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Interview with Spurgeon Milton Keeny

Conducted by
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From Reminiscences of
Spurgeon M. Keeny Sr.

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Interviewee: Spurgeon Milton Keeny, Sr.

Interviewer: Peter Jessup

Place: Washington, D.C.

Interview no. 10 - November 1980

Mr. Keeny: The last time I was talking about our attacks on communicable diseases, and went into considerable detail on the attack against yaws, the blood disease, and how we had cleaned out in Asia about a quarter of all the yaws in the world. This became major news in the medical world, and it was very good news in public health circles everywhere.

W.H.O. began to think that the same thing could be done with malaria, and this came about because DDT had come down in price. It had been fairly recently discovered, and new methods of applications of it.

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Previously, as I have told in my story of Italy, we had used it only as a larvacide outdoors.

Q: That wasn't what you used in Sardinia, was it?

Keeny: Yes, [redacted] we had it there. They used various oils for the purpose also, but I think that DDT was beginning to be available then, in the latter part of the war, and was if I recall correctly invented just before the war or earlier in the war, and was not available until the war was over. But it was now available, and at first all of the capacity of the plants which were in Switzerlan and in the United States was used producing DDT for the U.S. cotton growers, who used about 25,000 tons a year, and we had to compete with them. But by pressing our orders off-season in the cotton cycle we were able to keep their factories going all year round and get a price reduction of probably 20 percent. Our requirements were also in the neighborhood of 25,000 tons or so, and they would have been far greater of course if we had continued to larvacide , but in the meantime it had been discovered that there was a far cheaper way of stopping the spread of malaria, and that was simply by spraying the insides of houses and animal shelters.

The reasoning behind this ~~xxxxxxxxxxxxxxxxxxxxxxxx~~ spraying the inside of a house was that in the spread of malaria the female of the species sucks blood, preferably from a human --

but they'll take it from other animals if no human is about -- and is very much of a pig and fills herself almost to bursting [redacted], and then flies to the nearest wall to digest her meal. However, if she is disturbed by a restless sleeper and doesn't get a full meal, she may not be so heavily cabed and may climb higher to the top of the side wall or to the ceiling. Therefore it's necessary to spray the entire room, side walls and ceiling.

The cycle is then that she proceeds to get malaria herself, and then bites another person who gets malaria, and then that person is in turn bitten, and the malaria germ is carried on.

This job requires of course an organization quite different from that of yaws or T.B. , but still a very extensive one. It means visiting every house and animal shelter in the country, and doing a thorough job of spraying. The only equipment required is a supply of DDT and a simple sprayer, and enough supervision to see that the job is properly done. The DDT comes in barrels ordinarily, and it is then put into five pound plastic bags usually, so that the sprayers can carry them easily, and it's mixed with water, put in the sprayer, and applied to the walls.

There are some other problems that arise, as when families don't want to have their walls stained and they are afraid that their valuables will be harmed and strangers coming into the house will vandalize it in some way or another, so the supervisor has to come along and [redacted] arrange for the job to be done, because it is important that all houses be done, otherwise the

chain will be broken, and sometimes it even comes to the point where the supervisor has to go to the neighbors and say, "Mrs. So-and-so doesn't want her rooms sprayed because she just had them whitewashed or painted," -- usually whitewashed -- "and she doesn't want them stained with this stuff, and will you explain to her that she is risking not only her own life but yours."

We usually got community support in that way. In fact the first thing we did when a team went to a village was to go to the head -- in India the Panchayat normally five. It wasn't always five -- that was ~~it was the name of it~~, it contained four or six or seven, but it was still called the five, the five elders, and they instructed the people of the community on what to do. The trouble was that the people in the community didn't always obey them. In some other countries the word of the elders is law, but in India that isn't always so.

It sounds like a very simple program, but to organize it on a vast scale requires not only to have a large supply of DDT available in the right places at the right time, but you must have plastic bags, [redacted] your people and [redacted] get simple training in advance so that they know exactly how to do the job, and have the money there to pay them on time, because if they are not paid they simply quit.

I remember one of the A.I.D. staff, when the U.S.A.I.D. was helping, was from the Harvard Graduate Business School. I asked him what was the most difficult problem he had run into in helping to administer this program, and he said getting that damn DDT in those five pound bags to the spray teams. There was always something lacking, a transport here or there, or a plastic bag, and this that and the other thing, there were always breakdowns in the system somewhere or other.

