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Interview with Spurgeon Milton Keeny

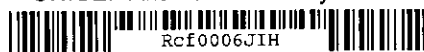
Conducted by
Peter Jessup
November 27, 1980

From Reminiscences of
Spurgeon M. Keeny Sr.

Oral History Research Office
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Interview Spurgeon Milton Keeny, Sr. by Peter Jessup for (

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Interviewee: Spurgeon Milton Keeny, Sr.
Interviewer: Peter Jessup
Place: Washington, D.C.

Interview No. 9 - November 27th 1980

Q: Good afternoon, Mr. Keeny. Here we are for the third time this week on Albemarle Street in Washington. We have a very nice November day. This is Peter Jessup from Columbia.

As I remember, when we ended the tape last time you concluded your Paris undertaking and were headed home, but I did want to see if we could just put an insert in about ^{You are} extremely modest about something you mentioned off tape, when you told me that ironically at the time that the State Department was notifying you of your windup at UNRRA, Prime Minister Alcide De Gasperi was giving you one of Italy's highest decorations.

Mr. Keeny: It was not the State Department which was giving me the forced resignation, which I think I mentioned. It was the

Geneva Office [REDACTED] which was part of the United Nations and not connected with any particular country.

The story involved, as I think I have indicated, was one of insubordination, and in the background was my defense of the Army program and moving the Nazis who were still in Italy back to Germany, in which some ~~lower~~ lower echelons ^{of} the Vatican, were, as I've indicated, involved, but not the higher echelons. Of that I am absolutely convinced.

The departure from Italy was, apart from leaving friends, quite a mixed bag -- painful and pleasant -- one, but as you've indicated, I was given quite a few honors. One of them was a gold medal for doing most for the hospitals of Italy. Another one was a silver medal for the City of Rome, and the third was I think the first Star of Freedom given to a foreigner, which was their highest honor for civilians, and

the Equestrian Order of St. Agatha from San Marino.

C (laughs).

Keeny: As I have indicated before, I finished my job of liquidating my 30 million dollars worth of blocked currencies, and was on my way home from France to the United States after an absence of a half a dozen years.

My intention was to retire, rather vaguely I thought out in my mind, but I hadn't been in New York for more than a couple

of weeks. . .

Q: You were about 55 years old then?

Henry: I was in my 57th year then, when Maurice Pate, the head of UNICEF, called me up and asked me whether I would be willing to fill in for the director of the region for Asia, who had just been appointed recently but who had suddenly fallen ^{ill} ~~ill~~, but who had established the beginnings of an office in Bangkok, Thailand.

I ~~xx~~ told him I would talk it over with my wife and let him know in a day or two, and I did. I also looked around for advice. To me the Bangkok that I had heard of was the center of all the tropical diseases of the world, and I wasn't at all certain that I wanted to get into that mess. So I called up an old friend who had lived there for some years, and he said to me, "Well, it's not a health resort, but I lived there for ten years and I am all right. What's the matter with you, are you getting old or just timid?"

That helped me make up my mind, and I accepted.

Now going to Bangkok was in those days still quite a chore, although there was air service of a kind.

Bangkok is almost exactly on the other side of the world from New York, about 12,000 miles away, and the flying time even with our modern jets is about 24 hours at 500 miles an hour, and in those days with propeller planes it took in the

neighborhood of 60 hours plus layover times because we didn't carry fuel enough for long trips as they do nowadays, and so we did it in a series of hops, to Hawaii, to Wake Island, and to Manila and Hongkong, ^{and} eventually Bangkok.

First-class had sleepers of a kind, but we all traveled second-class. The only person I know of UNICEF who traveled first-class was Mr. Pate himself, and he scrupulously paid the difference out of his own pocket.

Q: Mr. Pate was of what nationality?

Keeny: He was American, but he liked good living. He had been educated in Princeton and got spoiled after a rural upbringing, and he liked to dress well and live well, which is the exact opposite of my way of life.

I always thought first of what ~~going to take care of~~ ^{the difference in the fare} would mean in terms of drugs for the families we were trying to help. It would mean probably ^{enough of} the new drugs to take ~~care~~ care of a thousand families for a year -- the fare for a single person.

