.

HAMILL: Right.

MOSS: Okay.

HAMILL: In 1962 when we started, the American Cancer Society and Harold Dorn of the U.S. Public Health Service—in another study, the greatest of the studies, started amongst veterans—had both started prospective studies some years before, and they were both coming close to fruition in 1960. We had every reason to believe the results of that report; we knew that they were going to be ready within the next six months or a year, so we knew we were going to have good prospective studies available before we rendered a decision. We had, in other words, the analogy to—I guess, I'm not a lawyer—to a legal case. There was reason to reopen the case, professional reasons, not just political or economic but professional reason. It looked like there was significant new evidence available already and certainly promised to be in the very near future. Okay? In other words, we found new witnesses as it were. Okay.

Now, together with the technical complexities—and there were really immense technical complexities—there were the obvious economic complexities of the, I guess, six states. I can't be, I mean, well, any of my statements on here will be kind of loose about the famous six tobacco states with a very important part of their revenue is derived from tobacco. Another extremely important thing is, if I recall the data of 1962, I forget how many millions of dollars of tax revenues are derived from taxing tobaccos. There aren't very many people who, as we know....Look, there are very few legislators anywhere who like to give up sources of tax revenue. There are the very, very powerful tobacco interests. By that I mean the commercial interests—the American Tobacco Company, P. Lorillard, Liggett-Myers and so forth—were not to be sneezed at, at all.

MOSS: Right. Let me parenthetically put in here, on 23 May 1962, in a press conference, President Kennedy was asked what the government was doing about the smoking problem, and he answered that "That matter is sensitive enough and the stock market is in sufficient difficulty without my giving you an answer which I don't have, and therefore, perhaps we could. . . ." He stopped and then said, "I'll be glad to respond to that question in more detail next week."

HAMILL: Beautiful. In all honesty, he couldn't have made a better kind of reply. It was a sensitive question, and he didn't have the answers, he himself didn't, and neither did his chief professional advisors. If they're really honest, could not on that day have given him really a firm advice to say, This is what you ought to say. They couldn't do it in all honesty. There was still enough, at that time, professional—on a high level of the best people—argument at that time.

There's one other real sneaky part of this whole thing that people downplay. They usually kept saying it was the tobacco people that kept running the question up. There's another kind of a thing, perhaps even more important than all of it, that's the peculiar nature of man. When we suspected that the tubercle bacillus of causing tuberculosis or the typhoid bacillus causing typhoid fever and so forth on various kinds of evidence, if it looks pretty bad we're ready to hang the culprit. There's never been an advocate of tubercle bacillus. Nobody tried to defend the tubercle bacillus and say, Well, maybe you don't have enough evidence. Maybe after all that's not the culprit, maybe something else is. But in smoking, as far as I was concerned, on the professional level of deciding this question of the tobacco case, it was the smokers themselves, like me.

I was one of the best-trained men in the world in this area. I was a heavy cigarette smoker, smoked two and three packs a day. In a lot of ways, I was sitting on the fence for, oh, five years. I had interest, I had the best interest in this in that I didn't want to give up smoking. I mean, I didn't get headaches; smoking didn't cost me too much money; the only possible reason I would ever give up smoking was if it was likely to be truly injurious. There was no other reason. It wouldn't have given me any moral uplift or anything like that. And smoking was an old friend, it was like an old friend. This is a very important thing, very important thing. In other words, forgetting all of the political, social, economic consequences, smoking had advocates amongst scientists, and that is smoking scientists who really didn't want to give up smoking. They would have preferred smoking not being—in a lot of ways—implicated as.... It's kind of like an old friend finding out an old friend's a traitor after all. One of your oldest friends had really been doing you dirt all along; really, that's what it's analogous to.

Now, after the study's out, all the dust is settled scientifically which it has scientifically, it's better that—well, let me put it this way.... It's better....

MOSS: Your pup is in the goldfish bowl.

HAMILL: That's all right; all he does is drink the water. He never eats the goldfish. Well, there's never been a medical or health related issue on scientific problems that has been so intensely studied scientifically by

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so many people as cigarette smoking has. We accepted the spirochete as the cause of syphilis on very damn flimsy evidence, frankly. Everybody accepted it; nobody was to defend the spirochete. It was a likely thing, so.... There was evidence, but it was a little bit flimsy. The tubercle bacillus was a little better, especially when Robert Koch set up his famous Koch's postulates back in 1882, the great German bacteriologist. And the postulates stated specifically four steps as to what shall constitute proof for an organism being the causative agent of any disease. Those were pretty darn good stuff. Fortunately, the tubercle bacillus did have a little—the tubercle bacillus itself didn't have an advocate, but there were people arguing on this point because scientific argument always involves people and people have pride and other kinds of vested interest to defend. If a guy has one—third of one point of view, by God, he's going to defend it down to the end.

But the tobacco thing had this just like everything else, but it also had this other real serious problem, and that is the smoking scientist, which is another.... it's another kind of problem. Now, in retrospect—and at the time, I did this purposely they couldn't have made a better choice for a lot of reasons than picking me, not only because of my training but also because I was a smoker. And I in turn picked, in some ways, the two most key men, the biostatistician and the epidemiologist Schuman [Leonard M. Schuman] and Cochran [William G. Cochran], who were also heavy smokers. And I did this on purpose.

MOSS: You did this on purpose. Were you chosen on purpose for this reason?

HAMILL: I don't think so. I'm not sure; that part I don't know. That part I don't know, but I did this on purpose. I mean, I had more knowledge than the people who chose me, frankly. I understood the technical ramifications of the problem a lot better than the surgeon general did and whoever else, and the assistant surgeon general, who I'll be mentioning later on, Hundley [James M. Hundley], who chose me, but he had advice from other people. But I did this on purpose for a real important thing, and that is if you want to prove....I work on several kinds of general principles, and, well, one of my general principles is the basic fallacy of the human intellect, and then there are several kind of things that come from that. Epidemiologically, I have one general working principle, that's Murphy's law. Murphy was a Broadway producer, but it's very relevant to all kinds of scientific studies, and that is, if anything can go wrong, it will. That's Murphy's law. Now then, the fallacy of the human intellect in trying to prove a thing, any kind of hypothesis—I like to do what is called loading the hypothesis against you. In other words, I want to make the case more difficult to prove than otherwise. Do you see what I mean?

MOSS: Sure.

HAMILL: Now, if I do that and I still prove it, even after setting up obstacles, then I can realize a little more that likely I'm coming to a truer answer. Okay? Now, following this through on the smoker business. Deeply, as a smoker, I was just trying to be as honest as I possibly could because even more important than my smoking, frankly, it was my pride and my professional reputation, and that's in some ways the most important thing in the world and my integrity. And I

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knew these other two men, the same thing. We were still smokers. Now, all odds being equal—I mean absolutely equal, if it ever came that way—if scientifically somehow it was truly fifty-fifty, then I would say let's continue to sit on the fence, certainly. I'm quite sure Len Schuman and Bill Cochran would have done the same thing. If it was 49-51, I'm not quite sure, you know; if it were that fine, I'm not quite sure where we'd go. So that when the three of us ended up falling over onto the side guilty, and we were three skilled men, knowledgeable men, and three guys who loved to smoke....We used to talk about this. A little digression there: We all agreed when we started that none of us will change our habits, for several reasons, well, none of us will change our habits until after the report has been issued, for a couple of reasons. One is, first, with the stock market and other kinds of things, we were obliged not to give anybody a tip as to what we were thinking. Obviously, if one or the—if any of us had quit, any intelligent person would say, Sure, they made up their mind now; therefore, we know what the report's going to be like. Well, we had an obligation to try to hide this until truly the results were ready to be, the verdict was ready to be put out whatever the verdict was.

Two, number two was, perhaps even more important as far as I was concerned, that we suspend this operating principle of our personal likes or dislikes totally. In other words, I wanted to act as a judge, the best possible judge, independent of what I wanted to do as a human being, as a smoker. In other words, we all agreed—and I steeled myself to it, and I'm quite sure Cochran did absolutely successfully, Schuman not quite so successfully—and that is, judge and smoker we separated as much as possible; that is, let the chips fall where they may. Also, as far as I as an individual is concerned, I'll worry about what I'm going to do with my own habit afterwards. I'll first make a judgment, that's my job to make a judgment, and then, whatever the judgment, then I'll worry about what I'm going to do later on. Even if it's killing me, I may decide to keep smoking anyway.

In fact, it's rather humorous—I'm getting way ahead of the story. When the report was issued I got trapped. We had a press conference, national press conference in the State Department, the press room over there, and some sneaky reporter—I saw it coming, and I couldn't protect myself—said, "Dr. Hamill, you're a smoker, aren't you?" I said, "Yeah." And as I say, I saw it coming, but I couldn't.... He said—you know, we'd already issued the verdict—he said, "What are you going to do about it?" I was caught flat-footed. I just said, "I don't know, I haven't made up my mind yet." [Laughter] You know, I really felt like a damn fool, but there wasn't anything else I could do because I hadn't, I literally hadn't. And in fact, I didn't quit smoking till a year later. It took me that long to then take this verdict and let it work into me as to how I would handle this verdict. When I say Bill Cochran did the same

thing, he didn't quit for another year or two. He did the same thing. Len Schuman quit the day the report came out. So I do accuse Len, a little bit, of being not quite so honest. In other words, somewhere along the line he had made up his mind that if it was guilty, the cigarette being guilty, he would quit, which I think wasn't quite playing it fair with the way we'd more or less decided, because in some ways that might possibly color your decision some way or another. Cochran and I truly suspended, and effectively, our personal habits, what we would do later on. And we did it. Okay. So I like to have got ahead of the game. Okay. So these are kinds of the complexities of this problem.

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MOSS: Okay. Let me ask you a question here. You've been talking somewhat about your attitude and your expectations of the thing. What was ...

HAMILL: This was very important, my expectations were very important....

MOSS: ... yes. Right. Right. Now ...

HAMILL: Because it comes into a collision later on, very serious collision with the surgeon general.

MOSS: ...okay. Okay. There are two questions that I have. One is: What was your expectation of the scope of the study?

HAMILL: Okay. That's a tough one.

MOSS: What I'm trying to get at is what were you assigned as a task, and how did you.

HAMILL: Well, this is central to probably my whole session. It's one of the reasons why I'm here.

MOSS: Right.

HAMILL: Now, I'll prejudge the thing by saying that Luther Terry went back on his agreement on the scope. That's what I'm accusing him of.

MOSS: Okay.

HAMILL: He was a dishonorable man on this scope. Well, one of two things. He either lied to us at the time, "us" meaning me and all the committee on the scope, or else he didn't carry out his bargain. One of the two, I mean, he did one of. ...