But altogether it worked, and worked successfully. Now this was an enormous program, and it was set up -- I have been describing it for India, but it was set up for every country in the world that had malaria that would participate in it, and nearly all of them came in on it.

The general plan was that the A.I.D. and UNICEF would supply the money for the DDT and the sprayers, and that W.H.O. would provide the technical medical advice, and that the country itself would pay for the local labor.

To give you some idea of the vastness and the extent of this problem, I remember a survey that had been taken back in India in the 1930's, when the population was about 300 million, and it was estimated that there were 100 million cases, in other words one person in three had malaria that year, and much of ~~the~~ this was recurrent malaria and would come on again.

Now the actual number of direct deaths was relatively small, about one million out of that, or only one percent, but the people who had suffered from malaria were weak and had difficulty doing their work, and were often unable to work at all for a long time, had chills and fever and lassitude for a long time afterward, and in general were knocked out for months on end. It was just assumed that everybody would get malaria in those regions.

Q: They knew the cause, didn't they?

Keeny: They knew the cause, but it was not until ~~at~~ well along into the 19th century, ~~that~~ -- or late in the 19th century -- that the carrier was found. It's the anopheles mosquito -- the main one -- and of course they found that many other types also carry somewhat different kinds of malaria, and it varies greatly in its malignancy. That in Sardinia as I have said was among the most lethal of all the types. Some was relatively mild, but the total effect on the energy of the population was very grave indeed so that this could have been a great, an enormous aid in the improvement of public health had it been a universal success.

In Ceylon for example, where it was carried out quite thoroughly, the infant mortality rate dropped by half in seven years, other things being relatively constant, so that you could see the enormous effect that this would have.

But it broke down from local administrative defects, largely lack of money. The governments simply did not come up with enough money. India did its share, and cleared malaria pretty well out of India, and the annual cases dropped there. They had been running about -- the deaths had been as high as a million and they dropped to under 30,000. The disease was never eradicated of course. And even in Ceylon , where quite a thorough job was done, they failed to get out into the forests where the pioneers had cut clearings of their own, and the mosquitoes flourished there, and the people and the mosquitoes came back from there into the areas that had been cleaned up and reinfected them, so that the disease started up again, and started up quite rapidly.

It was also found that some types of mosquito became more or less immune to DDT, and it took a lot more to knock them out, and became entirely immune, so that they had to use other chemicals which were more expensive. W.H.O. had a whole section devoted to the studying of the chemicals which could be used.when the mosquitoes became immune to DDT and then to the next chemical and so on, always trying to keep ahead of the game.

They were scientifically ready, but it always took more and more money.

But the reasons for the failure were usually quite obvious.

I remember ~~I~~ going down to one of the southern provinces in the Philippines later, when I was on some other business, and

just happened to pass through the malaria office, and it seemed unduly quiet, so I dropped in and asked how things were going, and they said they weren't. I asked what had happened, and they said, well, the program had stopped. I asked why it'd stopped, and I said did they find that the monsquitoes were becoming immune? They said no, the mosquitoes died off just as before, but Manila didn't send down the money to pay the labor force. -- they were ordinarily paid by the week -- when they didn't get paid for a month they just left the job, and the program folded.

And so it was in country after country, that although they had been supplied with the DDT and with transport where necessary, they had not appreciated what they let themselves in for when they so lightly signed up that they would go into this program.

Q: Would you say that the failure to provide money was due to ineptitude or corruption?

Keeny: Oh I think mostly ineptitude. Many of the countries had inflation even then, and there was corruption in many of them, especially in South America, I think, but I never made any analysi of it, and I have no data from which to draw a sound conclusion But, although the program was a partial failure, it was a partial success.

But to show you how far from being a general success it was, in all of Asia -- which did quite well generally -- there was only one country that was declared free from malaria in that

period -- it was about 12 years ago, I guess -- and that was Taiwan, and even there we found one year, about five years after we were officially free from malaria, 129 cases. The reason was that the Chinese had come back from other countries that had malaria, and had brought malaria with them. It was latent when they came, but it blossomed after a time and broke out. These local outbreaks were easily surrounded, everybody was sprayed and given chemical treatment.