Well, we ~~sure~~ survived two nights and a day, my wife and I, and we arrived in Bangkok, and we put up in the ~~Ratanak~~ ^{Ratanak} Kosin Hotel. In those days -- which preceded the tourist days -- there were only two hotels in all of Bangkok. One of them was the ~~Ratanak~~ ^{Ratanak} Kosin, and the other was the Oriental, which was the

more expensive one, ^{and} on the other side of town from our office. The Rain^Yako^Ksin was just one block from our office, and was very ~~xxxxxxxx~~ convenient and very cheap, and quite new. It was built by the Government, ^{and} with a fine disregard for the economics of the situation it was built to house provincial officials who came into the city, and the building was built like a . . . er. . . the center was like a big cylinder with a dome on top, and the rooms were extensions from this cylinder.

The location was excellent, and the rooms were big. There was of course no air conditioning in those days, but the winds that were always blowing kept us relatively cool in the lobby.

Q: Did they have ceiling fans?

Keeny: In this big domelike structure everything was quite open. They didn't even have windows, it was quite open to give the breezes full sway. The place was quite free, and the birds came in and out, and swallows and sparrows nested inside. It was a very homey place altogether.

The staff was entirely new, and the service was incredibly bad, and . . .

Q: Because of ineptitude or morale?

Keeny: Oh the morale was all right. The morale of the Thais

is always all right. They have a phrase, Mai [REDACTED]
Mai penrai, which means it will be all right.

My wife got quite friendly with them, and she talked with the chef and told him how she'd like to have things done, and went into the kitchen with him, and occasionally cooked her own meals, and taught him some new American dishes and that sort of thing. It was all on a perfectly friendly basis.

Now it's all very modern, and the service is all that you could possibly ask. In fact it's the only hotel in the world where all the waitresses in the dining room address me as "My darling." This derives from a joke I told a couple of them one evening that I had played on one of our servants who was extremely anxious to learn some English, and I told her that it was very simple. I said we'd begin with a few simple phrases, and I said the first one to begin with was Good Morning.

She repeated this many times until she could say it perfectly, and then the second phrase was My darling, and the third one I love you, and the fourth one Nadly, and I had other words you could substitute for that.

no^R And she practiced these words and built up her vocabulary very carefully, ^R [REDACTED] the first time she had occasion to use this with all the formal Thai manners was when a young man came to dinner ~~with~~ with us one night. She bowed in the proper Thai manner to him and said, "Good morning, my darling. I love you madly." (laughter)

He looked at her in astonishment and burst out laughing, and told us what had happened.

This of course put me in the doghouse with her for quite a long time.

But I told this joke later at the hotel, and like all good jokes it lasts well, and 20 years later the mother whose daughter had grown up from babyhood in the meantime and who had been employed there brought her daughter up to my table and the daughter curtsied to me and said, "Good morning, my darling, I love you madly." (laughter) And her mother beamed ~~xxx~~ proudly. The joke had lasted not seven years, as they say a good joke should, but 20 years.

But Bangkok in those days was not at all the Bangkok of today, which has at least 40 respectable to excellent hotels and a number of broad thoroughfares, which were cut through largely by the Japanese when they were there, partly for strategic reasons, and partly for their plan for prosperity through cooperation. In those days it was known as the Venice of the East.

Q: Because it is on water, is it not?

Keeny: Because of the very many canals which interlace the city. Most of the foreigners who lived there lived alongside one of these canals, and when you ask people where they live you usually

mean

[REDACTED], On what canal do you live?

I for example lived on [REDACTED] ^{canal} 55 for many years, after my wife died.

Q: Your wife died in Thailand?

Keeny: Yes. Well, she died in America, where she had come back for special treatment after she'd had a heart attack.

There was almost no vehicular motor traffic in those days. The many, many bridges over these canals were narrow and elevated so that the boats could get through underneath, and people traveled mostly by pedicab, which was a bicycle affair with [REDACTED] a seat in the back, and when they came to these bridges the rider simply got off and pushed the vehicle over, which slowed up traffic to almost a standstill around the bridges. But that didn't matter much because there wasn't much traffic.

But gradually all that has disappeared over the years, and the canals have for the most part been filled in, and highways and streets have been built there. And now you find highrise buildings in the central part of the city.

Q: In the canals there were houseboats that people lived in, weren't there?

Keeny: Oh yes. This was one of our big problems when it came

to dealing with families that needed help, because what is their address? Their address was anywhere they could find a parking place for their boat, and they usually parked in the same neighborhood, but if they left it for any reason somebody would come along and take the place and they would try to find another. This made the followup of a family a madhouse of a business.

