

NPS-103

DR. JOHN R. HELLER

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INTERVIEWER: ELIZABETH YEW

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HISTORIAN'S NOTE: Public Health Service doctor in Boston circa 1935
The following interview is one of six conducted and donated by Dr.
Elizabeth Yew, in 1977-1978, for use in a history of the medical
inspection of immigrants at Ellis Island. The original audio recordings
and transcriptions are housed in the National Library of Medicine in
Bethesda, Maryland.

HELLER: My name is John R. Heller. I'm a native of South Carolina,
graduated from Emory University School of Medicine, and entered the
Public Health Service on Civil Service status as an acting assistant
surgeon in 1931. I entered the regular Corps of the Public Health
Service through examination in 1934, not going through the reserve
mechanism. My assignments have been interesting and I have enjoyed the
Public Health Service as much as anyone I think that ever entered it. My
work has been primarily in the field of work in public health. But I
have been exposed to a good bit of administrative activity which I found
to my astonishment that I enjoyed and apparently have some facility for
administrative work. Because during the war I was kept at a desk the
entire time and subsequently have been involved in important
administrative posts.

I had some quarantine duty at the Gallops Island Quarantine Station
in Boston, Massachusetts in 1935, '36, and thoroughly enjoyed that phase
of my Public Health Service career. I've had Public Health Service
hospital duty. I didn't have any laboratory duty as such with the
National Institutes of Health or the forerunner of the National
Institutes of Health. But I have done some laboratory work in connection
with field duties that I have had.

YEW: Doctor Heller, can you give me an idea of what it was like to be in
the service in those days. I think it was quite different then than it
is now.

HELLER: Well, yes. It was considered quite an honor to become a
member of the regular Corps of the Public Health Service and I am sure
that all of us appreciated that very much and it was quite a feather in
the cap of any young medical officer to be selected. Of course, we had
to take a lot of strict examination, both written and oral, and a very
strict physical examination, all of which, of course, rather led to the
formation of what we like to call an elite Corps. There was a very

strong esprit de corps. People were proud of the Public Health Service and would be very careful not to do anything that would reflect upon the good name of the Service. And this extended to the wives and children of the Public Health Service and even to this day, after the Public Health Service has been reorganized out of existence, you will find that the wives and children of Service officers are very loyal to the old Service as they knew it and grew up in its shadow.

My experience in the Quarantine Service was primarily at the Gallops Island Station in Boston, Massachusetts, but I did have three hours duty at Ellis Island in New York. I came from San Francisco on orders to report to Ellis Island. Reported to Ellis Island and found orders there awaiting me to go to the Boston to the Gallops Island Quarantine Station. Which disappointed me somewhat because I had looked forward to a stay in New York. But on the other hand I enjoyed the prospect of living in Boston, or near Boston, and all of the things that one can get in New England.

YEW: I sort of got a feeling from reading old documents pertaining to the Service that it was in a way a very much a Nineteenth Century kind of organization.

HELLER: Yes, I suppose the Public Health Service could be regarded as something of a Nineteenth Century Corps rather than a modern - of a modern concept of the twentieth century. And it - it was somewhat of a throwback to the old days when we lived in - in rather arrogant, snobbish type of society, very proud of it, and it was a very fine medical organization and recognized throughout the country as being a fine medical organization. And it was respected because of the standards that were set forth in order for one to qualify for the Corps. This, of course, was a source of great pride and I would even say comfort for most of us. I suppose that one could say that the Corps was rather snobbish. Well, I suppose it was really in the final analysis because those who didn't get in or couldn't get in made rather snide remarks about its snobbishness and arrogance perhaps of the people who were in the Corps but, of course, we overlooked such things as this.

YEW: I remember you mention that every time you were moved around you didn't have to make new friends because there were Service families all over and you were immediately accepted.

HELLER: That's true. That was one of the advantages of the Corps. Frequently you knew others already because you had been stationed with them, but if you went to a station you had ready-made friends because they accepted you as a member of this rather elite Corps and you automatically became one of the bunch. And this - this made for - for much comfort on the part of the wives and children because they didn't have to prove themselves. They were readily accepted as someone worthwhile and worth knowing. So that if one went to a new station, one found persons there ready to help in every capacity.

YEW: It seemed to outsiders that most of the officers in the Public Health Service were from the South. Was this true?