And I'll be specific. In our first meeting in November 1962, I think it was November 11th if I'm not mistaken; I'll go back and get all the dates—Luther Terry announced formally.... In a few minutes I'm sure I can show you all of that, that the scope of the study, not only the

judgment, of course, but the scope of the study, he, Luther Terry will not determine. Furthermore, he will not allow anybody else, including the President of the United States, to determine what the scope of the study is. No political pressure under any circumstances will determine the scope of the study. What is the determinant of the scope of the study? Ours, the committee's. One of our first jobs was we determine what the scope of the study is to be. What do I mean by scope? I mean the length of time it takes. I asked him specifically, six months later, "What if we decide it's going to take seven years?" He said, "That's your business; that's your decision." "What if it's going to take twenty-five years?" "That's your decision." "What if we want to do it in one page?" "That's your decision." How else can I define this? This is time and size of report.

MOSS: Well, area of concern?

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HAMILL: Totally, one hundred percent ours. Do you want to hold public hearings kind of like a congressional subcommittee? That's our business. Do we want to interview only scientists, or do we want to get people from the tobacco...

MOSS: What's your selectivity?

HAMILL: ... tobacco industries, politics, all kinds of things. That's our decision.

MOSS: Okay. This was initially about what time?

HAMILL: I beg your pardon?

MOSS: This was initially, you say, in your first meeting?

HAMILL: In November.

MOSS: In November of 1962?

HAMILL: Right.

MOSS: All right. Did....

HAMILL: This was repeated in January of 1963, repeated again March 8th, 1963. Three times just like the cock crowed three times, Luther Terry crowed three times. I'm saying this, but I'm not....This is important.

MOSS: Right.

HAMILL: Somewhere between—I'm cutting way ahead on scope somewhere between March 8th and May 6th or 5th, whichever...

MOSS: Of 1963?

HAMILL: ... yeah. Somebody got to Luther Terry, and it was somewhere from the White House to the Democratic National Committee or somewhere, and said, "The report had to be out the end of this calendar year."

MOSS: Okay. You had your first meeting on 9 and 10 November, 1962.

HAMILL: Yes. Right. Right. That was our first formal meeting.

MOSS: Okay. Okay.

HAMILL: So I jumped way ahead. Let me go back again and start....

MOSS: All right. We were talking about your expectations of....

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HAMILL: This is important. This is very important, and I'll have to go on to a lot more detail. What did I want to get out of it, or what did I expect to get out of it? Well, let me put it this way, it's.... There are a lot of levels, I guess. Originally when he talked to me—and something like this you don't have a.... Even though they're the surgeon general and the assistant surgeon general, they still ask if you want the assignment. It's kind of tantamount to the king saying, Will you do such a thing? Which kind of gets back to the old days of the Public Health Service which we don't have any more, and that is, if the surgeon general asks you to do something, you did it whether you wanted to do it or not. You did it not out of fear but out of pride, out of an esprit or out of an obligation to the Public Health Service. Even if it wasn't convenient for you to do something, you did it. Today, if the surgeon general asked me to do something, if I didn't want to do it, I'd just say, No. That's what's happened to the Public Health Service, that's literally what's happened. He couldn't mobilize a flea today, but back in 1962, as I say, he could mobilize things. Realistically, they talked in terms of, Well, maybe we ought to be able to get a report out in—this was in July, in July 1962—Well, maybe we could get a report out in.... They used the term, talked in terms of, in July, in maybe April of next year.

MOSS: Okay.

HAMILL: April of 1963. Okay? This is before I had.... We didn't have any committees then. All we had was me and one other person whom you never heard about.

MOSS: Right. This was before the representatives of the different societies met and gave the hundred and fifty names and this sort of thing.

HAMILL: No, this was all about the same time. All this occurred about the same time.

MOSS: Right. Okay.

HAMILL: That occurred in July, 24th, I think.

MOSS: Right. You're exactly right.

HAMILL: This is just pulled straight out of memory. Okay. Several people had approached me before this meeting in July. Dr. Hundley, the assistant surgeon general, had talked to me somewhere around early July and wanted to know if I was at all interested, not to make up my mind definitely, but if I was at all interested that they were interested in me getting involved in this. They wanted me to attend the meeting on July 24th, which I did do. The original structure was to be Dr. Herman Kraybill, K-R-A-Y-B I-L-L, not a physician but a Ph.D. biochemist, a man about ten or more years my senior whom Dr. Hundley had known ten years before—they'd been in research and nutrition together ten years before—was picked as the, I think he was called the executive director of the study. He was, you might say, to be the administrative head of the study. I was number two man. We

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picked a title right after we got started, and I was called the medical coordinator, which meant that I was to be, you might say, the technological brains of the study.

I never liked administration, I still don't today. I'm somewhat skilled in it, but I still don't like it. I've never liked budgets, I don't like to order a thing, and I'm not well-organized myself; I'm not predictable in my work habits, and so forth. I ran a hospital once, and that was enough for me. So it looked like this was going to be a good combination. Kraybill was a pretty snappy administrator. He was a good scientist, not a great scientist, but a good scientist, who wasn't greatly ambitious scientifically. I don't know how ambitious he was organizationally, but scientifically, the world was mine. I mean, the bloom was—well, that's no longer the.... You know, there was no limit to my ambitions intellectually and scientifically. And I was the bright eager guy who was so goddamn confident it wasn't even funny, which is rather important because later on I was going to make this the study to end all studies, not just for smoking but kind of a paradigm, literally a paradigm, of all complex-health-related studies. And even further, I was going to, if possible, try.... See, technique-wise the thing under study was tobacco. It was the dependent variable. Once you've made a decision, then you can make it an independent variable and then test your system, which I was going to try to do.

I'm going into this because this wasn't just my dream. I talked a couple of the committee men into accepting the appointment on the committee on these terms, on these

terms, and I was given the okay to go ahead with this. This is still getting back to your question on scope, because we're going to keep coming back to scope all along. This is the heart of the whole thing, is scope.

Now then, Herman was important. Shimkin, Michael Shimkin, he was his special assistant. Shimkin was an associate director of the [National] Cancer Institute. Michael Boris Shimkin, a physician, epidemiologist, pretty powerful guy. He had a lot of resources, he had a lot of money, he had a lot of talent. Not just his own, but I mean, people, horses in the stable, a lot of contacts; and he had a going organization. Originally, I think it was conceived—the whole thing wasn't highly thought out originally—this would kind of be our organizational home base. We would operate out of this shop. They had good administrators; they had a lot of good people. It was a pretty flexible, high-flying research organization, and it was the Cancer Institute. It was Ken Endicott's shop, and he had more money than Carter's got liver pills. He had more gall in a good sense. He had all the brass in the world, and if a thing was necessary, nobody stopped him. And this was all for the good, to get something big done. Well, several things happened. Shimkin decided to retire from the Public Health Service, and I'm not quite sure why and how it.... I think it had something to do with this. Whether his nose was out of joint, I don't know. He was not very cordial to me. I didn't get to know him well because he was not very cordial to me and he retired very shortly after this whole thing came to pass. As I say, honestly, I don't know why.

Kraybill was to be the administrator then, kind of run the interference and get things done so I could get a study going. He'd be kind of what I considered my front man so I can do a study. He would keep the reporters out and all this kind of stuff and get me supplies.

MOSS: And deal with the budget people.

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HAMILL: Right. Yeah. And I would say, "We need this." And he'd say, "Okay, I'll get it." I said, "I don't care how you get it, but we need this." "Okay, yeah." Well, Hundley had known him ten years before, and whether Hundley's estimate had been wrong or what or Kraybill'd changed or what. Let's see, our official appointment was, oh, like the first of August, roughly, we were appointed these positions. By the middle of August Herman Kraybill was removed from the study officially. Jim Hundley fired him. [Laughter] It's really funny. There were three of us involved then, Kraybill and me and a guy named Alex Kritini [Alexander Kritini], who was the information officer and we hoped he would be a lot more of a man. There were three of us, and we were talking about.... There was going to be a big national press release as to our appointments, announcing our appointments. We agreed what we would tell them, the reporters, and what we wouldn't tell reporters. This was from the nature of the study, which I'll get back to again, and how unbiased the study was to be. Well, Kraybill said something about—I forget now, but it was quoted in several papers—how we all know what causes lung cancer. Hundley damn near went through the ceiling when he heard about this, and he fired him just like that. This was in the middle of August. We'd only been....well, it was two days after the appointments were announced, so organizationally we were shot, literally.

Hundley and Terry were involved in some other things, and time went by, and come about October, they still hadn't replaced Kraybill. So tentatively, I very reluctantly—I'll go into this later on because it's pretty important—I agreed to kind of do both things, which was really impossible and I knew at the time was no good, but for a lot of reasons there was nothing else to be done. I was hoping that Hundley himself would be more administratively involved and Ken Endicott, who I had gotten to know somewhat would do a lot of the administrative interfering, interference not interfering, but running the interference. This was in some ways the biggest mistake of my life, but I agreed to do this. But anyway, Kraybill was never replaced, and I did both things. Go ahead.

MOSS: Can you hold your train of thought while I switch the tape on this?

HAMILL: Yes.

[BEGIN SIDE I TAPE II]

MOSS: Okay. Do you remember where you were on.

HAMILL: The exact words, I'm not sure. It was Kraybill and Hundley.

MOSS: Oh, that's all right.

HAMILL: Well, Kraybill got fired in the middle of August. He had done....We'd already started the process of selecting a committee. Now selecting a committee and the scope of the study are all rather heavily involved, and the scope of the study is on....I think as a lot of different people viewed it in retrospect....Officially—by officially I mean not only publicly but kind

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of, well; kind of like an official statement like, This is our commitment for the public and to ourselves—this study was to be conducted, the ground rules set up by the meetings.

The meeting of July 24^h was an extremely important meeting; that was the four original people. I think some others were there, including the Tobacco Industry's Research Council, that's Clarence Cook Little and Bob Kackett or Hockett [Robert C. Hockett], excuse me, Hockett, who's Dr. Hockett, and I don't recall....There were a lot more representatives than the original four, the Public Health Service, and in a way, the basic ground rules were laid at this meeting. How much do you know about this meeting?

MOSS: This is the 24 July meeting.

HAMILL: Yes. I think a fair amount is public record already.

MOSS: All right. I think so.

HAMILL: Do you want to go over it?

MOSS: No, I don't think it's necessary ...

HAMILL: This is important. Okay.

MOSS: ... that the specific details of the meeting.

HAMILL: I don't mean all the details, but I mean kind of the essence of it was....This was to be ...

MOSS: The ground rules of committee election.

HAMILL: ... unbiased, as unbiased a study as possible, in the sense that it was to be totally no prejudgments whatsoever. We were to go at this whole study in as factual way as possible to render as honestly objective verdict as was humanly possible.

MOSS: All right. Let me ask two questions. One is that in the report, in the introduction to the report, they state that at the meeting it was agreed that the work should be done in two phases: One was a study of existing data to determine whether or not a hazard existed, and the second phase was recommendations.

HAMILL: What to do about it.

MOSS: What to do about it. Right. This is in accord with what you understand to be true. The second thing.

HAMILL: No, wait a second. No, this decision was not made at the July 24th meeting, no.