In those days Bangkok was -- and I believe to a considerable extent it still is -- the heart of Thailand. It was the only city in Thailand really. The next city had much less than 100,000 people in it. Bangkok was divided into two halves by the Chao Phya River, a river which is quite big, and about half a mile wide there, and which keeps the place under perpetual threat of flooding. When it floods, anything can happen to almost any part of town, because the whole town is within a couple of feet of water level, and whenever there were heavy rains upstream the water would rise, and you made preparations accordingly. You built dikes around your house, or moved to the second story, or got out in boats, or did whatever you had to do, but then as the Thais say cheerfully, "Mai Penrai," or "It will be all right." And they never ^{worried} ~~worry~~ greatly about it, unless houses were destroyed, which was seldom, because the water was relatively still, there was no velocity in the stream.

But we must remember that Thailand had been an absolute

monarchy up to 18 years before 1950, and was in the hands of a group of generals after that. In fact my landlord for a couple of years was one of the six that had overthrown the original absolute monarchy. He had been in the coup that had arranged it, and I heard from him first-hand the details of how it was done

I got settled down in the hotel, my wife was very comfortable there. One of the nice things about the place was that there was the greatest variety of fruits all the year round that I have ever met anywhere in the world; in addition to the ordinary fruits such as bananas, pineapples and mangoes and that sort of thing there were literally dozens of other types of fruits, some of them so delicate that they couldn't be exported, couldn't be canned, and had to be used within a few days of the time that they were ripe or they would spoil, but wonderful while they lasted.

My wife used to go to the market just across the canal, where there was a big market which lasted all week, but was particularly lively over the weekends, and there you could buy everything. It was famous as a flower market, and there you could buy orchids, half a dozen for a penny -- they were almost given away -- and you could buy every kind of fruit extremely cheaply, and everything else was cheap, except food.

One of the things one has to remember -- and this is a sobering fact -- is that at a time when the average income per person per year was much less than 100 dollars a year, the cost of rice was about the same in Thailand as it was elsewhere.

They exported rice, and that was their main source of income. It's now in competition with tourism.

Finally, to get to the office, I found a small but highly divided office. The deputy director had come from UNRRA in China, where he had been occupied mostly policing supplies, and who had an Army background, and whose general slogan whenever I asked him for advice he always opened with, "Well, you know how I feel. Any money we give to these Asiatics is down the drain."

Q : That was constructive!

Keeny: I listened to this for half a dozen times and said nothing. On the other side of this little feud was a group of British Quakers who had also come from China, and they were despised by this deputy because he hated all pacifists as a matter of principle, and the Quakers were of course pacifists although they showed their courage and endurance in their work in Burma and in Western China.

I also found several young men of fortune whom I had known or known of in the West who had been with UNRRA or ~~UNRRA~~ UNICEF, and whose stories were less than creditable. It was not a good core to begin working with, but you have to start where you are.

~~_____~~

From this beginning I had on the one hand to take into account that I might not be there for more than three months, and on the other hand to assume that I might be responsible for all the Asian program.

I decided to take the second of these possibilities, and started visiting the 22 countries which were included in the total area. This included everything from Afghanistan on the West to the Pacific islands.

Q: Really?

Keeny: With the exception of Communist China. The total population was closer to two billion than to one billion, and it was difficult to know where to take hold.

We had relatively small resources to begin with. The original grant had been three million dollars, but half of that had gone to the health center in Calcutta, so there was about a million and a half left of that, and we didn't know what we'd have in the future, but it was under five million dollars a year.

But we did have in those days a large amount of powdered milk -- skim milk powder -- from U.S. surplus which was available. We paid the ocean shipping costs, and the recipient governments paid the internal shipping costs, and we took over practically the entire U.S. surplus. This gave us much needed protein for countries that sorely needed it.

Q: These were these little cans of powdered milk?

Keeny: No, they were quite big cans -- big cans or barrels. It was not set up for retail distribution. It was sent to centers, ~~centers~~, usually in barrels, and it was broken down there and ~~distributed~~ distributed. This was a real beginning.

The other thing we had to offer ~~us~~ was that they were extremely short of drugs, and there were so many new drugs that had been recently been invented or discovered, and so many new forms of immunization against communicable diseases that had been found out, that we decided to look into those fields.

The beginning was obviously to supply every health center, where our interest was in mothers and children, with first of all some very common drugs such as ferrous sulfate. The amount of anemia due to shortage of iron was ~~tr~~ tremendous, especially in India. The normal person has about 90 percent or 100 percent ideal, but there you'd find that most of the people would be under 60, some under 40, and I have known of cases that in this country would be hospitalized walking around with 30 and even in the 20's.

Q: Was this mostly total unavailability of the necessary ingredient or was some of it religious diet?

