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E. Charlton Prather: We are privileged and happy to have today, Mr. Al McMahan, who was the first pharmacist ever employed by the state public health system to do pharmacy, to do, in my vernacular, pill pushing. The board of health had employed pharmacists, but their duties were narcotics, narcotic control. Mr. McMahan is the first, and unique, by being the first pill-pushing pharmacist¹ ever employed to service the public health population of Florida. It is truly a privilege that he would come and share with us his memories of the earlier days in public health action in Florida and especially the beginning of our pharmacy services. Al, we truly thank you for coming and your willingness to share with us. What got you interested in public health pharmacy, if I can say it like that?

Aldridge McMahan: Well, actually, I came to Florida in February of '66 just to take the State Board, because Florida did not reciprocate², see?

CP: You were in Alabama, as I recall?

AM: I was up in northeast Alabama where I was born and raised on the farm.

CP: And you were doing drug store type pharmacy up there?

¹A pill-pushing pharmacist is a health professional trained in the art of dispensing and preparing drugs.

²Licensing reciprocity refers to the process in which a licensed professional can transfer their license to work to a different state or jurisdiction.

AM: Right, retail. Started out in Alabama City³, small town between Gadsden and Attalla. It was a cotton mill town. And the workers there thought that they should be making as much money, I guess, as the Goodyear and steel workers, who also lived in Gadsden. So they had to close the doors, then I went to hospital of Alabama about the time it started in the boons.

CP: Oh, from the space stuff?

AM: Right, right. There I stayed until 1959. Came back to Hokes Bluff⁴, that was the name of the little town I moved to when I was 11 years old, 10 or 11, where we had our first electric lights, first indoor plumbing, and even had ourselves—

CP: (laughs) Hot dog!

AM: Went back home because I was going to open me a drugstore because Hokes Bluff at that time was growing. And so I worked, my dad was in politics as county commissioner. We had a cotton gin, so I went back in the fall of '59 and ran the cotton gin. I was looking for a place to start retail pharmacy⁵, Hokes Bluff Pharmacy. While I was doing that, the boy that finished from Hokes Bluff had finished Auburn before, a year or so before I did. His wife, he married a nurse, and they had worked in Aniston, Alabama.

CP: Which is?

AM: About 30 miles away. Before I knew it he had already opened a drug store while I was running that old cotton gin. So here I am, I am stuck in Gadsden. Ended up between, working in two different drug stores, second shift every weekend and not making much money. So I decided it's been 11 years since I graduated from pharmacy school so I thought, Well I better go if I am ever going to take the Florida board and have enough memory of textbook knowledge to pass it I better go on down there and try.

So I came down in February, and it was given in Gainesville. The third day, the first two days was written, the third day was practical. So we were doing the practical. At that time, it was

³Alabama City was a small industrial town in Alabama, located about two miles west of Gadsden. Founded in 1890, the town was predominantly associated with the cotton industry because of the large cotton mill built in 1896 by the Dwight Manufacturing Company. The town struggled with its finances after the Great Depression, forcing the town to vote to merge with nearby Gadsden on July 13, 1932.

⁴Hokes Bluff, Alabama is a small city in Etowah County with less than 5,000 residents according to the 2010 census.

⁵Retail pharmacy prepare and dispense medications, advise customers about how to use medications and warn them about possible drug interactions. They also consult with customers about over-the-counter medicines and general healthcare issues.

given by the board of pharmacy members who were all pharmacists, some of them were and had their own drug stores. The third day, I met Mr. Castor, who was the head of the Narcotic Bureau at that time from the state board of health and one of his inspectors, P.W. Sal from Tallahassee, soon after came with us, he had cancer and passed away. But while I was there, of course, there were a lot of pharmacists, the Hosting brothers were there looking for and a lot of other pharmacists were there looking for—

CP: Pharmacists.

AM: Yes, looking for pharmacists. So the third day I ran into Mr. Castor and like I said everybody was recruiting that day, and talked with him quite a bit and that sounded pretty good to me especially—apparently, he had been looking for a long time for a pharmacist, because they were having some problems. At that time, a year or so before I came on board, they had the mental health drugs and they were being sent out by shipping and receiving. It was poured in a plastic bag, writing the names on them, and send them to the county health department. Before I forget it, Mr. Castor had—I didn't know it at the time—but he had a letter from Mr. T. M. Cumbie⁶ who was on the advisory board to the state board of health.