Q: There is no transmitting of malaria through dirty needles like hepatitis or anything like that, is there?

Keeny: No, it's done only through the agency of mosquitoes.

But the system that we had in Taiwan was intended to be very thorough, and everybody who came in from abroad was supposed to be followed up and blood samples taken to look for positives.

I remember on one occasion a doctor I had never seen came to my office and asked if he might have a sample of my blood. I asked him what for, and he said to test it for malaria, and I said I didn't have malaria.

And h e said, "But you've been in in countries where they do have malaria."

I said yes, and he took it, and he later reported that I was free from malaria, but I said to him, "This is an excellent system," and he beamed.

Then I said, "But I have been abroad at least 50 times, and it's the first time I've ever had a blood sample taken."

He said, "Well, our system isn't perfect."

Q: Where was this sample taken?

Keeny: It was just a very small drop out of the lobe of the ear.

Q: No, I mean was it taken in the United States?

Keeny: No, it was taken in Taiwan. I had been traveling back and forth.

But this was by far the biggest drive against contagious disease or infectious disease that was undertaken by joint effort, and by far the most money went into it.

We had a joint committee of which I was a member, consisting of somebody from W.H.O. and of somebody from A.I.D., and I represented UNICEF, and we had funds of about 20 million dollars a year for the four years that this program went on, and that was a lot of money in those days on the health side.

The effort was well worthwhile, and of course it's being continued, but not in the concerted way that we attempted to do it then.

It just happened at that time that the drive for that was given by a very fine Italian public health doctor who was

of the antimalaria section in Geneva, and everybody liked him. And we all rallied round, it was something we all wanted to do and its time had come, and it was by far the biggest [redacted] disease still remaining.

In general I've indicated how we attacked individual diseases and how we took advantage of the new discoveries and inventions. The main ones were penicillin and DDT and the new forms of vaccine immunizations. In order to make the countries more independent, particularly bigger ones such as India, we began to work on mutual plans with each country to build local plants so that they could produce their own penicillin.

This was in the early days of penicillin, and we still all remember the early days of how penicillin had been discovered from a bit of mold in a saucer at a university in England, and how its multiple use had been made practical by a doctor named (E.B.) Chain.

One of the things I had done while I was in Italy was to use some of the lire we had there to build a research laboratory in Rome in which he could continue his research.

With penicillin we were luckier because when it was in its infant days we brought out the man who had developed the original plant at McGill University, and with him as adviser we offered to equip with all the machinery the plant if the Indians would build the housing for it.

I remember the negotiations with Premier Nehru. He wasn't a chemist, but he was a darn good lawyer, and he asked some very searching questions. Among other things he wanted us to guarantee a certain number of mega units a year, and we figured very carefully and decided that we could come within that.

We argued for the Government taking it over instead of giving it to one of the big commercial companies of the pharmaceutical world becaude they wanted a 10 or 15 year monopoly on all the related pharmaceuticals that might come out of this. This would mean high prices for all the hospitals and aLl the doctors in India for the next decade or more, and we didn't want that, and so we made a contract for the minimum number of mega units that we could get away with, and we specified that all that was produced above a certain amount should be given to the hospitals and to the doctors that were in government service for their use for the poor.

Fortunately there was a wonderful breakthrough while they were building. The "brewers" learned how to grow the penicillin not only on the surface of liquid, but through the whole body of the liquid. This multiplied the amount that we could turn out, and we did far better than our commitment. This developed in a plant up near Poona above Bombay. [redacted] The Government selected an areas which was dry, open territory up in the hills, with nothing there but some shrubs and some goats on it. And the

last time I visited it it was a city of I would say 15,000 or 20,000, all built around this factory which is going to be one of the largest of its kind in the world.

We also built a similar smaller one for Pakistan, for they wouldn't have anything to do with the Indian one of course. But we didn't attempt to do anything similar for the other smaller countries.

We did a similar job with two DDT plants, which gave us an infinite amount of technical problems, but we were able to work with one of those in India and the other one up in Peshawar near the Khyber Pass. It was put up there to be as far away from India as possible.

I remember learning quite a lot of chemistry, which was quite a lot for me because I had never had any chemistry.