Keeny: No, it wasn't religious diet, it was just that they didn't have the drugs and hadn't done anything about it.

We ordered ferrous sulfate pills. I think they were ordered from the Norwegians of all people, by the million, and we found that they hadn't prepared them for tropical conditions. They ordinarily coat the iron, which of course has some sort of bitter taste, with a sugar coating, but we got them to put on first a varnish which would prevent the sugar from melting into the iron as it does in hot countries and turn the pills into all colors of the rainbow, so people were afraid to take them and we were not sure whether it was all right to give them. But we finally got something worked out on that, and they became a regular part of our orders.

We had a standard package of simple drugs. It included a drug that was new to them, and that was penicillin, which was useful for many purposes. These were distributed.

Our problem was first of all in knowing what to supply, and we worked on this for quite a while. Then after we got our supplies to get them distributed, because in big countries like India the system of distribution was so full of red tape -- distributed ^{usually} once a year, and if ~~they~~ you missed your round you had to wait another year, and the whole thing was incredibly tangled up. I found one case where goods had been shipped to the state headquarters and hadn't been transshipped. The reason was a shortage of labor, they said. I looked into the matter, and they had plenty of labor. The trouble was that the one person missing was a carpenter to make the boxes.

And according to their caste system the others couldn't do that, and according to their budget they weren't allowed to hire anybody new, so until this man came back -- he fell ill, or was killed, or died, but he disappeared for some reason or other -- for a whole year the whole state in India didn't get its drugs.

Q: Was the stifling bureaucracy of India part of their inherent nature, or a direct inheritance from the British?

Keeny: Oh the British were an orderly lot, but these things can happen in any country. ^{I heard that} We hadn't passed our budget beginning ^{in 1960} October 1st, and it's now November 21st, in a country called the United States, Multiply that 1000 times and you get the situation in some of these countries.

This wasn't a really major problem, but it happened, and everything happens in a system which involves 22 countries with 22 kinds of problems, then multiplied by all the local variations. But we managed to get along.

We distributed milk powder, and we distributed these drugs, and we began to distribute jeeps for supervision of the rural subclinics, because we found that nearly all the services were in towns where the clinics were, and they didn't get out to the rural people at all. So we offered a jeep free to every clinic that could get established at least two subclinics, and would agree to have a doctor or a qualified nurse or midwife --

preferably a nurse-midwife -- visit them once or twice a week to take care of the more difficult cases and advise the person who was resident. This didn't require much. At first they began to talk about a 5000 dollar building, and I told them that was nonsense. All that was required was two rooms -- one for the resident nurse or nurse-midwife (or ^{even an} assistant) ^{to} live in and one for her to deal with the patients.

Q: Are you talking about Asia in general or India in particular?

Keeny: This was India in particular. We had variations of this kind of thing all over, but India was a big problem because it had between 350 and 400 million people then, and it was a very slow business. We thought they would jump at the chance, for jeeps were like gold in those days, and India wasn't producing any vehicles at that time within the country, and imports were very few, so that transport of any kind was precious. But we offered them up to 5000 jeeps it took five years before they took the last jeep out of that offer.

Well, working on this program became routine, and Headquarters had given us some outlines for the future, suggesting that we look around for programs of public health so that we might attack individual diseases outside the routine cure or treatment of ~~mothers and~~ ~~next~~ children. We weren't reaching more than ten percent of the population or so that way.

The requirements that they suggested were that the disease should be widespread enough as to be a general health problem, and two that there should be a cure for it, a solution for it, . . .

Q: An existing one, you mean?

Keeny: An existing one. And three, that it should be relatively inexpensive.

After I had made a tour of the 22 countries, I decided that the first one to attack and the one that would give us a chance,

*over-
stated*

[REDACTED] (to raise money for some more activities of the kind was the disease of yaws. This is a tropical disease limited to ^{withiⁿ} roughly about ten degrees of the equator.

Q: That's a deficiency disease.

Keeny: No, it's a blood disease caused by a spirochete very similar to that of syphilis. There are two spirochetes. The one of syphilis is spirochete pallidum (treponema pallidum), and the one of yaws is spirochete pertenue (treponema pertenue). They are so nearly alike that the ordinary microscope can't distinguish between the two, but there is no relationship as to the ^{causation} ~~establishment~~ of them because yaws is not a venereal disease at all. It is caught mostly from children and spread

by them through children who have symptoms of the disease which are on the skin in forms of boil-like excrescences, and is spread in play usually to other kids who have scratches on their legs, caused by their running barefoot as everybody did. It spreads wildly, it persists, it's recurrent and I have seen -- I saw one young man, maybe 25 or so, whose body was a mass of scars from these boil-like excrescences which come first as pimples and then swell up into boils and then burst, and then gradually heal but leave scars, and then come back again. And so this goes on throughout life, and eventually locks the joints, and finally in the last stages it eats away the roof of the mouth -- the palate -- the ridge of the nose, with and it causes results similar to the pictures you see of the last stages of leprosy.

