HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

Lewis E. Weeks Series

E. Evelyn Flook

E. EVELYN FLOOK

In First Person: An Oral History

Lewis E. Weeks
Editor

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION
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E. Evelyn Flook

CHRONOLOGY

1904	Birthplace and birth date - Knoxville, MD, October 20.
1923	Maryland State Teachers College, Teacher's Certificate
1923-1934	(Public School Teacher) Brunswick and Olive, Frederick Co., MD; Lanham, Prince George's Co., MD
1935-1977	U.S. Public Health Service
1935-1942	Study, tabulation, analysis, and writing reports of information gathered from health department records of various types.
1942-1947	Planned and directed activities of unit charged with development of report forms for the description of the operation of health department programs to serve the administrative needs of federal, state, and local health agencies.
1947-1954	Development and installation of program review procedure as a device for acquainting the federal agency responsible for administration of grant-in-aid funds with operations of state health agencies.
1954-1960	Planned and directed studies of public health organization, administration, staffing and financing; studies of current health needs and adequacy of existing resources and services to meet these needs.
1960-1967	Served as principal assistant to Branch Chief for stimulation and development, on a nationwide basis, of research and research training in public health practice.
1968-1973	National Center for Health Services Research and Development, DHEW title of position Associate Director.
1973-1977	Member of Health Services Research Study Section (Part-time consultant to National Center for Health Services Research and Development)

COMMITTEE AFFILIATIONS

1950	Member of Committee on Staff Development - Director of State Grants - BSS.
1951-1954	Chairman of Working Group on Service Statistics of the Public Health Conference on Records & Statistics.
1953	Secretary of the Joint Committee on Public Health Service - Children's Bureau Records and Reports (A Subcommittee of the Federal Relations Committee of the State and Territorial Health Officers Association).
1953	Consultant to the Subcommittee on Manual, of the Committee on Administrative Practices - American Public Health Association.
1953	Member of Committee on Interagency Relationships in Grant-in-Aid Programs Providing Medical Care.
Early '50s	Member of Subcommittee on Qualifications of Administrative Personnel (Non-Medical) in Public Health Agencies, of the Committee on Professional Education - American Public Health Association.
1961	Member of Committee to Organize the Division of Community Health Services.
1964-1966	Member of Bureau of State Services Community Health Services Project Review Committee.
1964	Panel member of Public Health Service Board of Civil Service Examiners (Examinations for Public Health Advisor - Public Health Analyst)
1965-1966	Member of Public Health Service staff serving the Secretary's Committee on Organization of the Health Activities of DHEW (Corson Committee).
1968	Member of Task Force to Develop Preliminary Suggestions of Functions and Methods for Further Development of the Program and Organization of NCHSRD
1968	Member of Working Group to Identify Health Services Research and Development Activities for Transfer Into the NCHSRD.
1974-1977	Member of Health Services Research Study Section - NCHSRD.

AWARDS

1956	DHEW Superior Service Award
1961	DHEW Nominee for Federal Woman's Award
1966	DHEW Distinguished Service Award
1972	Honor Award of American Acadeny of Health Administration (an APHA affiliate)

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IV. Venereal Disease Control by State Agencies. Public Health Reports 57:553 (April 17, 1942) Reprint 2369.

V. Sanitation by State Agencies. Public Health Reports 57:885 (June 1942) and 57:917 (June 19, 1942) Reprint 2386.

VI. Medical and Dental Care by State Agencies. Public Health Reports 57:1195 (Aug. 14, 1942) and 57:1235 (Aug. 21, 1942) Reprint 2395.

VII. Maternity-Child Health Activities by State Agencies. Public Health Reports 57:1791 (Nov. 27, 1942) Reprint 2425.

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WEEKS:

Miss Flook, this is your oral history. My first note that I have is that you began working for the United States Public Health Service in 1935, soon after...right out of college were you?

FLOOK:

No. I had taught school in the public schools of Maryland for about ten years prior to that time. But this was my first government service.

WEEKS:

Would you like to describe what the Public Health Service was like when you went there and what kind of work you were doing?

FLOOK:

Well, I went in at a very exciting time I think. The beginning of my service and the passage of the Social Security Act coincided really, within the same month. That Act, of course, carried authority for an enlargement of public health activities. But the appropriation did not become effective in 1935. The appropriation was not made for carrying out the functions that Title VI of the Social Security Act provided for. So that year was a sort of preparation...getting ready for the expanded activities.

Another, right at that same time, rather important event was the National Health Inventory. And at the time that I went into the Service preparations were being made for that. That started in late '35 and ran into 1936.

WEEKS:

May I ask what that involved...the inventory?

FLOOK:

It was made up of several parts. There was a household interview part. There was a health facilities part. And the 1935 business census of hospitals

was included in that too. Then in ninety-four selected counties, studies were made -- that was the facilities part -- with data collected from ninety-four selected counties. The household interview part revealed patterns of illness and particularly unattended illness...illness that had no medical services whatever.

Now I was not involved in that part at all. The part that I was involved in -- and not in the field work but in the analysis of the data that were collected -- was the health facilities part. From that we could determine the kinds of health programs that were being carried on or weren't being carried on in these areas. For instance, dental programs or nursing programs or other given programs. That was our part of the national health inventory.

The analysis of those data carried over several years beyond the time that the actual field work was done. Mr. George St. J. Perrott was in charge of the total National Health Inventory. The part that Dr. Joseph Mountin was in charge of, and I was assigned to his office -- the Office of Public Health Methods -- when I went into the Public Health Service, was the health facilities part.

Returning to the Social Security Act of 1935, Title VI of that Act was for general health services only; not for specific disease programs. Authorization for these followed rather rapidly after this basic authorization came through.

For instance, in 1939 there was an Act authorizing funds for venereal disease control. In 1945 there was authority for tuberculosis control. Then the Hospital Survey and Construction Act was passed, in 1946. Cancer control followed. However, control programs for cancer were not authorized by legislation but the National Cancer Institute allotted a certain amount to go to control programs. Then there was an appropriation later for heart disease

control. So all of those came on. It really meant that there was an upsurge of activity. In each of these instances that I have mentioned, the primary purpose of those grants was to go to state agencies to set up or to enlarge or enrich programs that they might already be administering, and then to make another appropriation from that state amount to local communities. So the idea was that this would feed on down from the federal authority to which it was appropriated, then to the states, and from the states to local communities.

The states selected their local communities and made their own determinations of the amounts designated localities were to receive. There were allotments worked out at the federal level as to how much of each of these funds the states would get. But after they had their allotment, they made the decision. They had to present a plan of what they expected to do back to the grantor agency at the federal level.

This was sort of the climate of things.

WEEKS:

Was this new money? I mean in the sense that...had there been this kind of support before or was this new?

FLOOK:

This was new.

WEEKS:

Up until this point we hadn't thought of the federal government entering too much into financing health services delivery.

FLOOK:

That's right -- state or local health services. No. The federal government had provided, up until this point, a number of direct services and the states had carried out certain activities. But, what were called the

Grant-in-Aid Programs were new for the Public Health Service.

In the Children's Bureau, funds had been available for health services to mothers and children since about 1921, I believe, through what was known as the Sheppard-Towner Act. The Children's Bureau got some of this Federal Security Act money too. Under Title V, not under the same Title that the Public Health Service received support for general health services. But the Children's Bureau, under Title V, got funds for maternal and child health care, crippled children's services, and some of the rehabilitation services there.

We, the Children's Bureau and the Public Health Service, since most of the maternal and child health programs were carried out in state health departments, these two federal agencies would be making grants to the same agencies in the state.

WEEKS:

I was wondering if back at that time -- talking about Social Security -- there has been a lot of conjecture about what Mr. Roosevelt's intentions were about a national health service or a national insurance or some kind of insurance section in this social security bill. Apparently there was so much opposition or they couldn't accumulate the arguments and the facts and so forth. Did you have that feeling at that time?

FLOOK:

Frankly, no. I didn't know enough about it to be aware of this omission. Now, there was another parallel activity that was very important. In fact, it preceded the Social Security Act. I mean the Committee on the Cost of Medical Care. That was a very important piece of work. They presented a whole raft of reports out of the work.

WEEKS:

I think there were twenty-eight volumes.

FLOOK:

That there were. But there was too much opposition to some of the things...to the majority report, which did make recommendations that the federal government should have some responsibility for seeing that systems of health care made actual provision for people getting the health care that they needed.

But at that time the AMA was extremely opposed to that. So those reports were made and impressed many people. The thing that followed that, the only actual involvement I think of personnel from the federal government drawn from several departments of the federal government was the establishment of a Technical Committee on Medical Care. There were representatives on that technical committee from the Public Health Service, from the Children's Bureau and from other agencies.

WEEKS:

Didn't Dr. Falk enter into that?

FLOOK:

Oh, yes. Of course he was on the original committee. But there was a carryover. He represented the Social Security Agency. Dr. Martha Eliot...she was the head of the Children's Bureau, and I think she was probably the Chairman of that technical committee. Dr. Joseph Mountin and Dr. Clifford Waller represented the Public Health Service. That was the way that committee was set up.

Of course, the original committee had filed its report before I went to the Public Health Service.

WEEKS:

1932, I think.

FLOOK:

So I was not involved with that at all. But for this technical committee, I did some of the staff work since Dr. Mountin was a member of that committee. Of course he was a member of a number of committees and he had to have some staff work done. And I did some of that. So I learned to know these people.

WEEKS:

Would this be a good point to say something about Dr. Mountin?

FLOOK:

This is as good as any because what I'll be saying from now on involves what he was doing so closely.

The Office of Public Health Methods which he headed was made up of a multidisciplinary staff. There were several medical officers, several statisticians, several nurses. And in addition to statisticians, there were statistical analysts and a health educator.

Dr. Mountin had done a number of community surveys, some in Missouri and some in Tennessee and a number of other states. So he was quite familiar with the local institutions because he had worked on those surveys before he came to Washington.

He came in in 1931, I think, to head this Office of Public Health Methods. He had come in before that. There had been a White House Conference on Children and Youth, I believe, that he had just been drawn in from this work he was doing in the field to sort of organize the conference and set up the committees and the way it would be handled. But then he went back out to

the studies he was making in the field and came back in 1931.

WEEKS:

What was his background?