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MOSS: Oh, I'm sorry. That's the context.

HAMILL: I don't think so.

MOSS: Yes. Okay.

HAMILL: This part of it.... Let me think a minute.

MOSS: Because I was almost sure I got this from the introduction to the report.

HAMILL: It was made, let me search back, it was made before the first committee meeting in November. That part I know.

MOSS: Okay.

HAMILL: Whether it was made at July 24th or was made kind of by me, Terry, and Hundley in different combinations between July 24th and November 11th, that's the span of the two formal meetings, right now I just can't recall for sure. I'll have to check documents on that, regardless what the report says on that.

MOSS: Okay. Okay. The second question.

HAMILL: If this is important, I can search it out.

MOSS: Yeah. Okay.

HAMILL: But there's no question before the Committee met for the first meeting in November it was suggested this is the way we go because this is part of the ground rules with the Committee. The Committee could have adopted or rejected this thing.

MOSS: All right. Okay.

HAMILL: So it was not an immutable decision no matter where it occurred. Let me out it this way. Before November 11th it was not immutable.

MOSS: Okay.

HAMILL: On all my preparatory material that I wrote up to give to the Committee before the first meeting to.... The stuff that we'd start working and some of the framework that I was suggesting.... I suggested this, and very strongly suggested and gave many reasons, but it had to be determined by the Committee. And they had the authority and the power to make this decision, whether it be one or two phases. And this is rather important.

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MOSS: Because the intent.... I have the quote here almost, Peter, so that the intent, it seems, of the statement in the introduction is that in the July 24th meeting the surgeon general met with the representatives of the various societies, the FTC [Federal Trade Commission], the Presidential Office of Science and Technology, and, quote, At this meeting it was agreed that the [propose] work should be [undertaken] done in two [consecutive] phases, and then it goes on to state the two phases.

HAMILL: Ah. Okay. Okay. Now, I guess all the.... I'll backtrack a little bit. Now, what we decided at the November 11th was whether this Committee would obligate itself to both phases or not.

MOSS: All right. Okay.

HAMILL: This is important. This is an important distinction. And what we all agreed to, we were only going to commit ourselves at that time to phase one.

MOSS: Phase one.

HAMILL: Later on we may agree to commit ourselves to phase two in addition, but at the November 11th we would only commit to phase one, and we importantly distinguished between the two phases. This was just like as I tried to distinguish between my own personal habits, this was on an official level the same kind of thing: "Let's not worry about what to do about the problem until we know what the hell the problem is."

MOSS: Okay.

HAMILL: Okay?

MOSS: Now I..

HAMILL: So it was decided in the July 24th.

MOSS: ... okay. I had one other question, too. And that is that in this 24 through, say, 27 July meeting, a list of more than 150 scientists and physicians were compiled.

HAMILL: That was right after the meeting. It was right after the meeting, yeah.

MOSS: Now, any organization could veto without cause?

HAMILL: They could veto, but we were not necessarily bound to honor the veto.

MOSS: Ah, all right. This is a good point.

HAMILL: It was not an absolute ground rule.

MOSS: This is a good point. Now, but one of the ground rules was that no prior public position could have been taken by one of the people selected for the committee?

HAMILL: Right.

MOSS: Right?

HAMILL: Right.

MOSS: Okay. And...

HAMILL: And we adhered to that scrupulously.

MOSS: ... now, in addition, the report.

HAMILL: I tried to go a step further right on this line, and honestly, not only just public but also as much as I possibly could even private opinions.

MOSS: Okay.

HAMILL: As much as I possibly could. I learned later that there were several members of the Committee who privately already had their minds made up on some of the factors of the smoking, but not the most important ones. Cochran and Schuman, who were the most important, even privately like me had not made up our minds yet, and honestly had not.

MOSS: Okay. Now the other statement is that from the final list the surgeon general selected ten. How did the selection process go?

HAMILL: I gave him a list of ten ...

MOSS: Oh, all right.

HAMILL: ... and said, "These are the people I suggest you select."

MOSS: Okay. Now, what do you know about the expectations of the people who were selected?

HAMILL: Quite a bit, because I...

MOSS: Okay.

HAMILL: Quite a hell of a lot.

MOSS: Okay.

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HAMILL: And this is all important in the scope again, and, you might say, how the surgeon general, you might say, let us down.

MOSS: Okay.

HAMILL: Now, where do you want me to pick up rambling? What do you want me to expand on?

MOSS: Okay. Well, let's talk about the November 10 through 11 meeting.

HAMILL: Gee, a lot of things there. Okay.

MOSS: This is what, the first time that the committee got together?

HAMILL: Yes.

MOSS: Okay. What kind of. . . .

HAMILL: At some point we've got to go back to the selection process because that's very critical.

MOSS: All right. Well, let's do that now.

HAMILL: We can do that later. I don't care when we do it.

MOSS: Let's go ahead and do that now because I can pick up the November meeting any time.

HAMILL: Okay.

MOSS: Okay. How did you go about the selection process?

HAMILL: It was really quite interesting. It was a lot of fun.

MOSS: Were you given a free hand in this?

HAMILL: Fairly. Fairly, yeah. I took a free hand. In fact, I....Let's put it this way, I had a free hand. How much I was given and how much I usurped, I had a pretty free hand. I don't know, even in retrospect I'm not sure how much of, which are the

ingredients, but in fact I had a pretty free hand.

MOSS: Did you have anybody bugging you to get particular members on?

HAMILL: I had some people try to, but nobody bugged me, nobody effectively bugged me, let's put it that way. There was one man—to start with I may end up characterizing different members of the committee—but there was one man who I didn't select who Herman Kraybill, just before he was fired, said, "I want this one man." And kind of in Herman's memory, I didn't know—cancer

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was not my area—and in deference to him, I didn't see any reason why not, I let this guy stand. It turned out to be the biggest mistake I made in that he was the most troublesome member in the entire committee, definitely, just without qualification. He was contentious. He just couldn't, you might say, he couldn't enter into a degree of dialogue with anybody. He was one of the most opinionated men I've ever known in my life. He was immensely intelligent, but my God, he was a prick. When I say dialogue, remember I'm a "St. Johnny" and the dialectic process of antithesis and eventually synthesis is part of my whole being.

MOSS: Intellectual equipment.

HAMILL: That's it. Yes. And if I believe in anything, God or anything else, I believe in this. The nature of the human intellect reaches its only high peaks when this occurs, and this is what I really intended to occur in this committee.

MOSS: All right. So this was your conceptual framework for the work of the committee.

HAMILL: Yes.

MOSS: Let me ask you another thing on this business about who bugged you for getting people on: Was the pressure for certain people within the context of the profession, or did you have outside pressure?

HAMILL: I had some.... Oh, I remember somebody named, let's see, I remember the name Mosk [Stanley Mosk], I think he was a Democratic Committeeman from California.

MOSS: Stanley Mosk?

HAMILL: Yeah. Who is he?

MOSS: Yes. He was Attorney General in California for a while. Yes.

HAMILL: Okay. He tried to put quite a bit of pressure on me to get a couple different doctors from California on this thing. I immediately went to the surgeon general and said, "Do I have to?" I said this in November. And I think I did a pretty clever.... See, what I did, I did this: I played a little more naive than I really was. I said, "This isn't in the charter." In some ways he would have had a hard time to say no. The point is he said, "No, you don't have to do this." I don't know whether I told him to go to hell, but I just, I ended up.... Maybe I was a little tactful and said we have our own criteria for our choosing and anybody can suggest who they want, but the decision is ours. Privately, even if those guys had been great and good, which they weren't, chances are because of that they would never have gotten on the Committee, not as long as I was involved. I mean it prejudiced me that much.

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Oddly enough....not oddly enough, but the most scrupulous, gentlemanly, and helpful people in this whole damn thing were Dr. Hockett and Dr. Little from the Tobacco Industry's Research Committee. They went overboard—and I don't mean just to make a show of going overboard, but I mean in all honesty—not to try to pressure in any way.

MOSS: It certainly could have backfired easily if you didn't know them.

HAMILL: Yes, but I got to know them well enough so that they weren't just doing this diplomatically; they were really playing it straight. And they did a lot of things. They made the resources of their library completely available to me. This wasn't public knowledge and never would be. They were friendly, not trying to buy me because they respected me too much, but we became colleagues, honest colleagues.

MOSS: Which is sometimes the subtlest form of persuasion.

HAMILL: Yeah, I know, but we became honest colleagues. Everything that I knew about, almost completely at my disposal. They asked several times again what are the ground rules, and they really scrupulously adhered to them. They wanted to know what their rights were and also what their obligations not to abuse the rights were. And I'll say this, there's no group that I dealt with that was as scrupulous in adhering to this.

A little diversion: Some of the so—called volunteer organizations are some of the most vicious. I'd rather deal with vested commercial interest. Some naive people say, Oh, my God, what do the American Cancer Society.... they're your big friendly brother, what are they trying to sell? [Laughter] Oh boy! Yeah, they tried to pressure me several times on several things.

MOSS: How about the AMA [American Medical Association]? Did they get into the act at all?

HAMILL: Oddly enough, along with the TIRC [Tobacco Industry Research Committee] they were probably the next most generous and truly scrupulous group in not trying to pressure. They had no—there wasn't much of an organization involved in tobacco at that time. There was no kind of committee of the AMA whose area this was. Well, we had one, let's see, one of the guys was a gastroenterologist. He had to be in Chicago, he was representing the board on something, but he was no better than any politician. He was a professor of medicine, a damn good one, either at Chicago or Illinois or Northwestern. And the other was a full-time employee for a doctor of the AMA. I personally didn't like him very well, but he didn't have much authority and I just kind of ignored him and nobody.... It didn't make any difference to anybody. In other words, he and the AMA organization was not either particularly interested or even organized to do anything one way or another at the start. Of course, later on they got the ten million bucks from tobacco people and they set up a formal institution, and from then on, of course, they were organized. They had knowledgeable, interested people in this area, but at that time it was very loose and not very well....

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The most aggressive single group of people were the American Cancer Society.

MOSS: How did they try to get to you?

HAMILL: It wasn't really bad, but almost as bad as Mosk. Suggested a couple of people that I knew just as well as they did had their minds made up. You know, they were just.... They were so committed, even though they publicly had not made any commitment, it wasn't even funny. You know, there was no question about it, and as far as I'm concerned, that was dishonest. And what they were clearly suggesting was, You can play the game, but let's not be foolish. We all know what, you know, we all know that it is the cause of cancer. Let's not, let's not be foolish now. I'll actually accuse them publicly right now—and this I probably won't edit—of taking that viewpoint.

The American Heart Association was good. Let's see, his name was Wakerlin [George E. Wakerlin], I think. He was the executive, a doctor, he was the executive director. He was helpful, and he never tried to sell anybody. I would ask him about specific people, and he would tell me only when I asked.