It had been learned from experiments in the Caribbean that penicillin could cure this disease, and it wasn't difficult. They were using two doses of it injected intramuscularly.

March '52

We had a world conference on yaws -- the first world conference held in Bangkok. The difficulty was that the experts they called together were the people who had experience with spirochetes of that type, and these were all syphilologists. Their experience was with chronic syphilis cases, and they had dealt with them with the old mercury combinations, and it was said that if a doctor had 25 of these cases he could look forward to a prosperous practice ⁱⁿ old age, because you could never turn them negative.

But it was found that penicillin could turn the blood negative in 24 hours -- this special type of penicillin. There are two types. One that's used for acute diseases, which acts quickly and with great impact, and the other which is absorbed slowly. The test of it is that half of it must be detectable in the blood after 72 hours.

Q: Was this a tablet or an injection process?

Keeny: An injection with a needle and syringe. I listened to the syphilologists. There was one young [REDACTED] there who was a renegade from the crowd and he expressed some different views. I called him in privately and said, "What's the real line we ought to take?"

He said, "Go after this straight. [REDACTED] Get the penicillin into these people, as many as you can, as quickly as you can, and you can break up the disease."

Q: What nationality was he?

Keeny: He was from the U.S., and it was quite astonishing, because he was quite out of line with what all the oldtimers were saying, but somehow or other he impressed me, so when it came my turn to speak I came up with a proposal that we should do just what he had recommended to me, and that we should try

to get a million injections a year within five years.

This was unheard of to these people, who were clinical people entirely, and they ~~they~~ pook-pooked the idea, but the price of penicillin was coming down, and they left it to the judgment of Indonesia and me -- Indonesia is where the bulk of the yaws was -- and it happened that ^{one} of the W.H.O. advisory committee on yaws was an Indonesian doctor, and he was a very wise man, very quiet and modest, and he was all for this but didn't know whether Indonesia could afford it. Indonesia was extremely poor, it had just come out from under the fighting with the Dutch. At the beginning when I went down there I had to negotiate with not one but two capitals, and had to go through a no man's land between them. One was Jakarta and the other was ~~Yog~~-~~Jakarta~~ in Central Java.

Kudijat?

diff. period

Fortunately the Minister of Public Health was a very wise man who had been -- he told me that after he had retired he had been called back to the Ministry, I think it was 25 or more times, so often does the Government change there. He was a Christian from somewhere up in the north, the ~~Six~~ Spice Islands.



He was trusted by everybody apparently, and whenever there was a deadlock he went back in and acted as caretaker, and he would say whatever the doctor in charge of the yaws program said, and the other one would say whatever the Minister is willing to do, and I was negotiating between them, always pressing them to do more.

I guaranteed them two things: [redacted] all the penicillin [redacted] all the syringes that they needed, and all the transport they needed.

Now the scheme we had worked out [redacted] [redacted] is the backbone of every such program, [redacted] break it down into its component parts, [redacted] to train people -- paramedical -- for the simple duties that they had.

Here there were only two people involved in addition to a medical supervisor. One was the one to do the intramuscular injections, which is done in the upper quadrant of the buttock, and the only danger there was ^{to} avoid hitting the sciatic nerve. They had enough trained mantris out in the field to do that, but first you had to find the cases and bring them together so that the mantris could do the work quickly and efficiently.

Q: What does the word mantris mean?

Keeny: A mantri is a male nurse roughly. He is an assistant doctor, [redacted]

[redacted] But he ^{is usually} a practical guy, and able to do all sorts of things. This was very simple for him.

The diagnosis of this disease is relatively easy, because it shows on the skin, as I have said, in what they call the overt cases, so you merely have to inspect the body.

What they did was to figure out how many people they would need for a given territory, and give them three months' training,

and then put them ~~into the fields~~ into the fields. The last couple of weeks of this ^{training} were under supervision -- field work under supervision -- and then they were on their own.