FLOOK:

I think probably these surveys were his first work within the Service. Before he came into the Service--I can't answer that right now, but will get some biographical notes from my file.

WEEKS:

I was wondering if he was newly out of medical school?

FLOOK:

(Reading from "Selected Papers of Joseph W. Mountin, M.D.," Pub. by Joseph W. Mountin Memorial Committee, 1956.)

"Dr. Mountin was born in Hartford, Wisconsin in October 1891. He graduated from Marquette University School of Medicine in June 1914 and received his Bachelor of Science degree two years later. He served internships at the Milwaukee County and Chicago Lying-In Hospitals and entered the Public Health Service in August 1917, with assignment to extra cantonment health work--safeguarding the health of military and civilian personnel around military installations and in defense industry communities." So that was about the time of the first World War. "In July 1918, he was commissioned in the regular corps of the Public Health Service and was given the usual assignments for newly commissioned officers -- training in marine hospital services, quarantine duty and public health administration.

Then in 1921, he reported for duty in the Tri-state Sanitary District in Joplin, Missouri, and here he received his initiation into rural public health work." So that was in about 1921. That is what had preceded his work here.

WEEKS:

You may remember from your book about the regionalization study in Michigan that Don Riedel and Walter McNerney were in on that too. That's when I first heard the name of Dr. Mountin. When they were talking about the Mountin/Hoge grid of regionalization.

FLOOK:

That's right.

WEEKS:

So those two men have interested me ever since. Because every now and then I run into something about Dr. Hoge.

FLOOK:

Dr. Vane M. Hoge was one of the young medical officers that Dr. Mountin kind of brought up along the way as he did all of us who were on his staff. I don't know how he made those selections, but he would have one officer working, as Dr. Hoge did, with him on the hospital grids -- regionalization grids. Dr. Mountin was very much interested in regionalization. He did not think that too much authority should be centralized. He thought that it had to get out into the country. So regionalization was one of his very deep interests.

Then he had Dr. Leonard A. Scheele working on a cancer study. Of course eventually Dr. Scheele headed the National Cancer Institute and became a Surgeon General.

Dr. Thomas B. McKneely was working on tuberculosis at that time. The nurses of course had their own nursing study. Dr. Mayhew Derryberry was a health educator on the staff. So he worked on studies in health education: the need for health education. Dr. Joseph O. Dean was really the assistant to

Dr. Mountin, his first assistant in that public health methods group. Mr. Elliott Pennell was chief statistician there.

All of these things were going on at the same time and he would always be looking ahead -- always looking ahead to what might come next, or what should come next, and start preparing for it.

WEEKS:

He must have been a wonderful man to be associated with.

FLOOK:

Oh, I have said so many times that I was so fortunate in beginning my service in the Public Health Service in association with Dr. Mountin and ending it in association with Dr. Paul Sanazaro. Because they were, of all my colleagues--and I was fortunate in working with many great people -- but they were the two who stood out all of these years.

WEEKS:

I'm sorry I interrupted your train of thought. You were last talking about the federal money going to the states for these different programs. Those were administered by the states then too?

FLOOK:

They were administered by the states. Now there was always cooperation between the federal agencies and the states, along two different levels -- three, I guess.

As the allotments were made, and they weren't made until the states had presented an acceptable plan of how they would propose to use that money. Those plans came in through the regional offices. The number of Public Health Service regional offices has varied over the years. But roughly eight or ten of those. Each regional office was responsible for a certain number of states

and learned to know those states very, very well. So much better than could possibly have been done from a headquarters position.

Those plans came in and they were approved and then the allotments were made. But there was another way of keeping up with what went on and that was through the Association of State and Territorial Health Officers. Both the Public Health Service and the Children's Bureau worked very closely with the Association of State and Territorial Health Officers all through the year. They had an annual meeting and they were organized into a number of different committees. So that made for a much easier working relationship with individual states because when they would have their annual meeting, problems that we saw out in the states would be taken up with them. Then they made a certain number of recommendations which they carried back.

Some of those were recommendations to the Public Health Service...things that we should be doing -- and some were to themselves, things that they should be doing -- which sort of pulled into line some of the laggards. And there was a difference in the way that the states took on to this.

WEEKS:

Was there a minimum standard? I mean, say, for tuberculosis did they have certain things -- basic services that they had to offer in order to qualify for this money or did that come about in the plan that they offered?

FLOOK:

That's right. The latter. Initially, requirements weren't that rigid because the states varied so in their ability to take on new responsibilities.

One terrible problem at that particular time was a shortage of trained personnel.

WEEKS:

I can imagine.

FLOOK:

Here you have this additional money flowing in and you didn't always have competent people in the state and local agencies to take on these new duties, new responsibilities. So among the early things in the grant-in-aid structure that we felt had to be taken care of was training of personnel -- state and local personnel. Part of the funds from the general health services grant was set aside for training.

Then, gradually, one of the requirements was that the employment of personnel should follow a merit system structure. There we worked very closely with the American Public Health Association. Dr. Lillian Long was in charge of that personnel work at APHA headquarters. She and Donald Simpson, a young member of the Public Health Service staff, worked out the recommended merit system procedures.

Another thing that was soon discovered, when we began working with the states in a more intensive way, was the terrible burden upon the health departments of the keeping of records and the rendering of reports. When we said an acceptable plan had to be submitted before funds could be allocated, there was also an annual report that had to be prepared. Some of those first ones that came in were stacks this high, and that was burdensome upon the departments -- state and local departments -- who had better things to do than writing reports or even the reviewing of them. And they varied so from state to state, but you needed to know what was taking place.

WEEKS:

When the tape ended we were talking about you designing a report form for

data.

FLOOK:

What we considered the minimum that we could get by with. Getting that accepted was quite a chore because it was very different from anything that the state and local agencies had been accustomed to. Also very different from anything that the federal agencies had been accustomed to.

WEEKS:

Was this before the National Center for Health Statistics was founded?

FLOOK:

No. But before the National Center for Health Statistics came into the Public Health Service. Their concern was primarily with births, deaths, and morbidity, a very different focus. Even at that time I think that all states had not been accepted into a registration area. That was really what the Center for Health Statistics worked on.

I did work with the National Center after it came into the Public Health Service. Whereas the groups we worked with primarily were the Association of State and Territorial Health Officers and various committees of APHA, The National Center for Health Statistics had a Public Health Conference of Records and Statistics. That group was the channel that the National Center used to get their ideas across.

Farther along the way, I did some work with them because in our records and reports work we learned that so many statistics that were kept and compiled in state and local health departments were just straight counts. Counts of nursing visits, counts of sanitation visits, just counts to show that we had some very busy people there.

WEEKS:

You had some contacts, but you had no idea of quality or results.

FLOOK:

Results. This was the thing that was disturbing. So we tried then, working with the National Center for Health Statistics and this Public Health Conference on Records and Statistics, to develop a new concept. They had a number of committees in their organizational structure too. There was a subcommittee on service statistics, with which I worked. There we tried to develop this concept: you start out with a certain population and you have certain objectives that you want to accomplish with respect to that population so you make a certain effort. That effort is expressed in numerical terms. But then you also find out what did that effort achieve in relation to the objectives? This was the element that had been missing all along. So there was the crossover.

WEEKS:

When I read your resume' about your setting up these record systems and data-gathering systems, I wondered if there was a government clearinghouse or what you did with it. I could see you had many publications which would go to interested parties I suppose in the government and outside the government. But I'm concerned about information because most of my life I've been worrying about information and I find that most of us collect information but the big problem is what do you do with it and how can you use it to a good result. So I was wondering how the information that you gathered was disseminated and what persons found it useful and what agencies found it useful.

FLOOK:

I would say that was variable. Those two devices that we worked out for

the grant-in-aid administration, I think we know what happened to that information. Those forms were eventually adopted and they came back to the federal agencies and seemed to meet their requirements. That is what they were designed for. To meet just that one need. For the administration of the grant-in-aid programs.

With respect to the others, I think we got information out and just hoped....

WEEKS:

That it would be read and used.

FLOOK:

We used many ways of getting it out. We had brochures, we had those articles, we participated in regional and national conferences of various kinds. And did that in collaboration with other groups. But we really had no structured way of finding out just exactly how much of that was used and how satisfactory it was after they put it to use.

WEEKS:

Before we leave this state and local government connection that you had, which I think you must have done a great deal with when I consider your publications, one point that comes into my mind is how the grant money was determined. Was it determined as a reaction to the proposal that the state made? You look at the state's proposal, they wanted to do certain things and they have submitted, I suppose, a budget for that purpose and you would grant a certain amount of money if you granted it and they would proceed from there.

In some of the later legislation, such as Hill-Burton and Medicaid, there was the point of granting the money according to the needs of the state...particularly where there was sharing. The poor states, the Alabamas

and Mississippis and so forth, might get 87% and the richer states such as New York, Michigan and California might get 50%. Was there any of that sort of thing in the grant-in-aid programs?

FLOOK:

There was an allocation formula. The exact details I don't remember, but the standing of the state--I guess the population of the state was basic. It was the most important. But then the financial status of the state entered into that allocation formula also.

WEEKS:

I suppose there might even be other things such as how much sparsely inhabited area there was and so forth.

FLOOK:

Yes. There was. There was definitely a formula. Now in the specialized programs, and I never worked as closely with those special grants as I did with the general health service one, and actually was not involved in the financial part of that from the standpoint of establishing the formulas and that sort of thing, but I know that those were basically the factors that entered into it.

WEEKS:

Dr. Mountin's division was called....

FLOOK:

When I first went in it was the Office of Public Health Methods. Then, several years later -- probably two or three -- he was made Chief of the Division of State Grants. So all of this work we have been talking about really took place after we were put in the Division of State Grants.

The work during the Public Health Methods days was largely the analytical

studies. That was the study of data obtained from the National Health Inventory and there were some county studies where the field work had been done by Dr. Dean and Mr. Pennell and others on his staff before I went into the Service, but I was involved in the analysis of some of that data.

There was a Brunswick/Greensville study, two counties. Then there was a three-counties study: Fairfax, Forsyth, and Montgomery, one county from Maryland, one from Virginia, and one from North Carolina. But it was that type of analytical work that went on prior to working on ways and means of administering the grant program, which is really what this part that we have been talking about consisted of.