The National Tuberculosis Association, Jim Perkins [James E. Perkins], and the American Thoracic Society, part of the same organization—I belong to that, so I had good relationship with them, very good. They didn't try to—they may have liked to, and I'm not saying they would have, but under the way things worked out, they didn't try to sell me or pressure me on a damn thing. But they also knew me more than the other people did. I mean, I wasn't any kind of a name; a lot of these people didn't even know who the hell I was. They got to know me later on, but at the time.... For example, Wakerlin of the Heart Association. He didn't know who I was, but he was gentlemanly and helpful and he only gave me advice

when I asked him. I'd have to ask him about different people. I'd say, "What's this guy like," and he would give me his best reading.

MOSS: Okay, one or two other organizations; the American College of Chest Physicians.

HAMILL: I actually think I belong to them, and I forget who I dealt with. They would have been nothing but good with them, but they're close to NTA [National Tuberculosis Association] and the American Thoracic Society.

MOSS: Okay. You had...

HAMILL: Essentially the same group of people.

MOSS: ... okay. You had several government organizations involved, the FDA [Food and Drug Administration], for instance. Did they get into the act much?

HAMILL: Yes. FDA, FTC [Federal Trade Commission], and the...

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MOSS: The President's Office of Science and Technology.

HAMILL: ... and Bureau of Standards [National Bureau of Standards].

MOSS: Okay.

HAMILL: What part was that called? Yeah. Before I answer on this, let me make a little note. I'm going to have to go back and look at some records because most of them were good, but one of the guys was a bit of a bastard, and I don't even want to.... Rather than making a statement, I want to go back, and I can do this. I can check these out pretty well; I can recall who was who. See, this is way—this is seven years ago. My memory is good, but I can get my line up some pretty good, but I don't want to accuse anybody of anything.

MOSS: Okay. Let me change the tack a little bit, then, and ask you—you said that you submitted ten names to Terry. Who was involved directly in the process of selecting the ten names out of the 150?

HAMILL: Me.

MOSS: Just you by yourself.

HAMILL: Well, ultimately, yes. But I....It was one of the busiest times of my entire life. I was working probably eighteen hours a day. I had something like three secretaries making calls, placing calls; I probably talked to 300 people around the country in universities, primarily universities. And here's the way I went about it. I was entering a field.... I knew the people in bronchitis-emphysema pretty well. I knew who was good, who wasn't good. Cancer, I knew a few but not much. Heart disease, I knew a little more than I knew in cancer. Except for bronchitis and emphysema, some of the people knew me, but in cancer or heart disease nobody knew me at all; you know, they didn't even know who the hell I was.

But the remarkable.... I elected to be very direct, very candid, I'd call a guy that never even met me before, introduce myself, tell him what my responsibility was, and tell him I wanted, I needed his advice. And what I would do, I would tell him what kind of people I was looking for, what I was looking for specifically, what kind of a guy who he could recommend. Now, I've got a remarkable memory, and I also kept huge charts to double-check this memory. Then I would check not only these people out by two or three or four other people, but I also checked the recommender out. Then I would ask somebody else what kind of guy is, say, Jim Bordley [James Bordley]; What's he like? How does he recommend people? Is he tough or is he pretty easy? Does he tend to recommend just his friends or what's he like? It was kind of an infinite process of....I would evaluate evaluators. I had this massive thing going, and I would probably, at the height I bet you I was making over a hundred phone calls a day, and I called some people back two or three, four, five times.

Now, the way I wanted to set the committee up, there was one man that I wanted more than anybody else, and I didn't get him. His name was Walsh McDermott, professor of preventive medicine, public health, Cornell. I knew about

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him professionally. He was a great chest physician, great public health man, great tuberculosis man, but even above that he was a salty, tough, canny Scotsman and savvy as hell, in his sixties, early sixties. What I wanted to do, what my original tack was to try to talk Walsh McDermott into being chairman and then getting the surgeon general to approve this, and then he and I sit down and select the rest of the committee. That was my original tack. From the day it started until it was after Labor Day, for over a month, I tried to woo him. I called him probably five or six times. I called him first, probably bugged him, he was up on vacation up in upstate New York in his cottage. He was a little hesitant. I said, "Please don't make any answer, don't give me an answer," not that I was afraid it would be, because I was afraid it was going to be no, that kind of thing. Shortly after Labor Day I thought maybe I could come up to see him in New York. He said yes. I kind of thought I had him on the hook. He patiently and kindly, and he realized the magnitude of this whole thing. I'm sure he talked to other people and knew pretty well what was going on. So he didn't want to tell me no over the phone, and he explained to me why he couldn't do it, and it was legitimate as hell.

He was sick in the first place. He had a contract with, I think it's our biggest medical.... Williams and Wilkins [Company], I think. Let's see, no, I guess it was Saunders [W.B. Saunders Company]. It's the greatest textbook of medicine in the world. He was to be

the senior editor, and he had to get this out by next March. He threw the one before by getting a book out nine months late, and somehow he'd agreed to sign some kind of a penalty clause, so he had to get it out by then. But he was also, he'd just been appointed chief of the U.S. delegation to, I think it was UNESCO [United Nations Educational, Scientific and Cultural Organization], not just of medicine, but all medicine and science and technology. It was something like 300 scientists, and this was to go on for the next year or so. In the meantime, he thought he was breaking down—he'd had tuberculosis several times—he thought he was breaking down with TB again. And he had a full teaching program. So he was a pretty busy guy, and there was just absolutely no question about it. And he was—this was a real disappointment, but there was just no question; he couldn't do it even if he wanted to. And so I asked him for his help: "Who would you at least suggest?" I more or less made up my mind there was no substitute as a chairman, there was no other one single person, so then I had to get a whole committee.

Now, in selecting the Committee, I had a lot of personal criteria: Beside being officially clean on the question, also personally clean. By "clean" I mean honestly uncommitted, which for a scientist and also a person whose training more or less impinged upon this area—and this thing had been going on for about eight years—not to have made up his mind, it narrowed the field down to a strange breed of guy. And this was the breed of guy that I wanted, just like me, who was professionally knowledgeable, capable of dealing in this area substantively, who was very bright, and also who was imaginative and could participate in the dialectic. This was important. The guy had to be.... He had to be verbal. He had to be able to talk, but he also had to be able to listen. He had to be able to be creative, really creative, really imaginative and creative.

So some of the criteria were.... and I have these all written down somewhere, I sent these to the surgeon general. I formalized a lot of things. Extremely intelligent was one of the real high levels. I mean, a lot of very accomplished guys are not as smart; people like that are born, frankly. You know, just like any other field, they've

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worked like hell, they've been good boys, they've followed a particular specialty and, you know, any damn fool with an IQ of somewhere over 120 can probably become a great professor. I wanted a hell of a lot more than that, a hell of a lot more, more than an informed man, because we had to make decisions, which is another whole order of business and there aren't many people who can make real decisions.

MOSS: What do you mean by a decision?

HAMILL: By decision I mean cigarette smoking or Vietnam or anything else: First you get as much information as you possibly can that bears on the issue, and when I mean as much information, I mean exhausted, totally exhausted all possible sources of relevant data; evaluate the data; evaluate the sources from which the data came. Some data's very firm and some of it's wobbly; know which is firm and which is wobbly. The firm stuff you give a little more weight to than the wobbly stuff. It's just like data I classify as

analogous to witnesses in a trial: Some witnesses are more reliable than other witnesses, and the reliable ones you base your judgment on a little more. Okay. After you go through all of this, you're still far away from a decision. There's always a leap, a gut leap. Just like in philosophy we need to have to do a lot of the most important questions. You can push it up to a break, but, let's say, it's similar to the question, "Is there a God? If so, what's he like?" You can talk from now until doomsday. You get up to a point, but at some point somewhere along the line you got to jump. It's simply the leap of faith or just a leap. You can call it a leap of faith or you can call it a gut decision. There are a lot of things we haven't....We attempt to do this in clinical medicine. A lot of people never quite understood this. You just don't have whole parts of the puzzle almost ever.

MOSS: And sometimes you have to act because the patient will die.

HAMILL: Right! You got to make the best possible judgment in a point in time knowing full well at the time that there are pieces missing. It's what I call a highly informed guess. That's what I mean by a decision. But even more important, it's not a guess like sitting on your dead fanny, but you're risking your life, your integrity, you're committing yourself. The philosopher who handled this whole area better than anybody else who ever lived was George Santayana, and probably his book *Skepticism and Animal Faith* handled it better than any other single thing. And that is, there is a point in time in which, in order to act in the real world, you can revert to what he calls animal faith. Even though you don't know that that is an automobile for sure in all of your sophisticated skepticism—how do you know it's an automobile and so forth and so on, and what is the perception and all that—still you better get the hell out of its way at some time or another or you're going to get run over. You know, it's old Bishop Berkeley [George Berkeley] kicking the rock, all of those kinds of things. It's that connection between the real world and—the construct between our minds and what's outside of our minds, whatever is outside of our minds. It's making these kinds of connections, and you got to do it some time or another.

Many people even who have the intellectual equipment are, I'll use the term "constitutionally incapable" of doing this on important issues. Sometimes it's simply a question of guts, simply a question of guts. But perhaps it's not prejudging too much.

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Sometimes it's the disposition of a man, I think. But out of every man I had to choose, I had to make a judgment. Is he a guy who can make this leap? Some time or another we're going to have to make a leap. We're going to have to make a leap. I don't know whether it's going to be in the first two months or twenty years later. On this study we have to make a leap.

MOSS: This goes back to something you were talking about a little earlier, I think, if I'm not mistaken, and that is your questioning of the whole premise of scientific...

HAMILL: My degree was in philosophy, and my specific area of philosophy was epistemology. How do we know what we know, and how do we know that we know, and how do we know if we know—you know, that whole realm of being. And I haven't changed much; I'm a little older, but not a lot changed from twenty-five years ago.

MOSS: I was wondering to what would you attribute this lack of ability to make the leap. To a preoccupation with what McLuhan [Marshall McLuhan] has called the linear sequential process of thought, that if you don't have the demonstrable causality, you cannot, therefore, declare validity?

HAMILL: We're assuming highly intelligent people now?

MOSS: Right.

HAMILL: Yeah. I mean, let's say of all the population, ninety-five percent of the people are incapable because they don't have the intellectual equipment to even get there.

MOSS: But you were talking about a doctor who is a tolerably accomplished doctor but at the same time can't make this leap.

HAMILL: Right. All right.

MOSS: Is it because of his....

HAMILL: I think it's an emotional set.

MOSS: You think it's an emotional set.

HAMILL: Yeah. I got a nice little piece by, I think it was Dr. Whitehorn [John C. Whitehorn], who was professor of psychiatry for many years at Hopkins, entitled "Education for Uncertainty." And this was every physician should be trained into—if you can train people, at that part I just don't know—into being able to accept and living with uncertainty and committing yourself even though you're still somewhat uncertain. A lot of people just cannot and will not do it.

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MOSS: Okay. Now you selected people deliberately whom you thought had this ability to live with uncertainty and to make....

HAMILL: Reasonable uncertainty, now.