One of the developments that did go into quite a number of countries was improvement of the milk supply, but one that's also quite complicated, which was the development of modern dairies for pasteurizing milk. We developed a huge one in Bombay, and a whole series of them across India. This involved -- among other things we had to [redacted] accommodate them to maximize the use of buffalo milk which has extremely high butter fat.

In the same way we brought in plants and laboratories to manufacture various vaccines, particularly freeze-dried vaccines, and in one way or another we tried to move from an era of

dependence on foreign countries to semi-independence, and I think that on the whole succeeded pretty well.

This whole job was done in combination -- as I have indicated all along -- with W.H.O. I always had with me a W.H.O. adviser. The general line recommended by W.H.O. and accepted by UNICEF was that we shouldn't hire doctors, that we should be the operators, and that they should provide the medical advice. Much of the specialized advice would be on the spot advice, but they would keep an adviser with me as long as I needed one and wanted one, and in the 13 years I was with them I had an adviser for I think about ten. By that time I had pretty well learned the routine, and by joint agreement, when there was a shortage of money we dropped the post, and got along quite well with temporary help from them when we needed it.

My life with them was made somewhat more complicated by the fact that the area that UNICEF operated in as one region with 22 countries of Asia was divided into three regions by W.H.O., and W.H.O. didn't do it, but the countries wanted it that way. For example ~~Pa~~ Pakistan was looked after from Egypt for heaven knows what reason, and at that particular time Egypt and Pakistan politically weren't getting along very well, so that I was usually the carrier of W.H.O. news to W.H.O. about Pakistan.

But the personal relationship was very good. Dr. Taba who was there was a very reasonable man. The only thing he disliked

me for was that I was better than he was in tennis.

In New Delhi, Colonel Mani, [redacted] --he was Indian, but he had been brought up in the old British tradition -- was an interesting man to deal with. He was the one with whom I had most to do.

[redacted]

Keeny: Dr. Mani was a man who liked to be the boss, and we had quite a struggle at first because he couldn't quite accept the idea that UNICEF didn't belong to W.H.O., so I faced him on one occasion when we had a problem with one of the doctors who was saying he wouldn't have time to review the project that I wanted to put through, [redacted] His calendar was so full he couldn't get to it for at least six months, and I said I couldn't wait six months. Among others there was a program for medical aid for about a quarter of a million leprosy patients, and I said we weren't going to wait, that a quarter of a million leprosy patients weren't going to wait for one doctor who was too busy to look at a few sheets of paper.

He wouldn't give me the approval, [redacted]

So we took it in to Dr. Mani, and I said, "Dr. Mani, the things that UNICEF buys with UNICEF money are UNICEF property, right?"

"Right."

"And we can move them anywhere in the world if we want, right? But we mustn't actually issue them until we have your okay, right?"

"Right."

I said, "All right, we'll proceed to buy everything I want, and we'll take a chance on your okaying it."

[redacted]

And so we got along in general famously.

Q: What was the difference between Mani and Taba? Taba was in a different country?

Keeny: Taba was in Egypt, in a different region, and Mani was in the main region; then the Philippines and the islands and everything in the Far East was in the hands of a Philippine officer. So they had three different officers.

Q: I see.

This I think covers pretty well the range of our work.

But I must mention a Spanish leprologist, an extremely good one, who was working with us in Thailand and who was always in trouble with Dr. Mani, and I always had to intervene in the leprologist's behalf. This Spaniard and I were poles apart in our thinking. I never expect to meet a mind with ideas like that without digging through several miles of rock. He had been with the Spanish Legion fighting the communists, and he was an ardent Catholic and an arch conservative, but he was a damn good leprologist, and he was particularly good in the field with people -- they just loved him -- and he was tireless in his work. I went out with him a number of times when he was looking for leprosy patients, and I was amazed at his energy and skill, and at the sympathy with which he did the job.

The occasion which caused the little war in which I had to intervene was that the leprologist had broken some rule of protocol and Dr. Mani had rebuked him severely, whereupon the Spaniard had replied, "You are quite right, Dr. Mani, there are several people to blame in this. I take one-third of the blame, one-third of the blame belongs to So-and-so, and the other third belongs to you. (laughs) "So let's leave it at that."