CP: He was on the board of health? That's right, Mr. Cumbie from Quincy.

AM: Quincy⁷, at a pharmacy in Quincy. He had written a letter to Mr. Castor saying that the nurses in these county health departments were dispensing prescription legend drugs⁸.

CP: Sure they were.

AM: Somebody, that's a pretty, you know, poor county over there. A lot of people didn't have much money and they would go to the health department if their kids got pinworms or something. Apparently, one of the people had run out of their piperazine citrate⁹, which was used in that time for pinworms and was going to get some from Mr. Cumbie.

⁶T. M. Cumbie was a Ph. G and the Vice President of the Florida State Board of Health, and owned May Drugs, a pharmacy in Quincy, Florida.

⁷Quincy, Florida is a small city in Gadsden County. The city is considered part of the Tallahassee, Florida metropolitan area.

⁸A legend drug is a drug that can be obtained only by prescription and bears the label, "Caution: Federal law prohibits dispensing without a prescription" or "RX only." Non-legend drugs do not require a prescription and are known as "over-the-counter" drugs.

⁹Piperazine citrate is an anthelmintic treatment which was first introduced in 1953. By paralyzing the parasites in the human body, this treatment allowed the human host to easily expel the invading organism.

He said, “Where did you get this?” He said, “Well, I got this from the health department, but they’re closed on the weekends.” So they was put in some pressure and the Narcotic Bureau started looking at what the state board of health was doing. Come to find out that they were violating quite a few laws pertaining to pharmacy themselves and they had a law enforcement agency going out and putting people in jail for doing the same thing.

CP: That’s right.

AM: Anyway, I went on back home and thought about it and things didn’t get any better in Gadsden and all around Hokes Bluff. So I decided, well, I think I’m going to try it. I came down and looked the place over and, just a brief summary of what happened when everybody came down, it was the biggest town I had ever tried to drive in. I got here about 5:30 in the afternoon, rush hour traffic, and I must have went through town about five or six times before I ever found a motel, Holiday Inn out on Phillips Highway, to get off because the traffic was—you know, traveling 90 miles an hour and me from a little old country town can’t get used to that at all. I said, “There is no way I am living in this town.” (both laugh) So the next morning I get up and I said, “Well, I am not going to get in that mess again,” so I called me a taxi. (both laugh)

So I came—I didn’t know where I was going either, so I told the taxi driver that I would like to go to the state board of health. So he came over here and let me out. Came in and met Mr. Castor and met quite a few of the other people here. There were some narcotic inspectors in the office. Emory Colten, of course, was the deputy director under Mr. Castor. Looked the situation and the place over. At that time, they were hiring the narcotic inspectors as one, two, and three. In other words, you went up as a one and worked your way up to the third position. So they hired me, they didn’t have a pharmacy position, *per se*. I wasn’t hired as a pharmacist; I was hired as a narcotic inspector three.

CP: Oh, oh.

AM: So that’s how bad they were looking for a pharmacist. I was at the top—

CP: Well, you had the pharmacy experience too. You were worth more than the entering level.

AM: I guess so. Anyway, that was a good salary for me, an old country boy, you know, from a little old town like Gadsden. We started in. We had the family planning drugs over on Riverside, Dr. Carraway and Forjum, and Gruber, and quite a few. But that was the only program over there that I remember that had had drugs. The rest of the drugs were over here in this vicinity: the TB drugs, vaccines, of course, shipping and receiving—

CP: And the intestinal parasite drugs we still used a lot of.

AM: That's correct. But I started moving, with their permission, the family planning drugs over to the—an old room right across the office, where they were putting in an office right next to Dr. Shoots. You remember, Dr. Shoots?

CP: Yes, yes, very well.

AM: So I had that thing crammed full of TB and family planning all in the hallway and everything. Mr. Castor says, "Well, how're you doing with the county health departments? You about to get them straightened out?" I said, "Well, I am doing all I know how to do." He said, "Do you have out a memo yet?" I said, "A memo?"