~~W.H.O.~~ W.H.O., which had a medical adviser, wanted to have an elaborate card system with individual records and all the rest of it, but on the advice of the local people we decided the opposite, that is to keep no records whatever, (laughs) except for a research group, where they could keep all the records they ~~wanted~~ wanted. We'd keep only a record of which villages were done, and when they needed a followup, because you had to go back and follow it up.

When they went into a village the people were called together by the traditional method of ringing a gong or a bell, or sounding on a hollow log a signal. They have a series of signals, ^{and} certain signals mean everybody is to come together.

So they were brought together, and the purpose of this was explained, and since they all were eager to get rid of yaws they were glad to cooperate.

Q: So there was no fear of the needle?

Keeny: No, they were accustomed already to vaccination for smallpox, and there was already a general feeling throughout Asia -- and there has been for ~~many~~ years -- that there is magic in the needle. They believe in the needle rather than

in the pill. [REDACTED]

Q: You weren't involved in any way with penicillin in tablet form?

Heeny: No, not for that disease. We had begun fearing somewhat the costs of this entire enterprise, because the price was about \$1.75 for ^eten cc tube, but it was coming down, and as our program expanded fortunately the cost didn't expand, because the costs came down. In the first place, they were coming down generally, in the second place we bought [REDACTED] large quantities, and for some years I think we were the biggest buyers of penicillin on the market. We bought huge quantities, and the Japanese came in as competitors. The price came down very rapidly. It came down to a dollar, and then to 50 cents, and eventually before the program was over we were buying it for as little as 11 cents for a 10 cc vial. [REDACTED]

But the physical job of examining so many people was enormous. When they were brought together, the elders of the village appointed certain people -- men and women -- to help in the examination, and as soon as they found anything suspicious, any signs on the body, they would have the young man look it over, and he gave them a card.

They examined 100, and if they found 10 or more, then they knew that the disease had really spread through the village, and

they injected everybody. If it was under that, then they injected only those that they found, and then came back later and did them again.

Q: How many injections did it take to knock this out?

Keeny: At first you began with two of four cc's each.

Q: Spaced how far apart?

Keeny: I don't remember. They could have been a week or so apart, but I don't think it mattered much. Then we found later that one was enough, and that eight cc's was ~~about~~ ^{more than} was needed. We finally got it down to six cc's, and four cc's would have been enough, we found after much research, but they felt happier with larger doses, and the cost was so little by the time the program got big.

This program grew, and we had reached the million mark a year -- a million injections -- not within five years, but three years. Then we began to attract attention from the USAID and W.H.O.

Q: So you were really a pioneer.

Keeny: ~~The~~ The ~~general~~ medical world in general began to get interested, and our Headquarters had something to talk about.

And we raised money, and they raised money on the basis of it.

Q: Raised U.N. money or private funds?

Keeny: Well, most of the money came from volunteers. It was all volunteer subscriptions from Governments; there was no fixed assessment. A country was asked to pledge, but not required to pledge, and we had no difficulty getting money for that program.

By the end of the decade we had cured more than ten million cases, and this was a quarter of all the yaws in the world. Most of the rest of it was in Africa. And we had done it within ten years, and had done it by a *drive simple* as that.

The A.I.D. people were very jealous of us in a good natured way, saying we had found the perfect program. It was a model program of attacking a disease that was a serious health ~~problem~~ and there was a known cure for it, and the cure wasn't expensive. And it was done, and done quickly, and done well, and by the fact that you had shown what penicillin would do there was no problem for the future because the clinics in that neighborhood, including the mantris who were looking after the health of the neighborhood, had stores of penicillin, and people knew what to do if a case came up in their village -- they simply went to the mantri and got a dose of penicillin, and cured it, and so the disease was wiped out. It's almost nonexistent ^{in Africa} now, even in Indonesia.

Q: In other words, about a quarter of the whole population had^{it} in Indonesia when you first. . .

Keeny: Oh no. The population of Indonesia was then upwards of 100 million.

Q: Oh, already?

Keeny: Yes, it's about 130 million now. It would be much more except for the family planning program which we also later had a hand in getting going there.

The effect on the people was very interesting. They were extremely thankful, and expressed it in many ways. One of the most interesting ones was in the remote areas, like one where as I remember the ~~animistic~~ ^{animistic} religion was still strong, where they had ^a ~~the~~ banyan tree, which is sacred, and on this banyan tree they hung votive gifts in thanks to the gods for cures, just as you find in many of the Catholic regions of the world. It was their custom to supply food for the gods and miniature sets of clothing, and all sorts of things like that. And it was mingled with ancestor worship as well.