This made Dr. Mani very angry, because nobody in the old days ever said that a British colonel was wrong about anything.

I intervened and begged on his behalf and got him a stay of execution, and we kept him as long as we could while I was there.

Q: He was a W.H.O. person assigned to you?

Keeny: Yes, he was assigned to the area in Thailand, and got along extremely well with my man -- I had a man from UNICEF assigned to Thailand. They [redacted] were on the best of terms, and made an excellent team, and that's what you wanted in the field. You can stand for all kinds of oddities if they make a good field team.

But that in general is what I was doing during those 13 years between 1950 and 1963. I got plenty of experience out of it myself. It was extremely valuable to me, because I estimated that I visited about 2000 villages, I suppose half of them in India, and I tried whenever possible to spend a day in each. I drove endless miles in jeeps, and I went there to see how this program or that program, or a combination of programs, was working. I didn't believe in statistics or averages or reports or rumors, but I went to see with my own eyes to get the feel of it. In order to do that you have to have good interpreters, and men when you are going to talk to men, and women when you are going to talk to women. Above all you have to have people who are outgoing and sympathetic, but

they need to speak the particular dialect that you find in that neighborhood. There are 15 or so states in India and about that many languages officially recognized, but there are actually hundreds of dialects within that system, and even in Indonesia, where officially all speak Bihasa -- which is a newly made language, not more than 40 years old and -- there are at least half a dozen distinct dialects, [redacted] I always tried to pick somebody who spoke that particular dialect and if possible came from that place or very near it.

I spent a lot of time (on this), and it made some people impatient while I fished around to get the right interpreter, but it meant an awful lot.

The reason for spending a whole day say at a particular place (was that you) did much more that way than you did by visiting ten villages in ten hours, because in the first hour or so you get hospitality, you get everything from coconuts to any other local fruits that are growing, and flowers are offered -- all the usual ritual hospitality -- but after two or three hours they begin to tell you what they really think, and there is a tremendous lot of folk wisdom [redacted] that.

One Thai countryman reported. . . he said, "Odd people these farang (- that's foreigners) [redacted] -- "Some of them scratch [redacted] where we don't itch."

Not And that comes close to the heart of the matter.

Q: With such masses of penicillin were there any problems with allergy to penicillin?

Keeny: No. They'd never had any penicillin before, and allergy comes along with overuse of penicillin.

Q: I see. What about, since UNICEF's principal concern is with children, was another concern prenatal care or obstetrics, or is that separate?

Keeny: Well, all went along with the training of midwifery, and that was wherever you got in the local situations. We were not on the medical side, and the improvement of medicine and midwifery, if there was any done while I was there, ~~xxxxxxxx~~ from abroad by W.H.O. , it would be done by ~~xxxxxxxxxxxxxxxx~~ special advisers. They had several special advisers there.

Q: But they had been practicing midwifery for centuries, hadn't th

Keeny: They had been practicing midwifery for longer than we have, and with just about as good luck.

The one thing that we did inculcate everywhere was among the untrained midwives, the local midwives who had no contact with organized medicine whatever, was to get the idea of germs into their heads. It took the form of "keep your hands really

clean" and [illegible] "keep your hands scrubbed."

Q: They had some childbed fever there?

Keeny: Oooh yes. "And avoid contaminating, and keep your hands out of the vagina during delivery, and let nature do the job."

For a very elaborate procedure we supplied a very simple midwifery kit, which became standard for use by tens of thousands, and which was given to a midwife, and after she had completed her training under a trained midwife -- these local midwives who were local birth attendants as they are technically called -- were invited to come in for courses, and in some places they came in for a course of several months, in other places they'd come in for weekends over a year, in other places they would come in when they could spare the time over several years, and when they finally could do the job to the satisfaction of the supervisor they were given these kits.

This was an aluminum box about a foot by ten inches big by eight inches deep, which contained all the essentials for aid in the delivery.

This was worked on for several years, and after much study of practices in many countries it was found to be the best standard kit which even had a small concave side on one side, so you carried it more conveniently. It was most carefully planned, and it was in great demand.