WEEKS:

Is this when you wrote the ten part...

FLOOK:

That was a different study. That was something different.

WEEKS:

I don't want to get you off the track.

FLOOK:

No. We are really not attempting to go through this on a single year by single year basis but just in rough terms, I think.

The distribution of health services in the structure of state government again is part of becoming more familiar with what was going on all over the country. It was sort of disturbing that when you work just with state health departments, you weren't getting all the health services because they were scattered among other state agencies, as well.

There had been several studies of state health departments in the United States and the provinces of Canada. The first one, Dr. Charles V. Chapin had

been responsible for. That first was done under the auspices of the American Medical Association. Then there were two studies by Dr. John A. Ferrell and Miss Pauline A. Mead, but again they had been limited to the state health departments only.

For those later two the Public Health Service had published the reports, but had not been involved in the actual compilation of data or the analysis of the data. The Rockefeller Foundation was responsible for that part of the work.

In about 1939, it seemed time to do another of those studies. However, this time we decided to include all agencies of state government in the survey.

WEEKS:

Attempting to find out where the services were placed and what effect they might have?

FLOOK:

How much dispersion of authority and responsibility there was for health activities.

WEEKS:

May I interrupt for just a moment? To this point, it seems as though the money that was going to the states was for infectious disease...tuberculosis, venereal disease.

FLOOK:

Those were the special health grants that went for those. General infectious diseases -- immunizations for general purposes, etc. -- that would have been covered by the general health services grant. Really the first years of the use of the general health services grant was to try to strengthen the structure and to get on board the kinds of people that were needed.

WEEKS:

So they could meet the problems that they had. I suppose it varied from one section of the country to another -- the problems varied somewhat.

FLOOK:

That's right. And it was understandable that with the problems varying, the emphasis on services would vary, as it should.

WEEKS:

Was there any money available to the states for, say, welfare medicine as there might have been at that time?

FLOOK:

No. No actual medical care.

WEEKS:

Was the attitude of AMA against that sort of thing at that time? Or didn't that become a factor?

FLOOK:

Well, it was always over there.

WEEKS:

They were watching.

FLOOK:

And the activity continued by interested groups. Not as official work, but by people who continued to be interested and concerned about this. People in official positions would speak to the need of something being done about this and governmental responsibility for it. But there wasn't any organized program for it.

WEEKS:

I think the public in general, to this point, hadn't considered the

federal government as being responsible.

FLOOK:

No.

WEEKS:

I lived through that period and I remember it never entered my mind.

Your first period, you went through the data collection period and then you got into the structural problems of the state health departments and the county health departments and so forth. Did you continue this....

FLOOK:

None of this cut off sharply. Because you were still being called back. If you had become involved. For instance, this service statistics thing, even though primarily we were engaged in this new study -- the distribution of services in the structure of state government -- you'd still be called on by schools of public health maybe who would bring in records personnel from the local health departments and be having a training session and you'd be called on to participate in those training sessions. There was a good bit of that that went on. So the times weren't mutually exclusive. I mean, you didn't finish one and then get into something else.

This work that began in late 1939, we had to develop the schedules for that which were quite different since we were having to include agencies that we really hadn't even worked with before.

I don't know whether you remember or knew a Dr. Gudekunst. Did you know Dr. Don Gudekunst from Michigan? He was with the Public Health Service for a short time -- only a very short time -- but he helped in the design of those schedules and really went with me on the first test state for testing schedules. We also drew on the experience of the APHA committee on

administrative practice with the work that they had done in their appraisal forms. They were very helpful in this.

We set up the plan. We did this test one out of the central office. Then we would go to the regional offices. This was really -- I think one might say -- a basic pattern that was used in so much of the work that was done by the Public Health Service. From the central office you would go out to the regional offices and acquaint them with some of the concepts that had been developed in the central office. Get their reaction to them. Get their reactions to how they thought the states would accept this. Then start with somebody from the regional office to go to some of the states. In the collection of data for this study, the regional health director didn't always assign the same kind of person from his staff. One time it would be the person who was primarily responsible for general health services. Another time it would be the VD control officer. Another time it would be somebody else.

Among those various people that I worked with, there was a great difference of interest in the project. They would go out with me to a state and we would canvass, by personal interview, representatives of these various state agencies with some health functions. Some of those we interviewed had never heard of the Public Health Service before. We would visit them and ask the questions that we had to ask. Of those regional people with whom I worked in the states, again there are always a few who stand out.

I remember going over the whole state of Missouri with Dr. Leroy E. Burney who later became a Surgeon General. He was just the greatest person to work with because he was always saying, "You know, I'm learning so much from this." Because we had been more limited in the agencies that we had worked

with prior to this study. Not taking into consideration what these other agencies of state government were doing, but also being very concerned about how scattered these functions were and how little coordination there was at the state level.

He was one. Dr. John R. Heller was one who helped me so much in Louisiana. Dr. Jack A. Haldeman was another. I think we went through Mississippi or Tennessee together. He was from Kentucky, but he was assigned to the region of which Mississippi and Tennessee were a part.

WEEKS:

He is a very relaxed individual, isn't he?

FLOOK:

Well...he can be, but I think he was a very driven man too.

WEEKS:

Was he?

FLOOK:

Yes. He was a human dynamo. He replaced--not immediately, but several years later--Dr. Mountin in the Division of State Grants. Dr. Estella Ford Warner was the first replacement when Dr. Mountin was elevated to the Bureau structure. You were saying bureaus and divisions can be quite confusing and I'm sure they can. But about two years before Dr. Mountin died he became an Associate Director of the Bureau of State Services. Then Dr. Estella Ford Warner became head of the Division of State Grants. Some of the work that I had been doing under Dr. Mountin's direction, fell under her supervision.

She was another person who made a great impression upon me. She was the first woman to be commissioned in the Public Health Service. She was just an elegant person. I admired her very, very much. She then went into

international health work and Dr. Haldeman became head of the Division of State Grants.

His method of working was much more closely related to Dr. Mountin's method of working. He wanted to have everything just right. And he worked hard.

WEEKS:

I guess I had the wrong picture of him. I met him only once. That was about twenty years ago when we were doing the progressive patient care study. That would be about 1962 or '63. John Griffith from Michigan and Jim Sullivan, the administrator, and I came to Washington. We were making a tour. We went to Manchester, Connecticut to see their hospital. We came down to Washington to talk with Dr. Haldeman.

He was in one of those temporary barracks buildings. He sat in his office and he had quite a few ceramics around. One of us mentioned what an unusual ceramic that was and we discovered that was his hobby. At least at that time. But he seemed to be so relaxed. He was telling about going home and working with his pottery or whatever he called his ceramics. So I got that impression that he was....

FLOOK:

He certainly could be. He could be very relaxed, but he also could be quite tense. He could dig in. When he needed to dig in. This was particularly true of budget justification time. When the division chiefs had to appear before the appropriating committees or some other committee of Congress. He did his homework. He was a person who did that.

After we got through collecting all of these facts about state government, they were analyzed and the reports written. These were the state studies. At

the time it was planned that they would be done every ten years. Well, we got it into the second ten years, as you may have noted, and that was as far as that particular type of thing went.

WEEKS:

I think when we had the tape turned off I was asking you if you had considerable traveling while you were setting up examinations for state organizations and you were describing the benefits of all of this traveling, meeting all of the people and learning all of the situations firsthand. There was another point I noticed in your resume' which I think is in the same connection -- you have a study you called the hospital study -- what was that? Was that gathering data on hospitals?

FLOOK:

That was, I think, a study that was done from the national health inventory material. Because I really never, in this listing of activities in both the Office of Public Health Methods and the Division of State Grants, was one who was primarily involved. But I did one study from that national health inventory. There were others who, I think Mr. Pennell and Miss Kay Pearson, really did a whole series of hospital studies. Then of course those grid things with Dr. Hoge and Clifford Greve. They worked much more in the hospital area than I did.

WEEKS:

In this grids...did they put them in demonstration anywhere? Or was this mostly conceptual?

FLOOK:

This was conceptual.

WEEKS:

You know the result of the Michigan grid?

FLOOK:

It wasn't accepted, I guess. Is that right?

WEEKS:

They tried to work it, but they soon discovered that it had to be a two-way road. If the little hospital was going to refer patients up the road to the University hospital, they expected that sometime the university hospital would refer patients back. But it didn't work out that way. I think that was the big disadvantage of it. They couldn't get the team working together on an equitable basis of some kind.

FLOOK:

I think really they had never expected that those would be just picked up as they set them forth in that bulletin. Because there were any number of local situations that you couldn't possibly tell in advance. It was a conceptual thing.

WEEKS:

I have been for a long time trying to trace a thread here from the Committee on the Cost of Medical Care through Hill-Burton -- I always call it Hill-Burton rather than the title of it -- and on to Medicare and so on. When we get to the Hill-Burton period, I want to ask you about the influence of the Public Health Service on that bill -- writing it and pushing it through. I see a connection. Maybe I'm wrong but you can set me straight as to the influence on it. You hear all kinds of stories about Dr. Hoge being sent to the University of Chicago to take a hospital administration course so that he would be prepared to take on the administration of Hill-Burton when it was

passed. Things of that sort. Maybe there is a lot of myth in there and maybe not.

FLOOK:

Probably not. The way they looked forward to things and tried to prepare for them.

WEEKS:

You were finishing the period with Dr. Mountin, weren't you?

FLOOK:

Yes. We were mentioning the 1950 edition. Before we finish that story, out of the records work there followed a period of really surveying individual state and local health departments. That was frequently done at the request of the states or of local communities. More often the states.

One member of my staff and I spent two months in California at the request of Dr. Ellis Sox, who was the Director of the Division of Local Health Administration there. Part of that time we worked over in Alameda County and Oakland with Dr. Stan Farnsworth, who was the health officer there. And then tried to put that together.

Again that same old pattern. Coming back you would find certain things. Then we would present those first to Dr. Sox and his staff and then to the whole staff at a staff meeting of the California health department. Again, how many of the things were actually put into effect...we didn't have the follow-back to find out.

WEEKS:

You really didn't have the clout either, did you?

FLOOK:

That's right. No, no.

WEEKS:

Unless you had money to give them. This is the great benefit of having a grant-in-aid is that you can specify conditions.