MOSS: Reasonable uncertainty, okay. I don't mean just....

HAMILL: Not a wild one. I mean no impulsive people to.... No. No.

MOSS: No Hamlets.

HAMILL: No. No. Right. Right.

MOSS: Okay, so this was a major part of the criteria of your selection process. Okay. Okay. Is there something more important in the, something still significant in the selection process that you think should go on record?

HAMILL: Yeah. Very few people are really intellectually honest. By that I mean recognizing the great paradoxes in man, knowing enough about yourself. In myself I can pretty well separate the biased me—without apologies, you know, I've got self-interest, all kinds of self-interest—with the judge. I can do it pretty damn well on most issues. I can pretty much tell when I'm thinking as the interested party or the intellect, the pure so—called disembodied intellect. A guy's got to be able to do that. If he can't, if he doesn't know that much about himself or be able to control it, then I couldn't deal with him on really important things for several reasons: One, remember, I said the dialectic. That kind of a person can never be creatively dialectical if he can't do that because he of necessity.... If he cannot set up a dichotomy he is going to intrude himself into the main discussion where it doesn't belong and decide things on parameters other than its own merits, and that is, his own wishes. We would call those things neuroses of various kinds, and that is earlier experiences which overly determine your feeling or reaction toward anything that occurs in your life. We all have neuroses. We all have these things that over-determine us, but some of us have learned.... sure, I could get rid of my neuroses, but I know what my neuroses are and what my neuroses aren't.

Yesterday morning when you heard me perhaps shouting at somebody, at that time this wasn't my disembodied intellect. This gal bugged the hell out of me, but I made no apologies, you know. If she continues next week, I'm going to suggest, Wouldn't you much rather go and talk about sex next door?

MOSS: That's going to give the transcribers something to think about.

HAMILL: Okay. [Laughter] Yeah. Last Sunday morning at church. Yeah. Take your sex in the next pew, honey. [Laughter] Okay. Generally, I was looking for a breed of guy. Now, there was another important qualification. I knew this was going to be tough; by tough I mean pressure. I also knew it was going to be a hell of a lot of work, a hell of a lot of work. Two things were necessary, another two things were necessary: One is he had to be a guy who is enthusiastic enough and vital enough to be able to generate enough of a head of steam

to participate, but another quality had to be in there, be present, and that is he had to be capable of at least a modicum of camaraderie. Now, why camaraderie? Because of the tough days ahead, I knew enough about.... In almost everything that would carry us through was a camaraderie. Also, when things got tough, that was the only thing that was going to preserve our dialectic.

The one man who was destructive was probably the most self-centered, selfish man I ever knew in my life. He couldn't share anything with anybody. And kind of the way we ended up, we essentially sequestered him, really. That is kind of like you spit out the bone that dies and you kind of grow around it or inside of it and then it's something kind of outside. You put your fence between you and it, that's what sequestering is. In essence, I think that's what we did. We had to; we didn't want to. I think I'm wiser now, but if given the same situation, given the same people, I think I'd have just sequestered him much earlier, seriously. That was about the only thing that could be done. He was incapable of honest give and take discussion.

MOSS: This is interesting because of some indication that Kennedy chose the people around him for much the same reason. They could participate in this kind of thing and maintain the camaraderie.

HAMILL: Yeah. I kind of resented his imagery of Camelot because I think I chose it before, at least he made it public anyway. [Laughter]

MOSS: If that's what Camelot is.

HAMILL: Oh, yeah. Yeah. Yeah. Now, needless to say, all these guys had to be wonderfully well schooled in their fields. I mean that's needless to say. Also another factor, frankly, that I wanted, I wanted prestige. This was necessary on a political level; by political I don't mean Democrat-Republican political, I mean I owed it to the Public Health Service and to the country to be effective, in order for our voice to be effective, we had to be acceptable. So on that level—that really wasn't my most important level, but it was kind of an obligation. I had an obligation as an officer of the Public Health Service. Frankly, I don't give a damn whether you quit smoking or whether 500 people die of lung cancer, I really don't care as long as it's not me or my family or my friends. In fact, we've got too many people as it is. Anyway, on this level I had time for some obligations. So as much as possible I wanted as much, all this being.... But this was not the highest; this was, I don't know, probably number five or six or seven, but it was one of my criteria.

Now, on a formal level we asked for nominations of names from all of our sources, from.... It must have been ten or twelve government and all these voluntary, and also tobacco people and all, everybody. I got all these names and then, if I recall, my next step; in the meantime I started my own process. But on a formal level, I think I took all these names and submitted them to everybody, a whole long list of 150 or whatever it turned out to be, to everyone of these suggestors, like ten or twelve, and asked them. I know I've got it written down somewhere, but I asked them—the precise details are written down—but I essentially

asked them to strike out people that for any reason they didn't want on the study. I think I said if you want to give the reason, okay. I think I said that, but I know I allowed striking out without

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qualification. They didn't have to justify why they struck anybody out. If they wanted to say because I think he's biased or because I don't think he's competent or because his breath smells, he could do all that. But it was not necessary, absolutely not necessary. Now, I think I asked them, I don't remember whether formally, I asked them to put down people that you were unalterably opposed to and then people you would kind of rather not have. I don't remember whether I did this formally, but informally, I went back to every single one of these people and talked to them about different people.

Well, I started listing names. Then I just went through a process—I think I went through a process that kind of automatically if anybody was struck out by, we'll say, three people, there's no point even considering him any further, even if he was God himself. If he was struck by two people, I had him in a pretty damn doubtful list. If it was one person, if I recall, who was struck out by two people initially, but I ended up getting high recommendations on them, I went back to the original people who struck them out and said, "How serious are you about this?" And several times they withdrew their objections, said they just didn't like him very well, but if you want to have him, got no serious objection. In fact, several members of the Committee had at least one, at least one initial of these unqualified, I mean unqualified in the sense.... When I say unqualified, I mean, not qualified or not stipulated reasons. It was just for any reason. Then I went back and what I called "negotiated things," and they'd say, "Well, I don't really have an objection."

What I didn't want to do, I didn't want to.... What our obligation was as much as possible, if we could still mount a study with really capable people, it was the old thing just like two lawyers, the prosecutor and the defense selecting a jury. They could both challenge anybody they want, but somehow you got to end up with twelve people, and if they do it for the next hundred years, you'll never end up with a case. So I wanted to end up with twelve people, I mean, I wanted to wind up with a jury, a capable one. But if possible, I would like to have gotten one that both on a formal level we could say, Don't complain, you know, to whoever it was, the American Cancer Society, if we ended up saying, As far as we're concerned, the evidence.... The case just isn't proven, or the tobacco people, whoever it was, we'd say, This was a fair committee. Don't complain now. Don't complain when the verdict comes in, the time to complain was when we chose it.

I tried to use as much as possible that same kind of thinking. However, if there was a really critical person who somebody really wanted to still blackball, I would have had to, when I made my recommendation to the surgeon general, apprise him of the fact that he was blackballed and who he was blackballed by, but then go ahead and say, I still think he should be appointed. I did it with one person, but that person wouldn't accept anyway so it didn't come to pass, but I did it with one person, and the surgeon general went along with me. It was a person—I could not renegotiate one of the blackballs, I'm going into that imagery now—I still needed him. I wanted him, but for personal reasons he couldn't do it then. He could have

done it four months later, but we couldn't wait. But the surgeon general backed me on that. But even to qualify that I thought he would anyway because he knew the guy and he liked him, so I thought I was on pretty strong grounds in doing it. I wanted him, but I also knew the surgeon general would have liked him personally because he was one of the few really—well, no, I don't want to say it. He was one of the guys that the surgeon

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general knew personally and knew professionally quite well, and he was a rather extraordinary guy.

So then what I was after, after these personal qualifications, was another kind of a thing, and that is, it's a corny old term, interdisciplinary. So I had to set up a committee of chemists, of physicians, pathologists, physiologists, the whole smear. I had a statistician, epidemiologist, all of the different disciplines that would impinge upon this problem, which added the kind of the final selection of the committee. This was kind of the final part, and this the surgeon general had to leave to me was: One, some guys could be capable on all the other scores but really aren't, for various reasons, aren't really good interdisciplinary men; they keep falling back on their own bailiwick. Other guys are really brilliant cross-fertilizers, interdisciplinary men. This is what I was looking for. They all had to be of this capability, and I used several criteria on choosing this objectively, not just my seat-of-the-pants judgment of what the guy was like and what people said, but also professionally what have they done. And I tried to pick guys who had done, like me, at least two, in medicine, at least two very different kinds of things, preferably more. For example, one of the guys was a Ph.D. in genetics, a professor of thoracic surgery, a clinical professor of thoracic surgery, a laboratory experimentalist with laboratory animals, so he of his own background, objective background, went through quite a few different channels.

Our oldest and wisest man and my greatest friend and the greatest man on the Committee was Stanhope Bayne-Jones. He was kind of the.... We never had a chairman in the sense of Walsh McDermott, but he was kind of the unofficial chairman. And old B. J. had been dean of a medical school; he'd co-authored the greatest textbook in bacteriology ever written; he was a pathologist; he was in charge of the Typhus Commission during World War II; he was an epidemiologist; he was a medical statesman, a true medical statesman. In his career he had done just about everything that a man can do in medicine. I mean not one or two things, he'd done about fifteen different things, and in his own self, in his own being, almost integrated the entire field of public health and medicine, all embodied in one person; plus, he was wise, he was warm, he was witty, and he was just kind of a reconciling person. And, boy, he got us off the hook several times when we got locked into some pretty bitter fights, couple times, between several different people. He'd wait for just the right time. He had directly or indirectly taught almost everybody there. So he was kind of, he was literally the father. He was older than anybody. And then he had little pink cheeks kind of like Santa Claus. Whenever he would tell a story, it was always humorous, always warm, but even more important, it was incredibly insightful and to the point. And when it was over somehow the two combatants could, more important, sit back, they enjoyed all the laughter, and then they

could kind of laugh at themselves, too. He was never vicious, but just everything was just.... it was just the right touch. And he saved us from a couple of possible serious collisions.

So this final thing was balancing the personalities and the people into one cohesive body. I wanted balanced personalities, and kind of everything into kind of an organism. I wanted a sprinkling of real hard-nosed guys; I wanted some audacious guys, besides all these other qualities, and it was in their framework, temperament; I wanted a couple of very tight reasoners. Everybody had to be. I mean, there were certain qualifications that, this is what we all had to have. But I wanted this sprinkling of different temperaments and personality types, and we got them, oh, we got them. It

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was a most incredible collection of guys that ever sat around a table. Everybody was lusty to some extent, vigorous.

Later on I found out that one guy definitely had his mind made up all across the board. He was the one we sequestered. One of the other guys fairly much had his mind made up on smoking being bad, but he was a real extraordinary guy and he recognized he had; he played it straight all the way through, and he kept this off to the side somewhere and he played impartial all the way through. But I will say, honestly, that at least six or seven or eight of them, just like me—as well as an adult, highly trained, highly disciplined guy could—hadn't made up his mind on this situation yet. Whether I'll put it in here now....I'm not sure that I'll say the same for all the people in the Public Health Service. They were not as honest, definitely not.