I remember one time in East Bengal during the flood season I wanted to go out and see a couple of the clinics there, and the whole countryside was flooded [redacted] maybe four or five feet. So we went out in a rowboat, and we got out there to a small clinic, and it was just above water level about a foot, and everything around was water as far as you could see. And here in the room with us were two of these traditional birth attendants. I had with me a Bengalese doctor who spoke good English and an excellent interpreter. A storm came up, and they were afraid to go back in this storm, because there were waves several feet high and they didn't want to risk it, so we waited for the storm to abate, and I thought it was a good time to interview these traditional birth attendants.

I asked them if they had attended the training courses, and they said yes, and then I said, [redacted]" Did you like the courses?"

They said, "What do you think? We were doing it on our own time and at our own expense -- if we didn't like it we wouldn't go."

I said -- they had already [redacted] gained their kits and were very proud of them -- I said, "What do your acquaintances who don't have their kits say about you who have kits?"

"They say, you know what they have in those boxes? Knives to cut you up with. They do things with knives that we do with our bare hands."

So I began to get the real folk talk that goes on down where life is actually lived.

The storm finally abated, and we went back, and I felt that I/learned more on that trip than I had learned in some university courses.

Q: Were the birth attendants people of prestige in the villages and communities?

Keeny: It depended on the country and on the person. In some places they were looked on somewhat as witches are looked on, in some communities, people who do necessary but unattractive jobs, like street cleaners and people who gather garbage and so on.

But in other countries they know the family. I talked to them and I asked them that very question. I said, "Do you feel inferior to the people ~~in the villages~~ when you deliver the babies?"

They said of course not, why should we?

They had delivered the parents of the people who were now having babies, and they said, "They've called me Auntie So-and-so for 40 years, and why should I feel inferior?"

It depends as I say on the person and on the country.

But we could go on and on -- 2000 villages could yield two million tales.

But all of this effort, I kept feeling increasingly, was lowering the death rate, and if anything improving the birth rate. Nothing was happening to lower the birth rate.

Now as early as 1960, I had recommended to UNICEF that we spend half our money on family planning and the other half on curative work, and I was laughed down on the ground that first it would be impossible -- it wasn't the policy of the U.N. at all to get into this matter -- and two that we had so many Catholics on the board that they wouldn't let it through, and three that we would lose donations, because all the money given to UNICEF, mostly by Governments, was by voluntary annual grants, and there were many Catholic countries involved, some of which had already specifically said that if we got into anything involving birth control they would not only withhold their grants, but would probably withdraw from the United Nations. They made all sorts of threats. So nothing happened. I kept pressing, and still nothing happened.

I was able to do something inside UNICEF to build what was a kind of infrastructure which could be used later for health and family planning, for example, in the training of nurse-widwives. In Thailand we helped to train 3-4000 assistant nurse-midwives and sent them out into pretty well scattered villages.

We had to recruit them from the neighborhoods where help was needed, and they were ready to go back and serve there.

But in the internal bureaucratic system the first ones were assigned to the provincial office, and there they were two-finger typists and things like that, instead of going back to their work. But we got around that eventually, and got them out to do their real work, and got them some drugs.

Thailand is in many ways a medieval world, but in other ways very progressive. We saw girls riding bicycles, and I got the idea that in addition to training midwives we ought to give them some form of transportation. We couldn't afford to give them jeeps of course -- they couldn't afford to buy the gasoline -- but we could give them small motorcycles such as the Japanese were turning out, mopeds I think they call them in this country, and you could buy those for about 200 dollars apiece.

So I hired a man especially to supervise the setup of this operation, and he arranged training facilities, and we arranged to give each of them a motorcycle as soon as she could -- she had to -- present a certificate that she knew how to ride one, and that she would use one in her work, and that she knew how to maintain the vehicle.

And they went like hot cakes in Thailand, and before long we had a couple of thousand of them out, and eventually it went up to I think four or five thousand.

The same thing strangely enough happened in Muslim Indonesia. These vehicles weren't too useful in towns where the houses were so close together, but in the country they could increase by from

50 to 150 percent the number of visits that you could make.

You have to remember that the whole secret of family planning is in home visits. It has a lot to do also with family care, with prenatal care and that sort of thing, so we developed that line of approach, so when we did come to the time that we had to start up something in family planning we had something to build on. But by and large we had done about as much as we could in the communicable disease field, and we weren't getting any more money per year from the governments that we had been getting the money from, and it had pretty much become a routine operation. I had a rather smooth running regional operation, but it had become too large to handle for one region, really, and we finally decided that we should break it into two, making India and several of the adjacent countries into one region, and the countries east of that into another.