I remember visiting one of those banyan trees which was completely hung with votive gifts of thanks ~~because~~ because ~~ix~~ every family in that village apparently had yaws, and that expressed thanks. It was hung like a Christmas tree.

Curiously enough, this yaws program had a beneficial effect for me too, because later, in the early 1950's in the aftermath of the un-American activities business -- the McCarthy era -- all of us U.S. citizens who were working for the U.N. had to pass a security test.

Q: Oh yes.

Keeny: And I had worked in Poland, in Czechoslovakia before the communists came.

Q: Before they were invented.

Keeny: I had worked in Communist Russia although under Herbert Hoover, but nevertheless [REDACTED] it was thought that I might be soft on communism, so I was duly investigated, and it came to the stage of a preliminary hearing before a judge and an interrogator.

Q: Where?

Keeny: In New York, when I came back on one of my trips. It was quite drawn out...it took quite a number of days. I said to the judge, "Sir, I know that you are hesitant to spoil a man's career by accusing him unjustly, and so you are making a thorough

for three months, and the person you replaced never went back, or how did that work?

Keeny: He never came back. I don't know what happened to him -- ~~but~~ ^{but} ~~whether~~ he simply resigned after four or five months and said he wasn't well, or the job didn't particularly appeal to him and he simply resigned, ^{and} ~~but~~ I was asked to stay on, and my three months stretched out into 13 years.

They were extremely busy years because under the setup we had then I was supposed to supervise these 22 countries, visit all of them, and go back to New York every six months. And this was quite a business, because it took the best part of a week just for the trip back to New York, and then the time that I spent there at board meetings. They later lengthened that to a year, but in the early days they didn't know their future, and so they wouldn't look ahead more than six months at a time because of the financial situation.

Apart from Indonesia we found many fewer yaws cases than we had expected. In Thailand, which was the second country, we found about a million and a half cases, which was quite a lot because Thailand's population was ^{not more than} ~~was~~ maybe 25 million -- a quarter of that-- so they had about half the frequency of Indonesia according to the population.

There were other spots. The Philippines had maybe half a million throughout all of the islands, and there were maybe 50,000

or so cases in Malaysia, and others scattered around. Curiously enough, there were almost none in India, which surprised me, because the conditions in South India you would have thought would be first-class for yaws, because yaws is a disease, as they say in Indonesia, that is found at the end of the road -- it's a disease of the rural areas, where there is great poverty, often a scarcity of water, and where there have been no medical services, and where all children go barefoot and where the chances of transmitting the disease are usually good.

This gave us a pattern for further attempts on attacks on diseases that were widely prevalent, and one of those that had a very high death rate was tuberculosis, which we didn't know how to attack directly because tuberculosis was usually thought of to be attacked by X-rays and hospital treatment and surgery if necessary.

~~_____~~

It had been discovered that there was a kind of vaccine or serum called BCG which is not used in this country, or is used very little. It's Bacillus Calmette Guérin. It was originally discovered or invented in the Pasteur Institute in Saigon, but never was used in that country except in certain small experimental areas, but it was found that of children were given this immunization they had a ^{very} much greater resistance to tuberculosis than otherwise.

So here was a simple attack that we might make, and India was one of the worst situations. We had a very good head of the tuberculosis division ~~at~~ⁱⁿ the *Indian* services there, and the young W.H.O. doctor, who was out doing his first field work was a Dr. Mahler, who is now head of W.H.O.

Q: What nationality?

Keeny: ^{Yes} Scandinavian -- Danish, I think. He and I and the head of the tuberculosis division worked out the plan, and it was very similar to any other plan. It involved merely getting the serum to the people and organizing them by districts, having the necessary supervision, having the necessary transport for the supervisors, and seeing that the job was done properly, that they used clean needles, and that sort of thing.

It wasn't very long after we got going -- after about three years I think -- that we had had that built up to 11 million injections a year. It built up very rapidly, and continued. This was our second venture in that direction, and while it wasn't spectacular like the yaws and ~~it~~ didn't result in almost instantaneous arrest and cures soon after, it did bring results, and we later applied the same kind of system to cholera, and cholera we couldn't hope to inject everybody every six months because the vaccine is good for only six months.

Q: Cholera is a disease that has an outbreak and can quickly become an epidemic?

Keeny: Oh yes.

Q: But it isn't chronically existent, or was it?

Keeny: No, it's a waterborne disease.

Q: After floods and things like that it would start to pop up?

Keeny: Oh it pops up especially after floods, but I have never been able to predict an outbreak of cholera.