HELLER: Well, there were a good many from the South, particularly from Virginia. The University of Virginia was the spawning ground of a good many Public Health Service officers. I suppose that another factor would have to be weighted, would be that the conditions, economic conditions in the South were such that the prospect of a job with regular pay was more attractive to young medical officers from the South than it might be from the North or Midwest -- where the opportunities for - for making a more favorable economic rate than attained in other parts of the country.

YEW: Did you find that all the officers from Virginia formed somewhat of a clique?

HELLER: Well, yes, in a way I suppose they were. One officer would - would recommend that another one come in and he would more or less serve as his mentor. And I suppose that one would have to say that there was a clique of officers, but it was never too obvious or too embarrassing or otherwise obnoxious. It was a very pleasant clique one would say and a - and a part of the Corps itself.

YEW: Did the Virginians look down on the other officers in the Corps?

HELLER: Well, I don't think one could say that they looked down at other officers of the Corps, but they certainly were - were -- one might say they were partial to other Virginians. But one would expect that as people were partial to their friends. They had a very close feeling for the - for the Commonwealth of Virginia and - and I'm sure were - were - were responsible for good assignments and other plums of service, in the Public Health Service.

YEW: What were the plums?

HELLER: Well, good assignments to - to favorable stations. In the - in the - in the winter, station assignments in New Orleans, Florida, and other parts of the South were greatly to be desired. And, of course, in the hot summer, assignments in New England, Boston, were desirable. And many, many people liked to be assigned to San Francisco and New York for the metropolitan and cosmopolitan atmospheres that obtain there.

YEW: Wasn't the service usually for four years at each station?

HELLER: Well, it varied. I had assignments one year each in a number of stations. I had as long as four years; I was stationed four years in New Orleans, but I spent more time in Washington than any other place, from 1941 to the present. For the most -- most of the time, I have been stationed here in Washington. But the average length of stay was probably less than four years. Probably about two. But an attempt was made to have an assignment for four years, but depending on the age and the qua-- qualifications of the officer, he was left for varying lengths of time. For example, a good surgeon at a station in which they needed a good surgeon would probably stay there four years, or maybe a Pathologist, someone who had a vital duty to perform. But others who were rotated to that purely for the experience were likely to stay there only one year. There was a deliberate attempt to rotate officers through the

various components of the Public Health Service in order to expose them to all facets of the work and to find out which ones they were best qualified for and which ones - in which ones they expressed the most interest. In that way then they were - they were in a position to -- the authorities were in a position to judge where a man could fit in best and perform the most for the Public Health Service.

YEW: Can you tell me more about the training that the Service gave to its officers?

HELLER: Yes. The Public Health Service was very generous in training young officers. If some young officer showed an aptitude for a particular phase of medical practice (such as surgery or ophthalmology or some other interest) then he -- this was - this was furthered and nurtured by sending him off for specific training somewhere. Again, in my early days most officers were sent to Johns Hopkins to the School of Public Health in order to get their Masters in Public Health. Others were sent to other hospitals for training in - in various disciplines -- in surgery, medicine, eye and nose and throat and so on. But by and large, most of the service officers, if they wanted it, could get additional training, training enough to enable them to qualify for specialty boards, and most of them did. Most of - most of my contemporaries and officers whom I knew, they received training by the Public Health Service, sometimes in Public Health Service hospitals and sometimes in hospitals that were - that were simply good educational institutions.

YEW: Can you tell me something about the acting assistant surgeons and how they were regarded by the commissioned Corps?

HELLER: The acting assistant surgeons were physicians who were utilized to - to perform duties, frequently at quarantine stations at Public Health Service hospitals or other stations which required a medical officer but did not require a commission officer. At least they - they didn't have enough commissioned officers to assign them around. So it was almost a contract affair. These were Civil Service appointments and they were called acting assistant surgeons, the lowest grade in the commission mechanism is assistant surgeon. And they performed many of the duties of assistant surgeons and they therefore were called acting assistant surgeons and were, as indicated previously, Civil Service physicians.

I had a post as acting assistant surgeon for two or three years before I took the examination for the regular Corps and therefore was exposed to a good bit of the - of the philosophy of acting assistant surgeons. I might say that generally they were not regarded as highly by other people in the Public Health Service simply because they were acting assistant surgeons and either didn't have the qualifications to join the Corps or were not interested enough to join the Corps. Or for whatever reasons, they didn't join the Corps and therefore they were - they were somewhat looked down upon. This didn't mean that they were necessarily unqualified, but simply the attitude of the people in the Corps -- which is not fair, but nevertheless that was a - a way of life.