FLOOK:

We sort of took the position that if we could point out things that seemed to be very difficult -- causing undo difficulty, then it was up to them to make any corrections that they chose to make.

We did the same thing with the New York State health department at one period. Then there were several schools of public health that would request us to come and just talk about these problems and our experiences with the problems to students along about that time.

WEEKS:

When you were in California, in Alameda County, did you happen to meet Dr. Benjamin Black? I don't know if he was there at that time or not. He was the administrator of a hospital out there. I have heard his name mentioned in connection with that county. It may have been before he came.

FLOOK:

I think it was 1948 we were out there. I do not remember Dr. Black.

I should at this point, though this happened earlier, speak of another activity, but I don't want to neglect to mention it. When the grant-in-aid programs began taking place, the state and territorial health officers were really quite concerned about the additional work that this was going to place upon them. They asked to have a joint committee with the Public Health Service try to work on these things. There was a joint field staff that was made up of Dr. Dean, who was Dr. Mountin's assistant -- Dr. Joseph O. Dean, Mr. Sam Kimble and two other young people. Sam was sort of an executive

officer type. They worked for this joint committee and had done work that really preceded the work that I became involved in.

What we did later built upon what they had done earlier. That was before World War II. Then the boys went off to war and that work just stopped at that time. But I don't want to neglect to mention that they really were the first group who got involved in that. Even though we picked it up later, we built upon what they had done.

We have talked about patterns of work -- the same pattern flowing through different activities. Another almost basic principle in the Public Health Service is that you never say goodbye to anybody because you work with someone for a time and then you go off on something else and he goes off on something else and then you find yourself associated with that same person in some later time.

Mr. Sam Kimble was one of those people. He came back to the Service after he finished his naval duty. In different divisions that I would be associated with, Sam was there. That was also true of Dr. Haldeman, particularly. I found him in different places that I had worked.

Then the people from outside. People that you would be associated with on committee work for APHA, you would meet in one capacity or another at some later time. For instance, Dr. Vlado Getting was one of those persons.

WEEKS:

From Michigan?

FLOOK:

Yes. I guess I first knew him when he was on one of the APHA committees. I believe that he was in Massachusetts the very first time I met him. Then he became head of that evaluation section at the University of Michigan.

Those were the things that I did want to mention. And the fact that no matter what you are doing, if an emergency comes up, you are just called off your regular work.

One of those instances was the availability of the Salk polio vaccine. After Dr. Thomas Francis' field testing there were several of the drug companies that went into the business of producing the vaccine. But there was great urgency in getting it out to the field just as rapidly as possible. In the first days that it was available, there wasn't enough. So again formulas had to be developed and the allotments determined for the different states.

Again it went out through the regional offices and the regional offices made that information known to the states about the amount. That was a very hectic time. I was then working in Dr. Haldeman's division. We would be calling the regional offices one day after another giving them the changes that had taken place in the amounts available.

WEEKS:

Parents were frantic in those days.

FLOOK:

That's right. But you really felt that something was going on in those days. That was something that was so urgent -- to get that vaccine out.

WEEKS:

You just felt good being a part of trying to help.

FLOOK:

That's right. You really got a great satisfaction out of that.

You were saying that you were interested in the Hill-Burton part of PHS activities.

In August 1941, a hospital facilities section was established for the

purpose of maintaining liaison with special units of the Federal Works Agency and War Production Board. Dr. Vane M. Hoge was placed in charge of this section. This section was concerned with certification of need for construction or procurement of hospitals, health centers or related facilities and served as consultant to the Federal Works Agency in the Medical Facilities and Services Program. The establishment of standards; planning and designing of hospitals and health centers were part of the functions. Assistance was given in furnishing infirmary and medical services to war public housing tenants. Recommendations for priorities for civilian construction and equipment to the War Production Board were also handled by this office. The lack of hospital beds in war areas could not fully be met by the emergency.

Then this moves on to the total national need.

WEEKS:

That was a quotation from....

FLOOK:

From the United States Public Health Service 1798 to 1950, by Dr. R. C. Williams. It was published by the Commissioned Officers Association of the United States Public Health Service.

I mentioned that this distribution thing was a study that was done. That was done twice.

Then in 1955 there was the first national Conference on Evaluation in Public Health.

WEEKS:

By this time you were in HEW weren't you?

FLOOK:

We were in the Federal Security Agency from 1939 to 1953. Then we were a

part of HEW from 1953 on. That was when Eisenhower was President and Mrs. Oveta Culp Hobby was our first Secretary, as part of HEW.

WEEKS:

She succeeded Oscar Ewing, did she? He was the Federal Security Administrator...

FLOOK:

Federal Security Agency Administrator. He was the last Federal Security Agency Administrator. And she succeeded him.

WEEKS:

We hear many stories about that too. Did he have presidential aspirations?

FLOOK:

I shouldn't be at all surprised. He wouldn't confide it but I wouldn't put it past him. I don't know.

The national conference on evaluation at the University of Michigan I think alerted the operational people to the need for more of the research type activity in the programs and activities that they were involved in. They had a number of people there who were already involved in health services research of one type or another. It just brought together a mix of people that was very healthy for sort of moving into the next step.

Certainly we felt a difference in the divisions in the Bureau of State Services at that time. Now this is a thing you really need not worry about if you are talking about divisions and bureaus. The many changes that took place from a division of community health practice to a division of community health services. Then you had the Bureau of State Services. But by this time -- this was about 1955 -- the Bureau was taking a more active role in trying to further the study type of activity.

Beginning in 1956, I was involved with other kinds of intramural studies. This time more from the standpoint of planning those studies and the way they would be carried out. Dr. Donald Harting headed up that activity. For several years I worked closely with him in planning activities. Here we were really, for the first time, I think, seriously involving social scientists in the planning for the studies. We had had social scientists. Dr. Mayhew Derryberry recruited Dr. Irwin Rosenstock and Dr. Godfrey Hockbaum on to his staff when he headed the health education program. Andy Knutson, I think, was the first social scientist that he had recruited.

But they again had been doing their little independent studies. All producing very useful information, but had not been involved in more comprehensive planning of community health services. During that time the main study that we all worked on was the study on Kit Carson County, Colorado. Dr. Harting was very much interested in the rural aspect of the provision of health services and the difficulties that they were having. So there we started with a county that had practically nothing in the way of health services and introduced possible changes that could be made.

That, I think, would bring us up to laying the groundwork for the National Center for Health Services Research and Development and the research grant programs.

The first health services research grants were available from the Division of Hospital and Medical Care Facilities in 1955. They had been authorized in the amendment to the Hospital Survey and Construction Act of 1949, but no appropriations were made. This so often happens with authorizing legislation. It is all approved and the authority is there but there are no dollars. But in 1955 the Division of Hospital and Medical Facilities started

the funding of research grants.

That was one division in the Bureau of State Services. With the initiation of health services research grants in one division, other divisions began looking at the possibility of this being a type of program that could be initiated in their divisions.

WEEKS:

May I interrupt you for just a moment. I would like to clear up whether this is a myth or not. I've been told that when Mr. Eisenhower became President there was some question -- a carry over from Truman days -- of a demand for national health insurance. Republicans were not so strong for that. Instead Mr. Eisenhower, or someone in the administration, favored increasing research dollars.

FLOOK:

Those were the National Institutes of Health type of research dollars. They went through a period of steady growth at about that time. Yes.

WEEKS:

Eisenhower, I think, honestly felt that more could be done with trying to do some research to find out answers to problems than to just treat problems without finding the causes.

FLOOK:

Right. But it was the medical, the biological, type of research. The National Institutes of Health type of research. There for a period they in fact received more than they asked for a lot of times. But research on the operational kinds of problems, this was a different thing. However, as I said, the amendment in 1949 of the Hospital Survey and Construction Act did authorize research there.

Then there began a period of consideration within the various divisions and at the bureau level itself of the desirability of trying to seek the same kind of research grant support that was available to the Hospital and Medical Facilities Division.

The first study section to review grants under the hospital program was chaired by Dr. Cecil Sheps, who at that time was at Pittsburgh. The Division of Nursing received their first grants the same year. That was 1955. Dr. Ruth Freeman from Johns Hopkins chaired that study section. They began having conversations about the desirability of broadening those two activities and including those which were not covered at all. As a result of those conversations, the Hospital Facilities Study Section became the Health Services Research Study Section.

In 1960, Dr. Fred Mayes -- William F. Mayes, but he was always called Fred -- came to the Public Health Service for a short period of time. He had been at the Harvard School of Public Health. It turned out that his stay in the Public Health Service was very short, because he soon moved on and became Dean of the School of Public Health at the University of North Carolina. But during the time he was there, we began studying the way the National Institutes of Health operated their research grants programs. We attended study section meetings. We talked with the staff as to how they received applications, how they duplicated them, how they decided which program they should go to for funding. And learned all we possibly could about the administration of a research grants program, because this was an entirely new type of activity for those of us who were working together on that.

Another person who was very active in this developmental period was Dr. Gilbert Barnhart. Dr. Thomas McCarthy was the Executive Secretary for the

Health Services Research Study Section.

WEEKS:

This is the same Tom McCarthy that...

FLOOK:

This is the same Tom who later, for a short time, was Deputy Director of the Center. He and Dr. Gilbert Barnhart worked at the bureau level and in each of the component divisions there was a grants branch chief. Even though we didn't have any grants to award, we still had a grants branch for a time.

There were several people at NIH who were most helpful to us during this period. They offered orientation courses to us and had people from the various institutes who handled their research grants talk to us and show us how they did things.

In the Office of the Surgeon General at that time was Dr. Ernest Allen, who at one time had headed the research grants program at the National Institutes of Health. He was convinced that the Institutes were accepting and funding, because there was no place else for them to go, applications that really didn't belong at the Institutes. They belonged in one of the operational divisions because they were addressed to the kind of problems that the community health divisions were interested in and were responsible for. These divisions should have funds to support those types of grants, and the Institutes should transfer them just as soon as we had authority to fund them. They should transfer those that really didn't belong in the Institutes.

So then we went through a period of negotiating for those grants. To identify them and determine which they were and to determine which of the divisions in the Bureau of State Services they should be referred to. The Division of Chronic Disease received authority at the same time that the

Division of Community Health did. And at that time we also had a Division of Medical Care Administration. Those two divisions were really served by our research grants branch.

