

## **In Memoriam: David Judson Sencer, A Public Health Giant**

*[Announcer] This program is presented by the Centers for Disease Control and Prevention.*

[Dr. Peter Drotman] Hi, I'm Dr. Peter Drotman, Editor-in-Chief of Emerging Infectious Diseases. Today, I'm talking with Dr. Jeffrey Koplan, Director of the Emory Global Health Institute at Emory University. He was Director of CDC in 2001, the time that I became the Editor-in-Chief of EID. Dr. Koplan's *In Memoriam* piece appears in CDC'S journal, Emerging Infectious Diseases, and he discusses the life and career of Dr. David Sencer, former Director of CDC and a public health giant whom we both knew. Jeff, welcome.

[Dr. Jeffrey Koplan] Thank you; it's great to be here.

[Dr. Peter Drotman] How and when did you initially meet and get to know David Sencer?

[Dr. Jeffrey Koplan] Well, it's hard to believe, but as an EIS Officer, Epidemic Intelligence Service Officer, coming to CDC in 1972, I served in the small pox eradication program and the then director of that program, Bill Fagey, was a good friend of Dr. Sencer's, and Dr. Sencer, as many folks know, was a huge advocate and supporter of small pox eradication, so I kind of was a kid on the sidelines, but Dr. Sencer was very good at nurturing and recognizing young people and so, from my EIS years, I was aware of and knew Dr. David Sencer.

[Dr. Peter Drotman] Now, getting behind that program to begin with was actually a more courageous act than we appreciate nowadays. Tell us a little bit about the pioneering spirit and outlook that he adopted to get CDC folks such as yourself involved in that eradication program.

[Dr. Jeffrey Koplan] Well, it required both vision and courage on his part. You know, today we're all involved in global health in one way or another and we recognize it as a hot and very popular topic, whether in a university or in a government facility and industry and a wide range of places, but in the early 70s, late 60s, sure, there was tropical diseases and there was some international health, but it wasn't a main stay of a US governmental institution. And so for David Sencer to say 'I believe in small pox eradication,' it was a long shot then, there had never been a disease eradicated and I'm going to put some of our own resources into it at a time when CDC was much more recognized as a strictly domestic operation and where the funds that were given to CDC were largely meant for domestic activities. That took courage and it took a vision of what might be accomplished and the role CDC might play.

[Dr. Peter Drotman] Jumping ahead to 1976 - a watershed year for several reasons in public health history - the swine flu epidemic began in the late spring, early summer and there was a controversial response to that. That response is still used as a teaching exercise in schools of public health. How did Dr. Sencer's actions back then, how do they stand the test of time nowadays?

[Dr. Jeffrey Koplan] Well for me, they've always stood the test of wise and courageous public health decision making. Others might disagree. But it's one of those circumstances where you have a set of options and the options include doing nothing and having nothing happen. You're usually OK in that scenario. Or doing something and having something bad happen, doing something, i.e., do it in an intervention mode and then having something bad happen, and at least you're out there fighting, so that's OK. The problem is when you do a lot and nothing happens, you get criticized. And when you do nothing and something really bad happens, you get

criticized. So public health is filled with those kind of conundrums where you're damned if you do and damned if you don't. And this case, I think Dave was working on a premise that I think most of us would adhere to, which is there's a history to swine flu; it's one that is fraught with hazard, that predicting flu in the first place, as true experts know, is a very dangerous and difficult and unwise thing to do. You shouldn't predict it. But his feeling was that, yes, there was just a chance of this happening, but we couldn't afford not to be prepared if it should happen and took steps in that regard, and I think was hurt over the years by the heaping of criticism of 'you went to all this effort and we didn't have an outbreak, how could you do that for just one case?' And I think those of us in epidemiology and infectious diseases understand why sometimes you take actions on one case.

[Dr. Peter Drotman] I might add he actually wrote up his experiences for an influenza theme issue of the EID that came out in 2006-2007 and when the most recent pandemic occurred, he was called to the White House to brief people and he brought that with him and it was well received. As far as I know, the only copy of EID in the White House is the issue that has David Sencer's article in it.

[Dr. Jeffrey Koplan] Oh I'm sure there're stacks of it on everybody's night table in the White House.