Q: The head of our Public Health Department in Bangkok -- the head of Thailand -- said that the kids there who swam in the dirty canals had developed an almost complete immunity to waterborne diseases. About a month later we had about 3000 cases of cholera, and they were yelling for help.

Well, in cholera you can't do the whole population every six months, but what you can do is organize to be ready for an outbreak, and use emergency procedures. W.H.O. arranged for emergency supplies to be available for instant shipment, not only to Headquarters but various manufacturers kept a certain amount of stocks on hand which were on call, and the whole thing was very carefully worked out.

I'll never forget the outbreak in Bangkok because the house in which ~~housing~~ I lived was not very far off the main highway, ~~xx~~ ^{through} which the ambulances ran, and anytime you woke up at night you could hear the ~~gongs~~ ^{gongs} clanging. There was hardly a moment when you didn't hear one sounding. We had 8000 cases within a week or so.

Q: How is it transmitted after one person gets it? I mean can you give it to me?

Keeny: Yes, but it's by personal contact. It's not infectious, it's contagious.

We did a number of things there. They called over the head of ~~the~~ ^{the}

~~the~~ cholera research institute, which was located in Saigon, I believe, under the American Navy, and there was a captain there who was very good. On this occasion I was astonished one evening when I was told that a delegation was coming over to see me, and the delegation consisted of somebody from the King's office, and the A.I.D. or its predecessor,

~~They~~ ~~the~~ said, "You people are known for lack of red tape, and you can get quick action, and if we have to put things through channels there will be additional delays, so how about you doing this through the U.S.?"

I called the U.N., which had a direct line, and told them to stand by while we got our ~~message~~^{cable} ready, and we prepared a cable and had it ready in an hour or so, and they sent it off, and we told them what we wanted right away, gave them the name of the air contact that they were to make to get a plane to bring the stuff over, [REDACTED]

I sent it through and I told ^{delegation} the A that I would tell them by noon the next day whether we could handle it, and by nine o'clock the next morning I gave them the message that we would undertake it, we had undertaken it, we'd made the contact~~y~~ with the Air Force, a plane would be at the military airfield near New York, the stuff would be ready to load in 24 hours, and had they anything more to add? They had, and we told them to hold it 24 more hours.

We wanted first a big batch^{of} saline solution because we couldn't turn it out fast enough, and then a machine for making more, and a lot of special equipment.

I found out that they got all the special equipment by going to the New York Cornell Hospital, which allowed them to take anything they had in the building with the provision that they replace it during the dz following week, and they pulled out a number of special items that were required, and it all came over, and we unloaded and went to work.

The rate of deaths was astonishingly low. It usually runs about 30 percent if nothing is done about it from heart shock which comes within 24 hours from rapid loss of fluid in the body, dehydration coming so suddenly, but if you can pour enough saline solution into them, especially with potassium in it, they found that they could reduce the death rate to something in the neighborhood of one percent. It was incredible.

So we came through the whole thing with not more than a couple of hundred deaths.


Q: Out of 8000 cases.

Keeny: Oh there were many more than 8000 cases by the time it was finished, because it ran on for another ~~xxx~~ week or so. And then it disappeared as suddenly as it had come. But it comes from careless habits of not boiling water for drinking and that sort of thing. Bangkok at that time had no central ~~xxx~~ sewage system, ~~_____~~
~~_____~~

We carried that as an example of a rather specialized case, but if you take a case of say a more chronic disease like leprosy, we found that most of the cases of leprosy were in India, and the drugs for the treatment of them were available and not very expensive, just as we had found in TB. ^{Concerning} The treatment of these cases, I should have added when we were discussing TB, there

were new drugs available that were not very expensive, that combined could cure most cases within a year or so, and could render most of them noncontagious in a much shorter time. The main thing to do was to find out which of the cases were actually contagious, and which were arrested and just needed time to be cured.

In leprosy it was a case mostly of neglect. The whole old system was to gather all the leprosy cases of Hansen's disease they prefer to call it -- into segregation camps, and they would leave them there for life. Now this is extremely bad, because leprosy can be cured, and in children if it's caught in very early childhood it can be cured in as little as six months. In adults it takes usually from three to five years, and sometimes as much as ten, and the treatment must be continued with daily pills. It's a matter of taking one pill a day, that's what it amounts to, so it involves a monitoring system, and the thing to do is break up those camps.



Spurgeon
End of Interview 9 with Milton Keeny by Peter Jessup, November
27th 1950.