That began another whole period of trying to acquaint the field with what we were doing and why we were doing it and what it meant. Having spent most of our years working with operators, we find that the operators really are not the same kind of people that you need as researchers.

We did not want to turn our backs on them because they were the people who had the problems, but they did not have the research skills to take a research approach to those problems. We tried different devices to see if it were possible to introduce the kind of skills that were needed there by making small grants...let them try to show what could be done, but that was not successful at all. So most of our effort from that point on was directed to the academic institutions, and to parts of the academic institutions that we had never dealt with before -- departments of sociology, departments of economics, some of the parts of the medical school. That became a whole new cycle of effort then.

WEEKS:

Let me inject a thought here. When you were working with the operators and you came across problems that needed research, when you found researchers did you say, "Here's a problem we would like to have you research?" Or did you say, "Do you have a problem that you would you like to research?"

FLOOK:

We did the latter, at first. It really wasn't until the Center was established that we began taking the other approach by going out and seeking people to take on a particular problem. And that would be a problem that was

related to those priorities that were established in the Center.

WEEKS:

The reason I ask the question...I have often heard it said that researchers resent doing so-called contract research. They like to have their own bright ideas and investigate something.

FLOOK:

I think that's true. But I think if you know the investigators, and we encouraged them once we were in the grants awarding business, to come in and talk to us when they proposed to file an application with us to give us some idea in advance. Then we could try to see how their ideas fit with our ideas.

From 1960 -- beyond 1963 -- in getting ready for this, we spent time classifying the problems as we saw them and those were listed in brochures which we distributed widely to indicate the big blocks of problems that we were interested in such as financing, organization, staffing, but in those big broad terms. Once they knew what they wanted to do they could begin to see it within that framework. Some of them would go to the Division of Chronic Disease. Some of them would come to us in the Divisions of Community Health Services and Medical Care Administration.

That was the kind of activity that we were in for those years.

Then when Dr. Sheps' term as the Chairman of the Health Services Research Study Section expired, Dr. Kerr White became the Chairman. Both of those men did a superb job of trying to help prepare the field and to encourage a broader type of research to be going on.

In about 1967, under Dr. White's general leadership, there was a commissioning of a number of papers on research, largely by researchers. They were divided in two national conferences to consider the papers that were

produced at that time. That was a very beneficial thing to take place.

Dr. White began trying to encourage a separate organizational unit, such as the Center finally became. Really what he started out doing -- I think he did that in 1965 at a national conference -- was urging that the conference would consider recommending an institute similar to the Institutes already existing -- for health services research. That didn't take place, but the National Center for Health Services Research and Development was the closest thing to it. That was established in 1968.

Since you have talked with both Dr. Sanazaro and Dr. Abdellah, I'm sure they have....

WEEKS:

There are still a lot of things that you probably can tell me. One, I was interested in your saying that Dr. White had quite a lot of influence. You had an advisory committee, didn't you?

FLOOK:

We had advisory councils. This was once the Center was established. We had an advisory committee on the priorities that should be established within the Center, considering all of the problems that needed recognizing. Really you couldn't take on all of them at one time. I think that is where there was a very sharp shift in what had been done in the divisions and in what then became the program of the Center.

In the early years, when support was still back in the divisions, we had set forth, "These are the big areas where research is needed. We'll take anything within that." That was essentially what we were saying. Anything that fits within that end if it is scientifically set up so that our study sections will approve it. That is the sort of thing we would support.

Then when the Center was set up, what we came to realize I think very shortly -- when I say we, I'm talking about the staff and largely about Dr. Sanazaro and his leadership within the Center -- that all of those disparate projects, no matter how important the problem was that they were addressing, the results couldn't be put together. They couldn't be put together in a way that could assure any actual improvement in the delivery of health services. We'd have an additional segment of knowledge on this problem and an additional segment of knowledge on that problem, but they wouldn't all fit together. I think that was basically the difference in approach that was taken once the Center was established.

WEEKS:

I have often wondered how Dr. Sanazaro came to be selected. He hadn't been in government service had he?

FLOOK:

He was a member of the study section. Everybody who worked with him was very much impressed by him.

WEEKS:

I'd forgotten that. That was his approach.

FLOOK:

The study section had supported those commissioned papers. That was one thing. it also supported two international studies. One to the Scandinavian countries and one to Great Britain. Dr. Sanazaro headed the group who went to Great Britain and made that study there. I think that the Service in general was very much impressed by the way he handled that. Plus his performance on the study section.

Of course he had been with the Association of American Medical Colleges.

WEEKS:

Yes. He had an impeccable record.

FLOOK:

Well known there.

WEEKS:

From Dr. White I get the impression that he felt that the Center was not placed high enough in the hierarchy and that that was an impediment to you.

FLOOK:

And it may have been. Because there are always competitive battles in any organization, I'm sure. And here was another one of these interminable reorganizations that took place.

The Bureau of State Services, before the time that the Center was established, became Health Services and Mental Health Administration (HSMHA). Even if the Center had been placed at that level it may have made a difference.

Let's go through the time. When the Center was established, I mean was established in the administrative language of the legislation, it specifically stated that the Center was to be the main focus of health services research. But here was a Division of Chronic Disease with a certain number of projects that they were funding and the money and the staff were supposed to be coming into the Center at the same time. Well, you got some resistance to that. So you had to go through a long period of negotiations, some of which you won, some of which you lost.

For instance, in the Children's Bureau, we had very much thought that what they were interested in was addressed to the same kind of problems that we were interested in. And if the Center was to be the main focus it was just as reasonable for those projects to come in as for any of these community health

division projects. That never did take place. Oh, we had meeting after meeting after meeting.

WEEKS:

But you couldn't take somebody's territory away from them.

FLOOK:

That was it. That was one of the problems. I think Dr. White's point. And by that time -- you see the Children's Bureau was not part of the Public Health Service until HSMHA was established. Then it became Maternal and Child Health Services. Prior to that it had been in the Social Security Administration.

Working from a bureau level, it might have been possible to say, "Here you are." And bring them all together.

WEEKS:

But the Center was under the bureau.

FLOOK:

The Center was under HSMHA, Dr. Vernon Wilson was the Director. At first, for a very short time, Dr. Robert Marston was. He was the man who brought Dr. Sanazaro in. Unquestionably, he was the most influential person within the Service in persuading Dr. Sanazaro to come into the Service.

WEEKS:

I think Ed Connors worked with Marston later on too, for a while.

FLOOK:

Ed was on the Health Services Research Study Section too. He was on that Great Britain study group.

WEEKS:

Yes. I remember when he went.

I think it was Dr. White or someone who said that the Center had two strikes on it. One, you had quite a lot of money the first year -- $50 million or something like that -- but you were supposed to do something very drastic and dramatic within six months?

FLOOK:

Within too short a period of time.

WEEKS:

Another thing was that you inherited a lot of demonstrations which were second rate, third rate maybe.

FLOOK:

As demonstrations, they probably weren't, but as research, they were.

WEEKS:

I see. Would you care to comment on what you were expected to do in the too short of time?

FLOOK:

Certainly we learned, and there are several stages to this that the main thing is it takes longer to do anything than you think it's going to. And it was unreasonable to expect that those changes would be taking place in that period of time.

We found that it took us really the first year to get wide agreement. We started out with the premise that until we felt that we had the support of the organizations at large that you were doomed before you started. So that our first effort would be to get understanding on the part of the wide health and medical community: The American Medical Association, the American Hospital Association, the national voluntary health agencies, those representing the private sector and the public sector.

We constituted that group, that large group, as an ad hoc advisory committee, and made formal presentations to them and got their reaction from that.

Then we had literally -- I wouldn't know how many meetings we had. It must have run into a hundred or more small groups, either groups of specialists with respect to a particular problem or some of them would be technical people that we would need to address a certain problem. It was out of all those meetings, that it took a year to set up the initial components of the Center's program.

WEEKS:

Were you in from the very beginning? I was wondering how they recruited the staff.

FLOOK:

I went in June. The Center was established in May and I transferred from the community health services. I went at Dr. Sanazaro's invitation -- his personal invitation. I knew that I would like working with him. So, I went, though I had been on the staff of the Bureau of State Services, Dr. Paul Q. Peterson headed the Bureau then. I was very fond of Dr. Peterson, and of Dr. John Cashman in the Division of Medical Care Administration. I hated leaving those people and that setting, but this seemed to me to be so much more exciting that I didn't hesitate.

WEEKS:

In that original group there was who? Tom McCarthy...

FLOOKS:

Tom McCarthy, Dr. Gilbert Barnhart -- he was working on the same things that I had been working on for the past five years or so at the Bureau level.

Otto Feidler from Hospital and Medical Facilities.

WEEKS:

Oh, yes. I met him back in the '60s.

FLOOK:

He transferred from the Division of Hospital and Medical Facilities.

WEEKS:

Did Eichhorn come in?

FLOOK:

Dr. Robert Eichhorn came in and Dr. Robert Huntley came in very close to the beginning. Eichhorn stayed longer than Huntley did. Then both of them eventually went back to their universities.

WEEKS:

Somebody has described Tom McCarthy whom I don't know well, but I met him and talked with him, described him as a political animal who knew how to work within the government and to get things done. And that he was of great value to the Center.

FLOOK:

I think that's true.

WEEKS:

But for some reason he... Was it during the Nixon administration that he took the year to go to England on a fellowship? That maybe there was pressure on him?

FLOOK:

It was certainly during the Nixon administration. Actually, I think Tom knew his way around with the Johnson advisors better than he did with the Nixon advisors. He was given a year's leave of absence after the Center was

maybe a year old. About that time.

WEEKS:

Just about the time Nixon came in, in '69.

FLOOK:

I had never associated those two events at all, never.

WEEKS:

Somebody has suggested that, but I didn't know. McCarthy has been described to me as a man who knows people and knows how to get things done in the political structure.

FLOOK:

I think that's a fair statement.

WEEKS:

I use political in its truest sense.

After you had been to all of these advisory board meetings, these hundred meetings or whatever, and you began to get some ideas of what problems there were and what people would like and got to know researchers too, I suppose, then did you find that there was pressure to get some results in, reports in? This is the impression I get from Kerr White. That maybe there was pressure on the Center and on Sanazaro to show quick results so the legislature, the Congress, would be happy.