[Dr. Peter Drotman] (chuckling) Yeah, we're sure to include this. (chuckling)

[Dr. Jeffrey Koplan] One issue there Peter is, that I've gotten great satisfaction from, is in this recent pandemic influenza threat, and it was just in the last couple of years, David, as you know, worked at CDC - came in as a volunteer - and worked what's I believe referred to as the 'B-team' or the 'B scenario', it's the group that looks at alternative approaches and what else might be done that you're not doing now, but did it in partnership with a mutual good friend, Harvey Fienberg, who's President of the Institute of Medicine. And in the years after swine flu, Harvey had written a critique, kind of decision analytic look at what had gone on in swine flu and found fault with the decision making, and I think there's a completely valid analysis. But the two of them then never quite saw eye-to-eye on how that played out, and yet they were paired up together just in the last couple of years to work together and I think thoroughly enjoyed each other's company and intellect, and somehow there was a resolution of that friction and I think that was a terrific outcome for those of us who have great affection and respect for both of them.

[Dr. Peter Drotman] Now later on in 1976, the Legionnaires outbreak in Philadelphia was a major public health event that drew intense pressure from both the public and the media to CDC looking to the solution to that outbreak. The Legionella bacteria was eventually identified in the CDC laboratory by a scientist here - Joe McDade - who was the founding Editor-in-Chief of EID. Now what do you recall about that investigation and that response?

[Dr. Jeffrey Koplan] Well, for better or worse, I was overseas during that two year period, and so my understanding of it and relationship to it was largely most people's, reading about it in newspapers, seeing pictures of a young Steve Thatcher huddled over someone's bedside and David Frasier leading the CDC team, and I kind of followed it at a distance. It's worthwhile keeping in mind these events during Dr. Sencer's tenure as CDC Director though, because often CDC directors feel that theirs is the worst time, that, you know, so many things are happening, so many dramatic outbreaks, public health debacles, people, or debacles, whatever you prefer, so many stresses from the Congress and budget and the fact of the matter is, it's like that every year.

No matter what time you come, or what it is, there's going to be some major national threat of one kind or another. Maybe an international one, there'll be budget stresses, and there'll be people that don't like what you're doing. That's just the nature of the beast.

[Dr. Peter Drotman] So there are no watershed years because every year is a watershed year.

[Dr. Jeffrey Koplan] Well, that's what makes it exciting; it's what puts us in public health and infectious diseases. If you didn't want any action, you should do something else.

[Dr. Peter Drotman] I first met Dave Sencer in 1982 when I was involved in the initial investigation of AIDS cases, many of which were in New York City, and Dr. Sencer was Commissioner of Health there at that time. He welcomed my visit and my assistance and when I showed up in the health department as a junior investigator, he personally took me on a tour of the health department and introduced me to workers at all levels, including in the sub-basement where they kept the death certificates. My task was to scan the death certificates seeking additional AIDS cases, somewhat tedious job, but that's what junior public health investigators do. And later on, he invited me up to the Commissioner's office on the top floor of the health department to sit down at the AIDS Coordinators meeting where he had representatives of all 7seven medical schools in New York City. The degree of coordination among those seven medical schools had been almost nil. So, for the commissioner to gather them all in one place for any purpose, no less than an emerging public health threat, was a remarkable exercise of leadership. Tell me another example of Dave Sencer's public health leadership that stands out in your memory.

[Dr. Jeffrey Koplan] I certainly think HIV/AIDS was a terrific example of great leadership. We were all fortunate to have someone of his both stature and judgment and openness to social determinants of disease and a new disease that it was afflicting a beleaguered community to begin with, to have him in that position was, I think, a huge help for public health and for all of us working in the area. I was up visiting him in early 80s as well, and so one thing I'd comment on was his regular sense of humor and his wry wit under all circumstances which was a delight. In my first visit, when he was commissioner, and I basically went up to both see him and say hello and to go out together for a Chinese meal at a restaurant of his choosing. He was a huge devotee of Asian cuisines; liked to cook himself, and loved Chinese food and he loved one-upping people by finding a restaurant that no one else knew about - might have four tables and particularly ones that had been condemned by the Department of Health in the last six months, so he knew they would be on good behavior when he showed up. And I still remember a wonderful dish of crispy fried beef with hot peppers and orange rind that we had there, but back on target. I came into his office and I said to him, you know the last time, the only other time I'd been in the Commissioner's office was when I was a resident in medicine, joined a Union - the Committee of Interns and Residents and we picketed the then Commissioner's office and had a sit-down, or whatever it's called, a lie-down, a sit-down in the Commissioner's office. And I pointed to a place to the floor and I said, "I seem to remember lying down and leaning against the wall right over there for several hours. We were protesting the lack of adequate Emergency Care Facilities in the New York City hospitals at the time." And Dave, without batting an eyelash, looked over from his desk and said, "Well, if you'd be more comfortable on the floor now, you're welcome to sit over in the same place right now." That was typical of him; he made everyone both comfortable and kept their humility at a reasonable level at all times. He was a master, he'd seen so much before, had so much insight into the way public health issues played out, both

scientifically and in terms of communication and political approaches to it, that he was someone you wanted around when there was a public health threat, just to get his judgment and his take on it, it was as if you had a true compass near you that was directing you in the proper manor.