So I spent the best part of a year working out the procedures for doing that, and it was more complicated than you might think, because all our central files were in Bangkok, and all our inventories, including thousands of vehicles, were there, and we had to sort out all those that were in the new region -- in India and in the countries that would go with India -- and transfer the whole thing.

I remember the document that I took over to be signed in New Delhi with the one who took over that part from me was something like 100 pages long. It had innumerable details

in it, but we finally got that job done.

I had indicated to Mr. Maurice Pate that I was about ready to finish my job which had been after all for only three months and had turned out to be 13 years, and I was something like 68 years old then, and he begged me to stay on just a little longer.

But I had an offer from the Population Council of New York, which had been newly started and wanted to start business in Asia, and which was looking for somebody to act as resident representative. I told them that I was ready to come with them any time that Mr. Pate would release me, and he asked me to stay on, but then he had a heart attack and died very suddenly, and that was a signal for my release. I was past U.N. retirement age anyhow, and I had a good second man who could take over for the somewhat reduced territory that we had to look after, and a good assistant, Margaret Dawn. Bryan Jones was the one I nominated to be my successor, and as his deputy Margaret Dawn, who was a wonderful creature of Portuguese-Chinese background, who had come in originally as a refugee from China. By the way, she has written a very interesting book published by Norton, called The End of A World. She was the best handyperson I ever had around. She was not only a first-rate stenographer and secretary, but an excellent administrator, and she could manage any office -- in fact could do anything that I could, and usually better. And together we made a very

good team and got along very well. I felt very easy about leaving her, and so after Mr. Pate's death I started out on my last eastern circuit, winding up in Korea, and that was to be my last visit for UNICEF before coming home to the States.

While I was there it almost turned out to be my last anything, because I suddenly fell ill. I was traveling with a W.H.O. doctor and a W.H.O. nurse, and we were looking into some matters together. The day before I felt acute discomfort, a form of bellyache which was a pain which was localized in my left side.

I went into the first aid there at the local hospital, and they gave me something for tummy ache. I went out, and fortunately I didn't take it. I went to bed that night.

The doctor happened to be one of these strange creatures who gets up early in the morning -- he got up at 5 o'clock in the morning or so -- and he was a little concerned about my not feeling well the night before and he stopped by my room -- we were in a little hotel -- and found me in bed unconscious.

Q: Goodness.

Keeny: This little pain in my stomach was a burst appendix.

Q: Chhhh. With just discomfort?

Keeny: Just discomfort, yes. No bone breaking of any sort. And peritonitis had already set in, but he and the nurse bundled me up and sent me off to the hospital. Fortunately we were right in Seoul.

Q: Did he know what it was ?

Keeny: No. He took me over to the hospital, and they examined me and found out very quickly what it was and operated within the hour. The peritonitis had spread all over my middle area, and the prognosis was very gloomy. They telephoned down for my deputy to come up, and he flew up immediately, and in turn he called for my son to come out from Washington. Fortunately it happened to be the beginning of the weekend, and also fortunately my son's passport had expired, so he couldn't leave, he couldn't get a passport until Monday.

He called the Surgeon General, and the Surgeon General called the Eighth Army, which then in South Korea, and the next thing I knew I had a good part of the medical section of the Army descending on me, ready to take me away. But I had been operated on and I was conscious by then, and I was in an embarrassing situation.

I was in a good hospital -- a teaching hospital where the Scandinavians and the Koreans were working together -- and I said, "If you can do anything better in the Army hospital than

they are doing here, take me away, but if you can't leave me here.'

They looked it all over, and they said, "We can't do anything more than we are doing, but we can give some special equipment. You need special drainage equipment." And they put special pumps on me, because I had abscesses already formed.

Q: Peritonitis unattended will do you right in, won't it?

Keeny: Very quickly, usually within 48 hours or so. So they left me there, and I became one of their most famous, or at least notorious people who had ever attended their hospital, because when I came out from the operating room I was in the recovery room for a while, and then they brought me into another room, [redacted]

It happened that the head of the hospital was an old friend of mine, and he said, "Look after this man carefully, he is one of our good friends."