FLOOK:

Yes. You were always aware of that. Those experimental health services delivery systems that formed the last block -- if Dr. Sanazaro ran through review of the first components of the Center's program -- then that effort in trying to put together those several components, trying to establish the data system that was needed, financing and cost containment, use of technology in a

cost effective manner and quality of care. To take those components and in selected communities see if they could all be put together. There were two reasons for that. It would show whether these things that were being studied independently could be put together, number one. And number two, could result in any changes in community action.

We were under a kind of dual -- yes, I would call it pressure.

WEEKS:

I get the impression from Dr. Sanazaro...I made a point of saying that I noted in the beginning you were the National Center for Health Services Research and Development and now they have dropped development in the title.

FLOOK:

I didn't know that it has been dropped now.

WEEKS:

It has been dropped.

And I said, "How important was the development?"

Because we had been talking about the fact that you had a weak spot, not because of anything you did, but it was the nature of the beast. You granted money. Poeple were supposed to do research. Then they were supposed to write a report and/or some publication that would be acknowledged as being worthy.

I said, "What happens if the investigator doesn't write the report? You've given him all the money and he can keep saying I just haven't had time to finish it or my data has been damaged or whatever. You never know whether the research results are going to be tested."

He said this is where the demonstrations came in, we were hoping that we could have demonstrations to carry out research findings.

FLOOK:

That's right, whether they had rendered that final report or not. At least you usually got the findings. You got a listing of what they found.

That really was the aim of the R&D part, to put the findings to practical use.

WEEKS:

I don't know whether you remember or not, but Michigan was one of the schools that had what we call the Mid-career fellowships -- one of Faye Abdellah's projects that she had supervision over. We used to come to Washington or Rockville each year and bring the Fellows. I think you appeared before us one time. We'd come and, when Dr. Sanazaro was there, he would talk with the Fellows and explain what the Center was doing.

One time when we were there somebody on your staff described one of your demonstrations which happened to be on inclusive rates. Somebody said, "I wonder why they are doing it on inclusive rates. That's old hat. That used to be the old way of doing things." But the more I thought of it, the more it seemed as maybe we have come back from where we started, and maybe it isn't such a bad idea after all, if we can make it work.

That was the only demonstration that I knew by name, but I assumed that you had several other domonstrations going too. I mean directed from your Center.

FLOOK:

We had, I'm trying to think of the just single issue ones that we had going.

WEEKS:

Did you ever make a grant to someone who had a suggestion -- let's say

staffing as an example -- who said I have an idea about staffing, nurse staffing as an example, maybe team approach versus whatever the other approach is. And said we would like some money to do both the research and the demonstration. Did you have that kind of grant sometimes? Where they would take an idea of some kind, a concept, and test it out and give you research results on it?

FLOOK:

I think probably those position extender programs would come nearer that. The Primex and the use of auxiliary personnel to do some of the duties that physicians had had to do in the past. I think I would select those as falling within that category.

WEEKS:

Here is the $64 question. Why was Dr. Sanazaro moved upstairs?

FLOOK:

Well, I'll tell you what Mr. Riso, who was the Deputy Administrator for Development of ASMHA, told me.

WEEKS:

This is the presidential advisor Riso later on? Walt Riso?

FLOOK:

No. That was Rostow. This was Gerald Riso. I asked that same question because we were all devastated. We had just reached the point where we had acquired momentum and had gone through all this painful process of trying to lay out a program.

His statement was that Dr. Sanazaro could be more useful at the Bureau level (HSMHA) because as long as he was working in a parallel position with heads of other divisions within HSMHA, that his recommendations would be

suspect. At least they would not be considered as objective as they would be if they came from the Bureau. That's what he said. It was -- the same point Dr. White was making, I guess, but the whole Center wasn't moved upstairs.

Now the real reason -- whether that was the real reason, I do not know. He assured us that this was a promotion for Dr. Sanazaro and that he had earned that promotion. If it was, Heaven knows we were all happy about that.

WEEKS:

But Dr. Sanazaro was not happy.

FLOOK:

I don't think so.

WEEKS:

I got that impression too.

FLOOK:

Now had he been given the opportunity upstairs to do what Mr. Riso said he was brought upstairs to do, then he may have been right. I'm afraid I was never quite taken in by that.

WEEKS:

Now the man who succeeded him, Dr. van Hoek. He was just a stop-gap appointment.

FLOOK:

That's right. He was just kind of a gatekeeper. However, work on "The Book" was finished after he came, and I was grateful for his support of that. I think it was March of '72 that Dr. Sanazaro moved upstairs and Dr. Robert van Hoek was named as the head of the Center. They were just two entirely different kinds of people.

WEEKS:

I met him just once. I think the last trip we made to Rockville with the Fellows was when he was there. I could see from his conversation with us that he was just there, as you say, as a gatekeeper.

FLOOK:

I don't think he was happy in the spot at all. Well, poor man. I feel sympathetic toward him in that respect. Because he just came into a position that was very difficult.

WEEKS:

And the staff there couldn't help but resent him somewhat.

FLOOK:

Even though it was unfair to resent him -- it really was unfair to do that.

WEEKS:

But you resented the situation and he would get the reflection of it. Was he followed by Jerry Rosenthal? And Barbara McCool came in too as an assistant at that time.

FLOOK:

That's right. And as Acting Director for a time while Jerry was down on the Mexican border doing something down there.

WEEKS:

Now John Marshall is back.

FLOOK:

John was on Dr. Sanazaro's staff.

WEEKS:

Yes. I remember him.

FLOOK:

He was a bright young man.

WEEKS:

By the way, I wrote him a letter of congratulations and told him that I hoped to talk with you -- this was a month or so ago -- and he said to be sure to give you his best regards and he was going to call you one of these days and talk with you because he had been thinking about you.

FLOOK:

John and I had a lot of differences. He was able, very able, but we had a lot of differences.

WEEKS:

It was sort of a horizontal move on his part when he came into the Center wasn't it? Was he a biologist? I got the impression that he moved in as an able person -- into a spot where there was a vacancy.

FLOOK:

I think that is true. I'm sure Dr. van Hoek found John very helpful because he supplied some of the talents that were needed there. So I think he was glad to have him.

WEEKS:

I think I was down there after you left. And Monty Brown was there for a while...a year or so. And there were two or three other people that I hadn't met before. One of our Fellows was back. I don't know whether you know a man by the name of Isack or not.

FLOOK:

No.

WEEKS:

He came in there after you left.

Can we talk some more about Hill-Burton?

FLOOK:

Since I wasn't very close to that program, I don't know.

WEEKS:

You can tell me about Dr. Parran. How close were you to the Surgeon General?

FLOOK:

Not close at all to Dr. Parran. During those years -- those were the years that Dr. Parran was greatly engrossed with VD control. He really gave it his personal attention.

Those who followed...Dr. Leonard Scheele and Dr. Leroy Burney were the two that I felt closest to. But really not at the Surgeon General's level. It was before they became Surgeons General.

WEEKS:

You knew them when.

FLOOK:

I knew them when. That is right. Rather than as Surgeon General. Dr. Luther Terry came from one of the institutes. I didn't know him at all. Just learned to know him casually after he became Surgeon General. Dr. William H. Stewart, who followed Dr. Terry, I knew quite well, both before and after, he became Surgeon General.

WEEKS:

There's a point I've been trying to reach. Dr. Parran went to Pittsburgh after he left the U.S. Public Health Service and that is where McNerney got

acquainted with him. In fact, he hired McNerney at the University of Pittsburgh, from there McNerney went to Michigan, and then to Blue Cross.

Somewhere along the line -- maybe a lot of events were happening at the same time -- there were a number of concerned people who were wondering what was going to happen after the war was over. This is where Bugbee got his Commission on Hospital Care going and Parran, I understand, had a group in the Public Health Service -- the group you mentioned -- working on ideas. I get the impression that somebody in Parran's group wrote some proposed legislation. And that was the beginning. I don't know where the Commission on Hospital Care fits into this, but some way or another this got to Burton and Burton recommended that they get in Hill because he was Southern and influential.

FLOOK:

He had been active in all of these other programs before too, Senator Hill had.

WEEKS:

And then it got to Taft. And as I understand it, if all of these stories are true, he rewrote it. And it was finally passed.

FLOOK:

Let's look back at that because I am not at all familiar with that history.

WEEKS:

There are some persons here whose names come in with this data gathering and information gathering. I wonder if you have been associated with any of them. You did mention Cecil Sheps. Did you know his wife?

FLOOK:

Yes. Mindel.

WEEKS:

She has now passed away, hasn't she?

FLOOKS:

Yes.

WEEKS:

I haven't interviewed him yet, but I've heard about her also.

Did you ever meet Paul Lembcke? The man who was originally at Rochester.

FLOOK:

Yes, I met him. I didn't know him well.

WEEKS:

While you were collecting data did you come into contact with Vergil Slee of CPHA?

FLOOK:

Oh, yes. As a matter of fact I think we supported some of his work, possibly before the days of the Center. He's been in, he and members of his staff, to make presentations of their work.

WEEKS:

I find that although Vergil and Kerr White are good friends, I think, they disagree somewhat on the kinds of data that should be collected. Correct me if I'm wrong. My understanding is that Kerr White believes in population statistics rather than the type that CPHA collects from member hospitals. And they might not represent most of a population of any one spot. I think there may be one state such as Rhode Island, or some other small state that has all its hospitals as members, or a section like John Mannix is collecting in Ohio, maybe six or seven counties. These would be populations of interest to Dr. White.

Did you come to any conclusions about the kind of data that you collected? You were trying to collect population data, weren't you, rather than certain hospitals?

FLOOK:

This should go back to one of the questions you asked earlier about the demonstrations. There was work in the Center, when they were trying to establish a data system, on hospital discharge records -- the use of hospital discharge records as one component of the data system. Others were vital and health statistics; demographic and socio-economic characteristics of a defined population; health care requirements and use; health manpower and facilities; and sources and methods of payment for services. But those things have got to be put together. I mean the population statistics and the other types of data. These things represent to me what I, in earlier years, and in a very crude way, called service statistics. Because they represent a service to people. I don't think it's one or the other. I think you need both and you have to have them related.