[Dr. Peter Drotman] CDC has renamed its museum to reflect Dave's devotion to perpetuating the public health record and presenting it in such a way as to inspire the next generation of public health leaders. The David J. Sencer CDC Museum which is located here on the main CDC campus; it's free and open to the public. Tell us why this is a fitting tribute.

[Dr. Jeffrey Koplan] It's a terrific tribute and totally appropriate. Aside from the obvious that Dave was interested in the history of public health, he had started out in tuberculosis and there's a rich field with a rich history of both people who have succumbed to tuberculosis, but who studied it, from Koch on down, he brought the historical context to his look at public health problems. But I think another reason that makes it particularly appropriate is, in many ways, our museums are a representation of our own collective memory about maybe art, or it may be natural history, or in this case public health. And David had the most prodigious memory for events, dialogue, people-president meetings, it was staggering. You'd get into a conversation with him about any subject, and I think this was true of everyone he spoke with, and he would recall a day 20 years ago, 30 years ago, or last week and be able to tell you everyone that was there, what was said, the outcome of it, in a fascinating narrative manor that always made me gasp and say "Boy I wish I could do that, I wish I could remember all that stuff." And it was always relevant, it wasn't rambling or inappropriate, it was straight on point for what you needed to know.

[Dr. Peter Drotman] David Sencer had retired from several of the most difficult jobs in domestic public health, but he had this international spirit and he was very supportive of the CDC mission and the Emory School of Public Health mission. Tell us a little bit about your perspectives.

[Dr. Jeffrey Koplan] I think it's striking and probably a model for all of us that Dave lived a public health professional's life from beginning to end. He loved what he did and he found a way to keep giving in the public health mode. He played a major role in the founding of the Emory School of Public Health, now named the Rollins School of Public Health, and even after that, he was over there regularly, he'd attend lectures, he would give lectures. He'd see students and meet with them. He loved talking to young people, mentoring them, he would quickly ascertain whether they had ever lived in Michigan or New York, places that he had a particular fondness for. He'd quickly ascertain did any of them have an interest in tuberculosis or Chinese food, or any of the other things that he loved. And he could just immediately become a friend and the students would slowly realize that they had with them what we refer to as a 'public health giant.' And he gave of himself that way all the time, whether it was coming over to CDC to volunteer or teaching or just hanging around at lectures. By the way, he's the guy you want sitting next to you at a lecture if you're given to side commentary on what's going because of his great sense of humor his great acuity and his great wisdom, somebody said something that he didn't think was right, you'd hear about it in your left ear as he was sitting there. And he was also great audience for your own comments so I miss him in many ways, but I'll certainly miss him as a third party commentator.

[Dr. Peter Drotman] We appreciate that at the Emerging Infectious Disease Journal, even though he only served on our editorial board for one or two years, we were constantly receiving his e-

mails, comments, suggestions, and solicitation of manuscripts. So we certainly are going to miss him, too.

[Dr. Jeffrey Koplan] He was a superb judge of the real thing in people. He could see through, whether substance was there or not and if there was substance and a good heart and intent, he would do anything in the world for you. And if he thought you were more of a façade of what you were doing or doing things for your own benefit, forget it. (chuckles)

[Dr. Peter Drotman] Well, thanks Jeff. I've been talking with Dr. Jeffery Koplan about his *In Memoriam: David Judson Sencer, A Public Health Giant*, which appears in the November 2011 issue of CDC's journal, Emerging Infectious Diseases. You can see the entire article online at [www.cdc.gov/eid](http://www.cdc.gov/eid).

If you'd like to comment on this podcast, send an email to [eideditor@cdc.gov](mailto:eideditor@cdc.gov). That's e-i-d-editor – that's all one word - at c-d-c-dot-g-o-v. I'm Dr. Peter Drotman, for Emerging Infectious Diseases.

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