MOSS: Okay, let's take a break right there.

[BEGIN SIDE II TAPE II]

HAMILL: Okay, where were we?

MOSS: Let's see, you'd balanced the personalities ...

HAMILL: Yeah, balancing the personalities of the committee. Committees are used in a lot of different ways. Committees can be used as kind of figureheads, and then one or two people do all the work, and then they kind of endorse something, whatever that level is. Committees can take the problem and then break it up into their own compartments and each guy handle their part of it, and somehow you put the whole thing together like a mosaic, but each guy kind of totally responsible for his area, you might say, like they used to do here in the state legislature on local issues. Every local man, when he wanted anything, nobody in the other twenty-two counties or whatever they were, ever questioned him. Each guy had total authority in his own area, and they just put the thing together.

Of course, the committee can just be a front, too, but of the legitimate uses. The other way is the most difficult, and that is, I wanted the entire committee, every man on it, to totally

participate in all essential problems, each man be creative, and each man contribute to the ultimate synthesis. Not to be democratic, because I'm not necessarily very democratic anyway, but that's where I thought our strength would really lie. Now, of necessity, in the detailed examination of data, he would have to break up into areas for the detailed examination of your kind of basic rooting. But in all essential arguments, all of the essential arguments.... For example, I wanted the guys who were primarily cancer men to follow all the main arguments and participate in all the main arguments on emphysema, whether they had ever been involved in emphysema before or not. There's another advantage of a superior intelligence encountering a problem for the first time. Some exciting things happen. Some very exciting things happen, and this was one of the things I was trying to force.

Now, I viewed this whole essential problem, the essential process, as an epidemiologic problem. Epidemiology being a rather difficult to describe specialty it's kind of the philosophic framework, in some ways, of medicine; it subsumes everything, it's the great synthesizer. We have some specific skills; one of our skills is using biostatistics. But in order to be a good epidemiologist, you also have to know

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test tube research, survey research, clinical research, ethnopathology, physiology. You need a great everything; we're the great integrators. We are the cross-fertilizers, the multi-discipline men, if we're anything, and some of us aren't anything, I guess, I don't know. Or sometimes all of us are nothing, whichever way you want to express it. I mean an ophthalmologist always knows what he is and what his area is; it's taking the eyeball and doing certain things with it surgically and by refraction and so forth and so on. He always knows what, his province is. He doesn't deal with the rectum or the big toe; he deals with the eyeball. We deal with everything: God, man, the universe, the stomach, the bed-wetting, everything; all of it's ours, and applying a whole host of different disciplines to arrive at our answers. So in one way I was trying to hopefully in a year or two years or however long we were going to do the thing, not to preach to them, but make every man, even our pharmacologist—that's the study of drugs and physiology—try to make him an epidemiologist. And all these guys had to be capable of learning this even though they were some sixty-four, sixty-five.

MOSS: Let me ask you two quick questions here: One did Terry have any feel for this kind of thing that you've been describing?

HAMILL: Not particularly, no.

MOSS: Okay.

HAMILL: I don't think he knew what I was talking about, frankly.

MOSS: Oh, okay, let me follow that up. Do you think this had any effect on his relationship to the committee and what it did?

HAMILL: I think eventually, yes.

MOSS: Okay. And we'll come to that. Second ...

HAMILL: I think he thought we were a little too, too highbrow, frankly.

MOSS: Okay. Secondly, what about the members...

HAMILL: After all he was the surgeon general, and he had for various kinds of obligations, pressures. His only job was to come up with a pronouncement.

MOSS: Right. Right.

HAMILL: That wasn't my job. See, in all honesty, we had, even when I disliked him, we had different jobs.

MOSS: Okay. Let me quote from page thirteen of the report in which there's a reference of early indications of, I quote, "unexpected explorations arising out of an encyclopedic approach." Is this what he was referring to?

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HAMILL: He didn't write this report.

MOSS: Well, I mean, or...

HAMILL: He didn't write anything, he didn't....

MOSS: ... what the introduction was referring to.

HAMILL: He didn't have anything to do with the introduction.

MOSS: He didn't. All right.

HAMILL: No. No. Try that again.

MOSS: All right. On page thirteen there's a reference to the delay, I mean to a projected delay.

HAMILL: A projected delay?

MOSS: Right.

HAMILL: Yeah. Okay.

MOSS: Based on early indications of "unexpected explorations arising out of an encyclopedic approach." Page thirteen. Have you got it?

HAMILL: Are you quoting, or are you....

MOSS: I'm quoting the unexpected explorations and the encyclopedic approach.

HAMILL: Let's see. I've got the encyclopedic, but that's..... At first the encyclopedic approach was being considered...."

MOSS: Okay. "It was soon found to be impractical to do all of this in any reasonable time and certainly not under the urgencies of the existing...." Oh, here's the "unanticipated explorations." See?

HAMILL: Oh, let me....

MOSS: "A plan was adopted at the first meeting [inaudible], but this had to be modified as new lines of inquiry led to unanticipated explorations. At first an encyclopedic approach was considered [inaudible], but this proved to be impractical, or was found to be impracticable [inaudible] to do all of this in any reasonable length of time." Okay. Was that in direct reference to the kind of thing you've been talking about or not?

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HAMILL: To some extent, yes. Getting back to the perspective on this, I didn't write this final report.

MOSS: Okay.

HAMILL: I was in the hospital. I was, oh, for the last four months.... Let's see, I was hospitalized in middle of August....

MOSS: Came out in January, right?

HAMILL: Essentially, the end of December.

MOSS: Yes.

HAMILL: But then January.... But it was all finished before Christmas. I was hospitalized the last four months. I still had contact by phone with some of the committee members. All the essential decisions had been made; the technical decisions had all been made. Before I went to the hospital I checked with all the committee

members on what they'd made their mind up on. I told them what I had made my mind up on every single important issue. We all more or less agreed on everything across the board, on all the important things.

They took directly quite a bit of the stuff I had written earlier and embodied in there, but a lot of the specific wording.... They brought in a couple of professional writers from the Public Health Service. They weren't outside people, but not information; they were better than information officer types of people. They were people who were experienced in writing technical bulletins. See, they didn't make any decisions, but they did do some of the phrasing. It was all gone over and edited and re-edited, but they did a lot of the actual work in the cutting and pasting and tying a lot of stuff together.

In the original plan, or it was in my mind, the most likely thing would have been if Kraybill had not been fired or if we'd gotten somebody else to run that, then I probably personally would have ended up writing the entire report, every word. I mean, for their approval and just like I wrote all the minutes. B.J. complimented me after one of the minutes, he said, "These are truer than life in that we really didn't speak that clearly and that intelligently." You know, kind of like Shakespeare makes his fishwives far more articulate than any fishwife ever was in history.

MOSS: Well, in a way this is getting ahead of the game a bit, I think. Back to what I was talking about before: I was asking if Terry had any appreciation of what you were trying to do, and you said no.

HAMILL: Not really, no. In fact he had a little bit of an antagonism, I think, towards it.

MOSS: All right. And secondly, how about the members of the committee?

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HAMILL: I would say out of, let's see, the ten guys—one, two, three, four, five, six—six definitely understood, appreciated, and were almost wholly in favor of what I was trying to do.

MOSS: They were actively involved in your approach.

HAMILL: Yes. One, two others were friendly, but more aloof in the sense, and each for a different reason. One was so busy on some other stuff that he just couldn't pull as far. He did his work, what he agreed to do. In fact, he did before anybody else did, did it very plainly, but for.... then this was completely acceptable.

And the other guy was also friendly, but he was kind of really incapable. He was really quite dissipated. He was a little too different. He was a foreigner by birth and I guess until he was, I don't know, forty, he had a little bit of a language problem. He had perhaps the most encyclopedic knowledge of anybody I ever knew in my life; I mean he was literally a walking encyclopedia. He was always right; however, he couldn't focus on anything. We all loved him, but we wished to God he would shut up, you know. He meant well. He was

lovable. The only reason he took the assignment was I talked him into it and almost on a basis of, and I'm sure he accepted on that basis, of kind of an obligation to his new country, literally. But he couldn't.

Then two others: One we, as I say, sequestered, and the other was just kind of a little bit of a bastard, and he did part of his job, but he didn't hurt any of us, and he didn't attend all the meetings till he was.... In overall he just about cancelled out. In other words, a little bit of the annoyance was cancelled, I would say, on balance, cancelled out by a couple of minor contributions. He had a big name. Frankly, he was over the hill, age-wise and profession-wise, and he just wasn't going to work that hard. He just wasn't about to, and it wasn't because he was so busy, he just wasn't about to. But—can we just turn it off for just a half second, because this is very personal.

MOSS: Yes. Sure. Sure. [Interruption] Let me interject something here. In this early stage, prior to the first meeting in November, was there any involvement of the HEW [Health, Education and Welfare] people, Boisfeuillet Jones or anybody of that sort?

HAMILL: Buffalo?

MOSS: Boisfeuillet. Boisfeuillet Jones.

HAMILL: Not much. We didn't think much of HEW in those days anyway. I knew Mr. Jones, and I'd talked to him a little bit. I asked his advice on a couple of people, and he gave me his advice and just what I asked. He was very nice, but, well, we didn't.... It wasn't particularly important. I mean organizationally it wasn't particularly important. We were pretty damn independent in those days.

MOSS: Yes, in a way PHS [Public Health Service] was a feudal barony itself.

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HAMILL: We didn't care what the.... I mean, the secretary of HEW, Tony Celebrezze [Anthony J. Celebrezze], he really didn't have the vaguest idea of what was going on in PHS, and we didn't even care what he thought about this one way or another. I think the surgeon general, he might have taken him the list after the announcements were made; I'm not sure. But we had not the vaguest intention of. ... Even if he wanted to make any remarks, we wouldn't pay any attention to what he had to say. We kind of operated that way, rightly or wrongly, on purpose. But Boisfeuillet Jones had a little bit of input, but it wasn't very great. Bill Stewart [William H. Stewart], who was his assistant, who was the most recent surgeon general, if that's what you want to call him, absolutely no input whatsoever. He didn't offer any and he wasn't asked for any, and if he offered any, it wouldn't have been—I think I can say I certainly wouldn't have used it. I have strong likes and dislikes, you know. So other than that.... Well, FDA is in the Department; yes, that's in the Department of HEW. We formally allowed them to say things, but I'm going to get to the

interdepartmental stuff. I set up a separate committee for those people, and I'll get into that later when I review some papers so I know exactly who I'm talking about because I get a little confused between the FTC and the FDA guys. There was a guy, a chemist from Bureau of Standards.... The Department of Commerce: was involved at one time.

MOSS: Well, Standard comes under Commerce.