WEEKS:

Talking about hospital discharge data, while I was at Michigan we did a small study for somebody in HEW in which we were able to demonstrate that there was no way possible to take present discharge records and collect common data. Charges in some places were done by the day, other places by the stay, all kinds of different methods of doing things. In order to get uniform discharge data you had to have a uniform form.

FLOOK:

And within a particular time frame.

WEEKS:

So that has been a great difficulty, I think, in trying to get uniformity in hospital records.

There are two things that pique my interest. One was that in some place it mentioned that you were doing some work on continuing education.

FLOOK:

Do you mean that I did personally or the Center?

WEEKS:

The Center...before the Center, I think, back when you were working on the state projects.

FLOOK:

We worked with the directors of continuing education in some of the schools of public health. They would take the initiative in setting up training programs. So sometimes the work that we did there was with the director of continuing education. Sometimes it was with the director of statistics as, for instance, the University of California -- Dr. Yerushalmy was the contact person there, the person who asked us to come in and laid out the program that they would like to have done. Whereas, in some other school, it would be the director of continuing education. So that varied.

WEEKS:

I was wondering if you were helping institute programs or you were supporting programs.

FLOOK:

Way back we supported continuing education of state and local health workers as part of the grant program.

WEEKS:

I see. Because in so many professions now -- I was wondering whether it went beyond the state and local health people -- because in so many professions now...

FLOOK:

Additional professions that have come in.

WEEKS:

...some states require so much continuing education each year. Then I've also seen the term used -- health education. Does this mean educating the average citizen on how to live better, how to avoid smoking, overuse of alcohol, drugs, whatever? Is this the type of thing?

FLOOK:

That is the kind of work that is done by the health educator. And they also take the position that it is not only they, it is the work of every public health worker to do some education of the public, but health educators are trained in the skills of health education. They can help other members of the staff, other professions, to carry out programs of health education. And to be sure that the concept of health education enters in the consultation that they give to their counterparts. Perhaps an overly simple distinction between the terms "health education" and "continuing education" is to think of health education as being aimed at the average citizen, as you suggested, and of continuing education as training for professional health workers -- either as operators or for research.

WEEKS:

It is becoming such a necessary thing. I think that as every year goes by we need it more and more because of...

FLOOK:

I mentioned Dr. Derryberry who was a leader in the health education field. Then there were health educators in practically all of the regional offices and in many state health departments.

WEEKS:

I am trying to get this in perspective. Most of these activities came in after '32, didn't they? I'm looking at the government's attitude towards its responsibilities to the people.

FLOOK:

Yes.

WEEKS:

As we mentioned before, as long as nothing clinical came into it, you could avoid the AMA's opposition possibly, or hopefully.

FLOOK:

I think maybe in those earlier years there had not been enough effort made to try to pull the public and the private sectors together. The development which I have tried to describe as I knew it was almost exclusively in the public sector. We are talking about public programs. Private enterprise was going its way, the public going its way.

I think in more recent years there has been more effort to bring those two sectors together.

WEEKS:

Well, it certainly would be to everybody's advantage if it could be done.

Shall we talk about the book? As you said, this came about the time Dr. Sanazaro was leaving. In fact, he didn't finish work on it until after he was gone.

FLOOK:

It started in the fall of '71 and he left in the spring of '72, but, of course, the work went on until after I had left too. Part of it was finished after I had retired -- by the time that the last bit of it had been done. It was done under Dr. Sanazaro's initiative.

WEEKS:

How did this begin? Did he have the idea?

FLOOK:

He had the idea that this history ought to all be brought together. All the independent work that certainly antedated by many years 1932 -- individual workers, some of those dental studies started much earlier than that. There had been a lot of research that had been done, but it had all been done as independent enterprises. He thought that it ought to be pulled together within a framework which we roughly established. Although many of those categories are overlapping, still they set examples.

WEEKS:

I think it's a very, very useful book for anyone who wants to know the literature. Maybe you should start a new addition now.

FLOOK

Not I. I told you I didn't like to do the same thing the second time around.

You asked the comments that we had received regarding the book. I think perhaps the most critical comment that has come to our attention leveled against the book was that we did not attempt to evaluate the research which we reported. We just reported it. I mean it took place and it took place within this framework and the reasons for it taking place, but we did not make any

attempt to evaluate. Several people have said that they thought it would be much more valuable if it would attempt to assess this work that had been done. But, oh my...

WEEKS:

That's very difficult. I've seen attempts made to do, say, an annotated bibliography and in addition use weights to measure it. It would be impossible in the sense that the usefulness to you might be greater than it would be to me. It all depends on what our interests are when we approach this thing. I would much rather know what is there and look at it and make up my own mind as to whether it's useful in my project. It might be more useful to you than me or vice-versa.

FLOOK:

Well, that was the position we took. I would not feel capable at all of being able to make assessments over that wide spectrum that we covered.

WEEKS:

How did you ever get all this material together? This comes from your own files? Or the Center's files?

FLOOK:

We used libraries and, of course, I had some files at the Center. We started there. The library in the Parklawn Building, we made extensive use of that. As I said, so often one article led back to another. When you would carefully go over it you would find that they made references. So then you would get those.

There were certain journals and volumes that the library didn't have, but they had contacts with other libraries or other sources and they would get them for us. The staff of the library at the Parklawn was very, very helpful

and cooperative.

WEEKS:

As I started to say, it's a tremendous contribution to the literature and I know that it will continue to be useful for many years to come.

Have we completed your notes yet?

FLOOK:

I would say that here again, following the pattern...we depended upon advisory groups and we have recognized in the book those who were particularly helpful to us. And we followed much the kind of conversation with those people that you and I have had here today. We had more of this with small groups I would think than with individuals alone. However, in that portion that we did on the commissions and voluntary agencies, sometimes there we had individual conversations.

I remember one time I went up to see Dr. Lester Evans to get the history of that foundation.

WEEKS:

Would he be a good man to interview?

FLOOK:

I think he probably would. Certainly to go back, he has a tremendous store of knowledge.

WEEKS:

I met him about five years ago. He was a little infirm then.

FLOOK:

That would be my only question because it has been more than ten years now since I saw him and he was having a little difficulty getting around. It seemed to be a motor problem he was having.

WEEKS:

But all of these people were very helpful to you.

FLOOK:

Oh, my, yes.

We had one group which included Dr. Falk and Miss Margaret Klem.

WEEKS:

I was going to ask you about her.

FLOOK:

I worry a little bit about her. I heard from her every birthday and every Christmas for so many years and in the last year and a half, I haven't heard a word. When people reach this age you wonder and worry a little bit. So I don't know if she is in good health still.

WEEKS:

What was her expertise or her position?

FLOOK:

Of course she worked with the original Committee on the Costs of Medical Care, and collaborated with Dr. Falk on one or more of the Committee's reports. She followed, with an active interest, the developments that might lead to some voluntary health insurance.

WEEKS:

Was she in government at this time?

FLOOK:

Yes. She was in government. Her work with government was first with the Social Security Board, and when she joined the PHS, primarily with the industrial hygiene program -- the work that she did there with Dr. James G. Townsend. She was in the group that came in to consult with us.

Of course, Dr. Falk has a fantastic memory.

WEEKS:

He talks beautifully for the recorder...as beautifully as he writes. He is one of the brightest men I have ever seen.

May I sound off a few names and see what you have to say?

FLOOK:

Please.

WEEKS:

One person who crops up every now and then is Dr. Mott. Fred Mott. Can you tell me anything?

FLOOK:

Fred Mott worked with Milt Roemer -- this is what I know of him. He did a lot more too, I'm sure. But they were interested in rural health work. They did a study -- I think it was almost the entire state of West Virginia that they covered; also, another nationwide study of rural health and medical care. Then I don't know what happened to him after that. Those studies were my chief association with him.

WEEKS:

Didn't he and Milt also do something in Saskatchewan? Did they run that Saskatchewan plan for a while? Or were they there as advisors?

FLOOK:

I didn't know that they ran it, but they were certainly there as close observers of that program. And then analyzed it afterwards and reported on it.

WEEKS:

Dr. Mott was at one time in the Department of Agriculture, wasn't he?

FLOOK:

I think he was assigned there by the PHS.

WEEKS:

I get the impression that some people thought he was a little bit left of center.

FLOOK:

That could have been the opinion of some people, but he was always looking forward to things that weren't being done.

WEEKS:

He was an activist. He had to do things. Is this the kind of man? Is he still alive?

FLOOK:

I don't know.

WEEKS:

If I could find him, I would like to talk with him.

FLOOK:

I have no idea where he is now, Milt probably would know.

WEEKS:

Milt was in my home a month go. I interviewed him there. He was in Ann Arbor so I invited him to come over. I don't think I asked him.

FLOOK:

I think Milt would be the person who would know because I know that he and Dr. Mott -- and I've known Milt much better than I've known Dr. Mott -- worked closely together.

WEEKS:

I don't know whether you know Nelson Cruikshank. He was with the

AFL-CIO. Did a lot of work on Medicare.

FLOOK:

I didn't know him. I know of his work, but I didn't know him.

WEEKS:

Back in the early days -- this must have been in Roosevelt's time, before the war -- he had some connections with Dr. Mott when they were trying to set up medical care for the rural underprivileged people. He made the expression...Fred Mott, his father was the great mover in the YMCA. I don't know what that means, but it seemed to be important to Cruikshank.

We talked about Dr. Haldeman. We talked about Dr. Kerr White. Did you know Louis Reed?

FLOOK:

Oh, yes. Very well. He was one of those early people in that group who came in to see us with Margaret Klem and Dr. Falk.

WEEKS:

He could very well have been because he is famous for his study of Blue Cross as it was then. That was in the early days apparently. I think they were all -- at least Falk and a few of the others were very eager to get through some national health insurance or some kind of a national health service. I think maybe Louis Reed must have been in that group.

FLOOK:

Yes, he was. He worked in the Office of the Surgeon General for a number of years, carrying on these studies. That was his location for them.

WEEKS:

This is a good question, in my mind at least. How does the Surgeon General...He is the administrative head of the Public Health Service, is that

right?

FLOOK:

Right.

WEEKS:

It's an administrative position all the way through then.

FLOOK:

Right.

WEEKS:

The Public Health Service is a part of HHS. What other services are on a level with it? National Institutes of Health, as an example?