I was out from under my unconsciousness, and they all scurried away to get things, the nurses were all busy, all about. It just happened that they were all out of the room at the same moment, and I needed to go to the bathroom. So what is one to do? One goes to the bathroom. So I went to the bathroom, and I went inside and locked the door modestly, sat down, and promptly fell asleep.

They came back, no patient. They had just been instructe to keep an eye on this patient like no other they had ever had,

and here he disappeared within 15 minutes! They looked down the stairwell, they looked out the windows, they looked everywhere.

I heard the story afterward from one of the nurses whom I came to know very well.

She told me the whole story with much mimicry and lots of laughter. But eventually they figured out that I must be in that ~~xxxxxxx~~ locked cabinet, and they had a boy climb over the top and put his head inside, and there I was. They brought me out.

I was in hospital for seven weeks.

Q: Seven weeks?? TRying to clear up this inflammation?

Keeny : The problem was that I had drainage from I think five abscesses and I had pumps on them.

Q: These were internal abscesses?

Keeny: Uh uh, and I had various tubes and a lot more plumbing than any system I've ever seen. I also had one which I didn't know about but which made itself manifest which broke through by itself, after I had been running a fever for three weeks -- a slight fever -- and they couldn't figure out what it was. At first they said it was pneumonia -- viral pneumonia -- and they treated that, but the fever didn't go away. I was walking up and down the corridor, when suddenly my pajamas were all wet,

about a pint of fluid having suddenly come from somewhere. This was a subphrenic abscess that had broken through.

But all of this horrid detail leads nowehere except to the happy outcome that I did recover after seven weeks or thereabouts. I had become more of a nuisance than an asset around the hospital, and they threw me out, [redacted]e.

Q: It made one terribly weak, didn't it?

Keeny: Oh yes, I needed several months for recuperation. But I fortunately had a place to go. A chap who had worked for me in Italy had a house over in the military section -- he was working for A.I.D. there, in charge of their housing section after he had done the same in Italy, and his family had gone back on leave and he invited me over to share his house with him. And one of the nurses came over every day to change my bandages and everything. After a couple of weeks there I was ready to come on back to the States, and spent about six weeks of vacation and recuperation, and then reported for work to Family Planning, to the Population Council.

Q: About that doctor who got up early in the morning -- if that had not been his habit, you might not be here, uh?

Keeny: I wouldn't be here.

Q: It was a matter of hours in that case, wasn't it?

Keeny: Yes. I was there, and I finally ~~reported~~ reported to the Population Council, and they said, "Now you will need a period of training so to speak -- perhaps not training but acquaintanceship."

I said yes, and they said, "We've been thinking of three months."

And I said, "I've been thinking of three or four days. I know the field and I know the subject matter. What I do need to know is what kind of methods you have available, and I can read up on it in three or four days, or take the literature along with me. Besides I am not going into the medical part anyhow."

So we compromised on that on about three weeks, I think, and when they piled up on my desk the things I was to read, on top was a pamphlet entitled, Who Was Condom ?
And it turned out they didn't know. Several countries claimed him. But who cared? I was my question. We were there to do a job.

That was my difficulty with so many people that wanted to do research for its own sake instead of setting a target and going after it.

Q: Who started the Population Council, and what funds were behind it?

Keeny: The president was John D. Rockefeller III, and it was Rockefeller funds from various accounts there that were the larger sources of funds. The largest single source I think was from the Ford Foundation, and the Mellon money through various individuals, grandchildren of Andrew Mellon, who also gave. It was a very narrowly based organization.

It was set up in the first place because they wanted to do something, but they didn't want to commit the old foundations. Family planning through birth control wasn't quite respectable even then, in 1963, and what they wanted was what we used to call a British agent type, someone who could go there and do the dirty work, and if it succeeded they would take the credit for it, and if it failed they would ignore it and deny that they ever knew the man.

But at any rate I was there, and I didn't know for how long, and they didn't know.

Q: What city did they set you up in?

Keeny: Oh they left everything to me. Asia was tabula rasa to them. They said, "You know the country out there. We want particularly to start in East Asia, and we leave it to you to find a base. You work it out. You won't have much money to spend, but we'll support you in every way we can."

And I was quite frankly almost entirely on my own.