YEW: This Public Health Service that you describe is quite different from what it is now. When do you think it all changed and why do you think it changed?

HELLER: I don't know why it changed, necessarily. I suppose it is the reflection of the changing times. But to the best of my assessment, the change came about after Dr. Parran was Surgeon General. He retired in 1948 I believe and was succeeded by Dr. Sheele and then Dr. Burney, and Dr. Terry and others. And following Dr. Parran's retirement, it forced - uneven-- to have the Public Health Service -- began to decline, both in terms of numbers and in prestige and duties. Of course, most of us regret this decline because we were so loyal to the Corps and felt that it played such a vital role in American medicine, and certainly in government medicine. That we dislike very much to see anything happen to the Corps that we had given so much of our time and energy to and deplored the passing of this phase of American medicine.

YEW: When Parran resigned, were people aware that changes were happening? Did people talk about, well I think that we will never see these times again and their changes?

HELLER: Well, yes, there was considerable discussion. When Dr. Parran retired, they said well, he's - he's the best Surgeon General we've had. Many feel the passing of a -- this is the - the passing of an era and we will never see anything like it again and the Public Health Service will go into a decline. I heard those terms during the time immediately after Dr. Parran's retirement. But, of course, we -- nobody knew at that time that the Public Health Service would go in -- into a decline and be reorganized out of existence. Why all of this happened, I do not know. Perhaps the formulation of circumstances, mostly political, as I see it, as I view the scene. But I am not really sure of all the factors that were operating.

YEW: Well, before Parran resigned, when you were a young officer just starting with the Public Health Service, was there any talk like that in the early days? That if the people always could get doomed in the Public Health Service, even when things were going well?

HELLER: No. As best I can recall, most of the comments were made by the Public Health Service were always optimistic and generating the future of the Corps. Felt it - it was a - it was a stable Corps that was assured by its past performance and by the needs of the country that there would always be a Public Health Service which would do the sorts of things that it was required to do by law. And it was quite a shock, I think, to most of us when the - when the Corps was - was, as I have said of -- reorganized out of existence.

YEW: How much do you think it has to do with the fact that men were somewhat different then than they are now, that these people were brought up differently and then the regional differences were greater in that day? You have a Corps of Virginians, for instance, whereas nowadays probably it would be impossible to have the same feeling.

HELLER: I don't really -- I don't really know. I suppose that there was a difference in attitude as there is a difference in our culture now and what it was a couple of generations ago. I don't know -- as I have said before, I don't know what all the factors were -- they were [not understood], but certainly people are people with the same impulses and the same attitudes in many respects and yet the ve--the very fact of our culture makes for change. And I suspect that the - the decline of the Public Health Service was a reflection of the cultural changes that we have undergone in the last couple of decades.

The question was asked as to why I joined the Public Health Service. I am not really completely sure except that I was working for the Georgia Department of Health in a program that was sponsored and supervised by the Public Health Service. Upon the completion of this particular activity, Dr. Vandermeer (then my immediate supervisor) asked me if I were interested in the Public Health Service. so I said, "Why not?" So he said, "Well if you want to stay in, we can assign you somewhere else and when the time comes for you--when exam time comes you can take the exam for the regular Corps and get in." Then I began to get more interested in the Corps than I had been and that was really the - the morning of my career in the Public Health Service which came about more or less gratuitously and yet logically enough I suppose because I needed a job. This was during the Depression days, I needed a job.

I had no particular interest in going into private practice, and the idea of working for the Public Health Service appealed to me. It was the sort of thing I was interested in and felt that I could contribute to. And so I rather naturally settled into a career in the Public Health Service. During my boyhood days in South Carolina, I remember teams coming around giving hookworm examinations. Now I remember when Dr. Stiles come through my little community and supervised the -- hookworm examinations there. And I remember he had his name and he impressed me that here was one of the real; leaders in public health. Even as a little boy I could recognize that he had a lot to give and a lot to do and I am sure that this perhaps was one of the factors involved in - in the interest in the Public Health Service although not consciously was I aware that this may be true.

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