FLOOK:

The National Institutes of Health is a part of the Public Health Service. I'm telling you, when I'm answering these questions, how it was rather than as it is. I do not know. For instance, poor Dr. Koop, I don't know what he does now because the Public Health Service has been weakened as an organization in recent years -- seriously.

In fact, there were four years and I hadn't realized this until I was trying to put down these few notes and I verified it...there were four years when there was no Surgeon General at all. After Dr. Jesse Steinfeld and before Dr. Julius Richmond. But in that period of years they apparently just didn't think it important enough that a Surgeon General was needed.

The whole Commissioned Corps, which used to be such a proud service, has been steadily weakened, I'm afraid.

WEEKS:

Is it just a change of circumstances?

FLOOK:

A change of philosophy, I presume. The more recent secretaries of HEW and HHS seem to have attempted to centralize much of former PHS power and responsibility in the Office of the Secretary -- or the Assistant Secretary for Health. I may be guessing at this -- it may be just pure guesswork, but I think what has happened is that the Assistant Secretary for Health has largely displaced the Surgeon General in terms of importance to an organization.

WEEKS:

Now an assistant secretary, is he about the third level down?

FLOOK:

Yes. There would be a secretary, under (or deputy) secretary, then several assistant secretaries on the same level -- perhaps for education, or for health, or for financing or social security.

WEEKS:

He would report to the deputy.

FLOOK:

That's right. Dr. Koop, who took so long to be appointed you remember, is currently the Surgeon General. He finally was appointed. He was a pediatrician from Philadelphia. I know APHA opposed his appointment because he didn't have a public health background. There, again, is this not bringing together the public and the private segments of health services? Anyway, he finally got appointed. But I don't know what he does.

WEEKS:

I don't know either. I haven't talked to Faye Abdellah -- he was in the process of being approved when I saw her, I believe — she liked him very much.

FLOOK:

She says he is a very fine person to work with.

WEEKS:

Yes. A big man with big hands that can take care of a little baby. And, of course, Children's Hospital in Philadelphia is one of the elite, isn't it?

FLOOK:

That's right. Faye likes him very much.

WEEKS:

We talked about Vane Hoge. I don't know if there is any more we can say about him or not.

FLOOK:

After the passage of the Hill-Burton program, he was the first director of the program.

WEEKS:

I don't know whether you know Karl Klicka or not. Karl was the head of what had formerly been the miners' hospitals down in Kentucky. Previous to this he had been in planning agency in Chicago and he got there through Vane Hoge. He had been a classmate of Vane Hoge at Chicago. Then he said Vane Hoge called him one day -- he (Klicka) was operating a hospital in Chicago -- Hoge called him and said, "How would you like to be a planner?" Apparently Hoge had accepted a position in Chicago to start a planning agency and his wife, Mrs. Hoge, didn't want to move to Chicago so if he didn't want to lose his happy home he had to change positions. I think he went to the American Hospital Association Washington office.

FLOOK:

That may be, but I really don't know.

WEEKS:

We've talked a little bit about Dr. Eichhorn, who was a sociologist from...

FLOOK:

Purdue. And he spent several, from our standpoint, very productive years with us. He made a great contribution to the conceptualization of the Center's program.

WEEKS:

This must have been difficult trying to set criteria as to what you were, and what you wanted to do, at the Center.

FLOOK:

It was very difficult. It was quite difficult, but very exciting.

WEEKS:

Especially when you were having all this pressure to do something and do it quickly. I imagine Dr. Sanazaro is not a man who moves without really thinking about what he is doing.

FLOOK:

That's right.

WEEKS:

It must have been very difficult for him and for you.

When Ed Connors came to the Center, he came for a one or two year period, didn't he?

FLOOK:

That's right. On special assignment.

WEEKS:

And Bugbee did that later, after he left Chicago. In your work with schools of public health, did you come in contact with Dr. Haven Emerson?

FLOOK:

Oh, yes. Early. Not in schools of public health, but with the Committee of Administrative Practice of APHA. Of course we knew about his work at Yale....

WEEKS:

Yale or Columbia. I think Winslow was at Yale.

FLOOK:

Sorry, I always think of those two men together.

WEEKS:

They were contemporaries.

FLOOK:

I knew Dr. Emerson -- worked with him -- more than I did Dr. Winslow. Dr. Emerson and Miss Martha Luginbuhl, who was on the staff of APHA, did that controversial volume, Local Health Units for the Nation, when they laid out local health units in much the same way the grids were laid out for the hospitals. Many people reading this think they are saying that this is the way it has to be. Which is not what they were saying at all. It was in connection with his work on that volume and with the community health appraisal programs at APHA that I knew him.

WEEKS:

I think he was on the executive committee of the CCMC along with Winslow. Winslow, I think, was the chairman of the executive committee. I believe that Emerson dissented in the final report.

FLOOK:

I can imagine it.

WEEKS:

Was he that type of man? Was he a descendant of Ralph Waldo?

FLOOK:

I don't know.

WEEKS:

I think Rufus intimated that.

FLOOK:

He could have been.

WEEKS:

I think he bothered Rufus a little bit.

FLOOK:

He had his own ideas, believe me. He stuck to them.

WEEKS:

I don't suppose that you normally had much contact with Secretaries. You stayed away from them as much as you could, didn't you? Secretaries of HEW.

FLOOK:

The only one that I ever felt comfortable getting near was Wilbur Cohen. No, I didn't have contact with the Secretaries. And not with him in an official capacity.

WEEKS:

He's a delightful person. He is coming back to Ann Arbor this summer to teach a course and he is going to come to my house and use all my notes on my oral histories. He is writing a new book on Medicare. He's writing two books. I'm not sure what the other one is. He's the busiest man. You know he was in Washington three or four years ago and had a heart attack. I heard about it and called his wife. She said, "He's coming along fine."

Within two or three months he was back teaching and went to Texas to teach.

FLOOK:

You just wonder at the energy some people have.

WEEKS:

He wouldn't be happy if he weren't.

In your data collecting and getting into systems, did you come across the man from Michigan, Dr. Beverly Payne?

FLOOK:

Yes. I guess he had a project with us from the Center. Then he was also in one of those advisory groups to the Center.

WEEKS:

At Michigan, we like to think that his manual that he got out on criteria for measuring quality might have been useful at least or a forerunner of the PSROs. I think probably this is true.

FLOOK:

Yes. He was helpful to us in the Center. Each of these components that we talked about had two advisory committees. What we called a profesional advisory committee and a technical advisory committee. They served in a continuing relationship to the staff who were assigned those particular projects...not the kind where they came in and talked and you had a conference with them and they made recommendations and went on their way until we called them again. But this was a kind of continuing relationship. And they were small groups. He was on one of those.

WEEKS:

I was wondering if you would like to say anything about the others we haven't mentioned of your co-authors of the book, I mean the contributors to

the book. We talked about Faye Abdellah.

FLOOK:

And we talked about Bob Eichhorn. In his chapter, Tom Bice, who had been an earlier student of Bob Eichhorn's, collaborated on that.

Two of the people throughout all of this developmental period that we haven't talked about at all are Dr. Duncan Clark and Dr. Robert Haggerty. Both of them were contributors to the book. Also they were very helpful to the Center. Both of those had been members of the Health Services Research Study Section at the time that the study section was contributing so much to the development of the program. They definitely were people who need to be talked about.

When we were talking about the many editions of a particular publication, such as you are about ready to get involved in again, Dr. Clark is one of those who has done that epidemiology book I wouldn't know how many times. I'm not sure whether he is still active or whether he is retired now. But I'll bet he does another edition. They both were great contributors all the way through.

WEEKS:

How did you happen to choose these people?

FLOOK:

As contributors to the book? I think on the basis of the experience that we had had working with them.

WEEKS:

Many of them were on study sections and things of this sort?

FLOOK:

Faye, of course, it was easy to see why she was one. And Bob Eichhorn

whom he had worked with as part of the staff of the Center. We knew what he could do. Then both Dr. Clark and Dr. Haggerty as members of the study section.

WEEKS:

Faye had already done her nursing research book.

FLOOK:

That's right.

WEEKS:

I think I have come to the end of my notes.

FLOOK:

I would just like to say that in addition to those people that we recognized in that acknowledgment section, I would now like to add the name of Dr. Lewis E. Weeks who helped to guide the book through the publication process. Of course at the time we listed the names, we didn't know how helpful you were going to be.

WEEKS:

It was a lot of fun. Eloise Snyder, with whom you had a lot of contact, has gone on now and is the editor of the Institute of Gerontology now at Michigan. She is a very capable and able woman. We were limping along with a fledgling new publishing house and we were very honored to have a chance to do your book.

FLOOK:

You were certainly helpful in getting it through.

WEEKS:

We really enjoyed every minute of it. Probably like you, I sometimes regret that I stepped off the train. But I have gotten into so many other

things, I guess I'll keep going for a while yet.

FLOOK:

There is just one more thing that I would like to say. I won't attempt to enumerate all of the individuals who were involved here, but throughout the years that I worked I was very fortunate in having excellent support staff. You can't do what you do unless you have very competent people. Of course they change depending upon the activity and depending upon the year that came and went. But I was most fortunate in that respect.

WEEKS:

I think maybe you are forgetting one thing though. That the reason you had a good staff is because a lot of your own qualities that you were able to get these people to do this kind of work. You undoubtedly were an inspiration to them or they wouldn't have responded so well.

FLOOK:

I hope that's true, but I'm thankful. And there were a number of them in the course of those many years.

WEEKS:

I've so often seen this. You look at some smooth running operation -- of course there are exceptions, there are times when some unusual person will come along -- but usually it is the leadership. One person can inspire a group to work and give a lot of themselves and come forward with a lot of good ideas where under another leadership they might just coast along and not do anything. So I think that you should take some credit too.

FLOOK:

All I can say is that I'm thankful to have had it. For example, with as much field work if you didn't have competent people staying home doing things

there or if you didn't have competent people that you could send out to the field to take your place....

WEEKS:

I guess you were away a lot of the time during those early years particularly.

FLOOK:

Yes. So I'm just grateful.

WEEKS:

I've enjoyed this interview very much.

FLOOK:

I've enjoyed it very much. It has been very pleasant, stimulating talking with you.

Interview in Washington, DC

May 6, 1983

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