HAMILL: Yes, but there was somebody else in the supervision or something like that who was involved at one point and then he kind of pulled out, I think in deference to Standards, I think. It may be that; I forget now how it all went. But this is a separate story; it's an important story, and I'll go into that, and I can be rather clean and precise about it. And I knew some of the people. I knew the director of the National Bureau of Standards, he's probably one of my best friends. And I definitely wanted Standard involved, I wanted Standards involved. But I'll go into all that later. I think that answers your HEW thing.

MOSS: Okay. Now where are we in terms of development here?

HAMILL: To step back to the committee, which is the important thing, and what they were like and what they should do and shouldn't do. Now, I told you how I selected the committee up to a point, and that was all these lists. I ended up talking to all the guys, of course. Then I made.... Originally I wanted twelve guys because most of my analogy was a jury business. I literally wanted twelve guys. I was the one who decided about how many we had. I literally wanted twelve, then I was going to keep two places open. I couldn't exactly decide who I wanted in the behavioral sciences, exactly, what kind of a person, so I elected to not do anything at the time. And there was one other guy, Julius Comroe, who didn't quite fit any of my categories but I definitely wanted him on, but he couldn't accept then, and I was planning on having him come on about three months later. He's just so extraordinarily intelligent, and unusual, a mean guy as a person. I don't think he has any friends, but just an extraordinary guy. So I wanted to keep a place open for him. So those were why I ended up with ten. These other two were later. And then the committee—and wisely so, after we went through certain things—said, "Hell no, we

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don't want anybody else." You know, "We're an entity now, and we closed the door." That's why we ended up with ten. That's how it happened.

MOSS: Almost an organic thing.

HAMILL: Yes. Yes. Yes. And because it was truly organic, that's why I didn't push to reopen, well, for a couple of reasons, couple of other reasons. I'm quite sure I could have persuaded them then to go for twelve, but a couple of guys who were already on the committee and already done some work specifically didn't want Julius

Comroe on the committee, as a person. They didn't want to work with him because he's a mean guy. He's waspish, and he tries to run things pretty much. One of the guys had already done a lot of work on the committee, and he had more right than anybody else because Comroe's area and his kind of overlapped, and so I said, "Okay." So I gave in on it. I wanted him on, definitely. But by definitely, on the base [inaudible] of this, I said, "Okay, I'll give in on that, definitely," which I did.

The behavioral thing was one of my heartbreaks—it was the thing that never worked—because this was one of my strong areas and I had specific designs. What I wanted on my staff, my study staff, a guy who was no longer in the Public Health Service. I wanted to talk him into coming back in to work to be on my staff. He's a really brilliant—we were friends at Lexington—research psychologist, and we worked together a lot, and I wanted him on my staff. And then when he came on my staff, then he and I together would decide who we wanted, not only what kind of a person, but then also specifically who in the whole behavioral science area. For various reasons he couldn't and didn't come on, and as a result this area, which to me was probably the most important single area, besides the essential thing of epidemiology and statistics, substantive area that I wanted handled, and it was never handled properly.

It's kind of a, frankly, kind of a little bit of a rinky-dink job done by some pretty good guys, but they came on late, and they were Public Health Service guys. I think both of them were social psychologists, which is a specialty that is kind of a flaky specialty. And they came on quite late and did most of their work after I left, and they never came on a really creative level at all. It's kind of a real pedestrian job. It's relatively accurate, but it's really quite pedestrian, that part of the report, and that was the part I wanted....

See, I could conceptualize the whole problem. I had been more or less dealing with this kind of thing for five or six years. I could conceptualize the entire problem. I knew what the soft underbelly of the whole problem was. If there was one, the real creative work was going to be: What breed of cat is the smoker? Is the smoker, whether it be constitutionally or genetically or just style of life, is he truly a special breed of cat? Now, the second question is: Because he is a special breed of cat, how does it lead him into doing other kinds of things which may create various types of diseases?

There were many different possibilities. If, first, the smoker is truly an identifiable breed of cat, then there are quite a few different possibilities. It can be either truly genetic, genetic and socially determined, or in his life style. For example, I think we can pretty well say that there's a very high correlation with gamblers and smokers, very high correlation because in some peculiar ways smoking; is a kind of gambling. There's a high correlation with smokers and drinkers and gamblers. This is

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a kind of a breed of cat. Now, the old correlation between smokers and cirrhosis—which there is a definite statistical correlation, there's no question about that—is undoubtedly mediated through drinking as the third common factor and even more than just drinking, but also this little bit of careless, little bit of gambler, little bit of reckless, little bit of heedless type of person.

And this was the area I really wanted to get into, and it was never really gotten into properly, and what was done, it was done too late. In other words, we made most of our decisions, central decisions, that guy wrote on a little piece of paper circulated to most of the guys, it was completely unofficial, the surgeon general knew nothing involved whatsoever, and it was none of his goddamn business. This was some of my betting odds I just quoted a while back on what I felt about some of the different relationships and lung cancer, heart disease, and black [inaudible] emphysema. We had to do all this before even this pedestrian job wasn't even done at all then. In other words, I had to close a pattern that I considered premature. But I had to do it because by this time the surgeon general had moved in and given us a time limit, and that itself....

MOSS: This is one of your leaps, in a way.

HAMILL: Yeah, but this was a leap that was forced unfairly.

MOSS: Yeah. It was forced before you were ready to make the leap.

HAMILL: It was also forced before we were promised we were going to have to make the leap.

MOSS: Yeah. Okay. Right.

HAMILL: That's important, see, that's important. See, before I was ready, that could be for several reasons: One, I didn't prepare myself in time to be ready, and that could be a failure within me. So that's trough, you know, happens to all of us, [inaudible] first kinds of leaps before we were ready. This was a leap we were promised we would not have this factor, pressure on it.

But anyway, the nature of man is a funny thing. And I think I have sorted some things out when I said there were six of the guys who were basically in sympathy with me. It's all just a more-or-less thing, anyway. At the time I thought it was more in harmony than I am quite sure it was. What a lot of them were buying was me and my enthusiasm. That's what a lot of them were buying, and they were ready to support it to the hilt. That's what I mean by camaraderie. And they would, I'm quite sure in some circumstances they'd say, "Well, I'm not quite sure about this, but by God, if that's what you want, then, okay." In retrospect several of them misinterpreted it, several things I wanted, in good faith. And unless, I guess, you live together for ten years, you never really know what's in the heart and mind of another guy anyway, you know. Sometimes you think you do, but you don't really. But still, I mean, still there were six that we were definitely, basically, in accord. But there was, as I say, in retrospect now, there was a wider divergence than I thought, than I did think at the time.

In fact, that caused a little bit of confusion in that several times they tried to help me in various ways, and this was necessary to try to pressure the surgeon general

into keeping one pledge, which he never did keep, and that is, let's see, I'm quoting from page thirteen again, "and he pledged all support possible from the United States Public Health Service." Bullshit. I like to find that quite a number of times. He just plain reneged on that promise. And that's, you know, I'll stick to that term, reneged.

Now, which comes to the next point, and that is, how the guys accepted. I talked about how they were chosen, how they accepted.

MOSS: Okay.

HAMILL: The cleanest acceptance I ever got in my life on anything—and I spent a lot of my career talking people into doing things, and usually good men, and that's the only guy that I'm interested in, usually, they're too busy, honestly—was Mickey LeMaistre [Charles A. LeMaistre], who was the youngest, and he was kind of... Walsh McDermott, who was my original prize. He was Walsh McDermott's [inaudible] in one way, and he was a guy that Walsh recommended. He was the favorite guy he ever trained, and I think he was a full professor when he was thirty years old. Pretty good guy. He simply wrote back, let's see, "I am honored, I accept with pleasure." That was all, you know. Just as short as I've.... without conditions or anything. So he didn't require any talking into.

One guy had to get called up in England, first he was in Italy and then in England, and then finally he accepted from England. He didn't quite know what he was getting into, but in some ways he was a great guy. He was the most maddening of all the guys because he, as I accused him, I said he was just like a whore that never said no. And then, saying that affectionately, he always over-committed himself to everything, and he accepted pretty readily without really knowing what he was getting into. And then for months he would never do what he.... He would promise in all good faith, but he was just over-committed in twenty different—I mean, he spends his life being over-committed. As I described to him a couple of times in a kind of half kidding and a half serious way, "You not only have to get you in a corner, put a gun to your head, but you've got to be convinced that there's a bullet in it, that I cocked the trigger, and that I will pull the trigger, and then when you're convinced of all those things, then you'll start to work." And that's, and that's....

One of the other guys that I didn't choose, I guess he accepted readily. One, two, three, four, five, six guys I talked into accepting in varying degrees, at least two or three of them almost on a pledge, on a personal pledge of mine carried in all good faith from the surgeon general that.... Every one of these guys had served on various kinds.... This wasn't a new game to them. They were all busy; almost everyone was a chairman of a department, and they're all.... none of them looking for something to do and not the prestige, either. At least two or three of them really couldn't afford to do this, they just couldn't. One of them almost forced his university to give him a year's leave of absence just to finish his goddamn job, which I still resent the Public Health Service maneuvering a couple of the guys involved into that kind of a position and then reneging on some bargains.

On this extraordinary support, they first would say, Ha! Ha! I've heard this story before. I say, "Surgeon general promises with his heart and soul this is totally unlimited. The support is unlimited. You name it, and presto-chango, it'll be there. That's his promise."

Unfortunately, I repeated this with.... Not to be a salesman and a con-artist, but I really believed the surgeon general. I was in one way part of it, kind

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of a, let's see, I was thirty-four, thirty-five then, and I guess I was a little bit awe-struck, I guess, by dealing directly with the surgeon general and the assistant surgeon general. And I somehow may have emphasized things that guys like this—you know, you could always take their word; that you just didn't question them that their word was.... You could literally stake your life on it. Needless to say, I discovered feet of clay and rather painfully.

But at least two or three of these guys were really reluctant. They were realistic. I spent several weeks courting them, dogging them, conning them, pleading with them, and made every promise known to man. And personally.... By this time this was getting into late September or early October; we were already a month or two behind the original schedule, the early schedule, which I'll get back to in just a minute. I was really getting cranked up by this time. I almost pledged my life to try to carry out every one of my promises, almost every single one of them to these guys. I wasn't able to. It was just impossible. I never got the resources that these.... This blank check—let's see, I'll repeat again. Literally when it came time for me to cash in and he pledged all support possible from Public Health—ah! Ooh! That's an interesting clause, "possible." Real beautiful qualifier.

MOSS: The universal out.

HAMILL: Yeah. When I started trying to cash in for this, it wasn't there, believe me. And boy, I got a merry run around from some pretty big guys. There was a lot of intensity in this whole thing, not just on my part, but on.... I mean on my part it was the most highly charged thing I've ever done, and frankly, I don't think I will allow myself ever to get in a situation like that again in my entire life, ever, under these circumstances. It may happen, but I will do everything I possibly can to avert that, I mean, that degree of charge and intensity. Some ways I was trying to achieve the impossible. I knew it at the time; I somehow almost thought we could do it, really did, I really did. Momentum started to build up. And even though I'm a Republican, a little bit of the Kennedy enthusiasm was infectious, believe me. And a lot of people were beginning to think they could do the impossible, a lot of us. It was almost in the air at the time, if you recall. This was late 1962, and things were, Washington was a pretty exciting place then. And I wasn't politically at all in sympathy with the Kennedy Administration as a real hard-nosed Republican, but begrudgingly, emotionally I was very much in tune with him and this sense of excitement and that some of the previous impossible things maybe they weren't so impossible, that maybe man was becoming a little bit different, you know. Some kinds of dreams were.... You know, you almost began to entertain some younger dreams, you might say.

MOSS: Almost like a second adolescence.

HAMILL: Yeah.

MOSS: Yeah.

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HAMILL: Yeah. You started to believe people a little more than you....You started to throw a little bit of caution to the winds, started to trust people a little more than you knew was wise. And this happened to all of us, except, I think, the surgeon general. I'm quite sure it didn't happen to Dr. Hundley, who was the assistant surgeon general; I think he was a calculator all the way through. I think in seven years of re-evaluating things, I think I'd accuse him of that. And this is one of the worst accusations a person can make, and that is capitalizing on the dreams and enthusiasm of other people. In some ways that's the worst kind of....it's almost the ultimate in violation of human decency, I think. It's worse than the worst kind of pimp in the world because it's...

MOSS: The same kind of thing in a way.

HAMILL: I know, but it's even worse because it's capitalizing on a vulnerable side of people and kind of making traffic of it and making mileage of it. And I think I'll accuse him of that.

MOSS: And really people are no damn good to each other unless they can afford to be vulnerable to each other.

HAMILL: Right. As we used to say at the narcotics hospital, which was pretty damn discouraging place, "If you're never fooled, if you're not taken in by any of the junkies, you're not worth a damn." You know, you can't be conned too frequently, but if you're never conned.... A couple of guys were proud of the fact of never being conned. Well, they weren't worth a damn because that means they're just not open to anything. And that's the way it goes. I think that's generally true of all of life. If you never make a mistake, that means you've never done anything. You know, it's the same kind of thing. And if you're never open; if you're never hurt, it also means you've never really been open, too.

So I'll have a lot to say about Hundley and Terry and personal relationships. I don't necessarily accuse Hundley of calculating from the very beginning, but when things really got tough, he knew where his skin lay; ain't no question about that. He wasn't going to be a Bartholomew, not at all, not at all. And he knew where the pressure points were, too. He knew where they were, of everybody's. And bless his heart, he ended up getting the Distinguished Service Medal for it all, which is the highest medal possible for the U.S. Public Health Service. It's a little higher than the Navy Cross; it's just under the Congressional Medal of Honor. It's quite an award, and that's what he got for it.

Part of it, our decisions, I guess, you make.... I made a decision. I won't explore that whole thing right this minute, but I made the decision to find out if, you might say, running legs [inaudible], I decided.... I don't know what was always, and I never will know what was

really in the heart and mind of Jim Hundley and how he used people, and I don't know what all his pressures were, but I will say this, and I did something to not just say it, but in changing my life: Never do I want to be in a position where I feel I have to sacrifice good people for the sake of an institution. I mean, that's a tough decision. I know that generals have to do that at times. I mean, there's no question, but it's not really....What they never do....No. No, they don't; they don't sacrifice ever a man for the sake of an institution. The only time a good

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general will sacrifice a man is to save ten others, but never an institution. So that's a little different and he did it in the best motive for an institution. On speculation, there's the old saying we up in Alaska, "You never judge a man until you've walked in his moccasins." There were incredible pressures built up; really, I mean, a mess. And as old Uncle Harry used to say, "If you can't stand the heat, get the hell out of the kitchen." And I would say he was feeling a lot of pressures, immense, but I don't know what they all were, but this was his way of resolving his pressures, or if pressure's the word, impinging upon him.

And on that kind of a resolution of a problem.... About three or four years ago, after trying to understand and struggling for a few years to find out what the hell hit me—I was physically sick for some time and I was just kind of steamrolled by the whole thing—and then kind of picking up the, you know, shaking your head and say, "My God, what the hell was that?" I elect as a human being.... Or another way: There's no issue, certainly social or political issue in life worth positively sacrificing myself and never anybody else, ever, like that. See, I, in some ways I'm quite....

There may be general interpretations, but I guess as a junior officer they used me to get the committee to do a particular job, real tough job, and a dirty job. Now that they got their product, they got a hell of a lot better than they ever deserved, a hell of a lot better. They never paid for all that, neither personally, neither Hundley or Terry personally. By that I mean their own involvement or understanding or heart or soul or even, on a more objective level, in resources of the U.S. Public Health Service, they never.

What occurred quite a few times, they were not willing to buck several feudal barons. I got caught in several of these crossfires. I would say I need such and such kind of a person. They'd say, Find him. You finger the person, you can have him. I would spend weeks. I had to be careful, try to get just the right kind of guy because the wrong kind of guy was worse than nothing at all. I spent one, almost two months. I must have talked to forty or fifty people inside and outside of the Service, and led me to one guy. No question, he was the guy I wanted. So I went to Terry and Hundley and said I want such and such a guy. Well, we need him on another thing. You can have anybody but him. This happened about three or four different times in different kinds of circumstances.

They've had me in the sense, whether they really understood certain kinds of decisions I had made, in the sense of I just pull out all the stops on this personal stops. Margot [Margot Hamill], my wife and I didn't go out, I think, for something like eight months literally didn't see anybody, go out. I worked seven days a week. I'm not built that way. I'm a racehorse, I'm not a plow horse. I'm not saying this in a value judgment for either racehorse or.... Part of it's

simply the way my nervous system works. I had made several kinds of pledges on what I would sacrifice to get this thing done, and I think by instinct they understood this and they kind of understood that they could use me any goddamn way they wanted to, and they did.

Towards the very end I got tough on a couple of points. If I'd gotten tough earlier, it would have probably worked. They were bullies in some way; they got away with as much as they could. And when I say tough, I mean I got one extraordinary gal. She started off as my chief secretary in a bunch of secretaries. I kept three or four gals as I dictated day and night. This gal was extraordinary. God, she could work! Jesus, she could work! She would work twenty-two hours a day. She was a steno-typist. And she could drive the other gals. She was hard, but she was warm. She was kind of a

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combination. She was meaner than hell to them when necessary; didn't take excuses from anybody. And I knew her family situation in pretty well, and she needed more money. She got a better job, and then she was offered a hell of a job. You know, steno-typists are in pretty big demand. And she knew what it would mean to me if she left. And they needed the dollars, no question about that. Her husband drove a taxicab, and he had some kind of type brain injury from the war, and he was of limited work ability.

And so she agreed to one thing. The job she was offered.... She would've agreed if I got her.... She had been a GS 9 or 11 when she left the government three or four years before and went into private industry. She came back as a, I don't know, 5 or 6 with me. And they kept dragging their fannies the way they usually do. And she was offered, in a steno-typing job—she needed the dough, just like this—it was about five thousand bucks more than she was getting right then. So we figured things out if I could get her a 9, which was a double, I think it was a two and a half jump, and it was against the Whitten Amendment and crap like that, but I know it'd been done. It would bring her within, I think, two thousand bucks a year less than the other job would've paid her. But she said, "Okay, I'm in it, too," so said, "If you can get that," she would stay through the study. So they started giving me a bunch of double talk. So I finally really blew my stack. I told Hundley and Ken Endicott both one day that I don't give a goddamn what the amendments say what the paperwork involved is, if she leaves I'm going the next day, just like that. The very next day we got word she'll get her double jump. Because I meant it. I meant it then. I had just about enough crap; in fact, I'd had about eight months too much of it. And I really meant it. I don't know whether I'd have resigned. I don't know what I'd have done, but I was going to walk out and they knew it. So they got it.

But I didn't really know how to lever pressure, how to manipulate with.... some of these guys were past masters, for God's sakes. You know, this was sending a little boy out with a slingshot out with big men in their castles with cannons, for Christ's sake. I wanted one guy really badly on this thing. They said, "Okay, if you can talk so-and-so out of it, go to. Good luck. You can have him." Well, I had about as much chance as a snowball in hell to talk him out of one of his best men. He just laughed at me. I mean, literally, he said, "Who the hell are you?" You know, he said, "If the surgeon general orders me, tell him I got to do it. I don't know. Who the hell are you?" I couldn't get the surgeon general to order him

blinded like that. You know, he promised me he'd call him and try to talk him out of it, but he would not order him.

I'm sure in retrospect: had he ordered him.... I know the man, Alex Langmuir [Alexander D. Langmuir] from the CDC [Communicable Disease Center]. I'm positive he'd have let the guy go, grudgingly, but in some way with a certain amount of pride, too. He'd have been bitching like hell, but he'd have had a certain amount of pride in doing it. But as long as Terry wouldn't have the guts or whatever it was to say, "You've got to let him go, we need him," then Langmuir was playing his game. He didn't want to let him go. I don't blame him because the guy was good. So a little bit even if Terry didn't know how to utilize the power of the surgeon general because in some ways Alex Langmuir was a good enough man in the Public Health Service to honor the authority of the surgeon general, not because he was Luther Terry, but because he was the surgeon general, and saying you've got the right to say, "I need this man," and I don't have the right to say, "No, you can't have him." You know, that's kind of what our contract within the Public Health Service, is. That's what

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we all owe the Public Health Service. And this is kind of a commercial. That's what we've lost in the Public Health Service. I mean, Terry learned it later on, but he didn't either care to or know how to at this time.

There was one thing that mystified me in talking about some of these big guys—it was exciting, really exciting—was Ken Endicott. I never figured him out; even today I haven't figured him out. Unless I so much misread a guy in my life.... I told you I acquiesced in October to accept kind of both positions, at least temporarily. I only did it after I went out and talked to Endicott on his farm. In fact, he was off on his tractor that day, and he came in, and we had a couple of beers. Arid he's quite a character, bright, exciting, powerful, gouty, and I don't think a double dealer. I told him, I said, "Frankly, I can't do this on the administrative stuff without a hell of a lot of backing from you. I just can't do it. I haven't got the time, I don't have the resources, and I don't have the savvy; and I also don't have the entree to the other parts of the service." I said, "Jim Hundley needs me to do this. I don't really want to do it, not at all." And I knew that Hundley and Endicott were, had been close personal friends. Their wives were, at least, at least their wives were close friends. I don't know if the two guys, honestly, I don't know whether they were close personal friends, but I knew the wives were. Endicott offered me another job, a very exciting job. I said I'd have given my left arm to have taken this any other time, but I can't do it now, and he said, "You can count on my support." That's when I decided to tell Hundley the next day that I would do both jobs. And it was never really forthcoming, and I just never quite understood why or what happened.

MOSS: Okay, we're about out of tape.

HAMILL: Okay.

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Dr. Peter V.V. Hamill Oral History Transcript—JFK #1
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