CP: What's that?

AM: That's right, I never heard of a memo. He said, "We need to get a memo out to the county health departments saying that what they are doing is not right."

CP: We got a pharmacist now.

AM: That's right, I am here to help them. Anyway, Dr. Shoots was an angel sent from God for me. He wrote the mail and made me write the memo, it took us about a month but—running back and forth between, in the night working on that memo and Mr. Castor okaying and vetoing some of the things that we would put in the memo, but finally we got the memo out and then it was like—it didn't go over too good at all.

CP: Firecracker do under pressure, or something?

AM: All the health departments, in fact, the City Health Department called me over and said, "If we do what you tell us we got to do, you are going to close us up." I said, "Well, I am not here to close you up." In the mean time, I visited all the departments here. I met all of the head of the bureaus, TB and all that. They knew that I was trying to help the health departments. And then I was privileged enough to give them Mr. Castor when the memo went out. I didn't have much choice because everybody was getting phone calls. Mr. Castor and I was getting phone calls, some were nice enough and some were not so nice. And all the bureaus, Dr. Ford which I was under later on when the Narcotic Bureau was abolished, or transferred rather—

CP: Responsibility transferred.

AM: —to law enforcement. So I visited most of the county health departments with Mr. Castor and some of the other narcotic agents and went in and talked to these people in person and done my best to calm them down, and I did. After I talked to them and they understood what I was going to do, that it wasn't my intentions to harm them or to penalize them in anyway. We weren't going to close them down in other words. I was there to help them.

CP: Yeah, I am from the government and I am here to help you. (both laugh)

AM: That was in '66. In '68, I believe it was, Kurt came along as the new governor and done away with the state board of health; named it division of health. The Narcotic Bureau left me; I had no one to turn to.

CP: No home now.

AM: They didn't know what to do with the pharmacy program. No one knew what to do with me. Finally, I was put on local health service on a doctor board who was, by the way, a lot of help. He took most of the heat. (laughs) I am sure he took more than I thought about. Anyway, I had a hard time because the requisitions were beginning to come in for the bulk drops. And, at that time, the Bird Brothers, who were shipping and receiving, they were sending out all the bulk drop, but they tell me all of a sudden that it is now our responsibility. (laughs)

CP: Whoops.

AM: It's your program. You send them out.

CP: Whoops.

AM: With no help.

CP: Whoops.

AM: Later on, with Dr. Ford, he did give me a clerk, a typist, to answer the phone and then with a lot of persuasion and a lot of pleading and begging, I finally got one of the employees from shipping and receiving, Arthur, I can't remember Arthur's name. But he was about ready to retire; he wasn't in the best of shape. He needed to retire; he was a cripple. Things were just not happening like I wanted, in the best interest of everybody, me and the health department. They would send out—they'd order a sequence and (inaudible) or something.

CP: Whoops. Yep.

AM: I remember Dr. Hill from Polk County. He came in my office stomping his feet one day, threw down a bunch of drugs, said, "I didn't order these." I ordered something else so here we go back to Dr. Ford. And I said, "I just got to have some better help." Later on, we were moved across the street into the warehouse and at that time—

CP: (laughs) But you had something that looked like a pharmacy over there.

AM: Right, at least a place to store the drugs. I was placed under the same bureau; I think it was billing facilities. That is where shipping and receiving was. I got some help and I got a place to store my drugs because that was an old wooden floor and there was a pin roof.

CP: Hot, hot.

AM: Come to find out they had been storing the insulin out in the hallway because it was air conditioned over here—you couldn't store it in a warehouse like that. We did have about a 4 by 4 by 4 ice box that we kept our ice in to keep our polio in, refrigerate it the best, I remember. The first thing I got was, in the way of equipment, in really big equipment, was a walk-in cooler. We could put all of our vaccines and they could be refrigerated in there.

CP: Do you remember what year that was?

AM: I think that was in '60—I mean, it was in the in the early '70s.

CP: That long?

AM: Yeah, that long. Of course, I had been under Colsten. He was a friend of mine and we were all on a lot of committees together. I read some of my notes in my diary that, at that time, we

were on the Civil Defense Committee. We had gotten, or you had gotten a memo or a phone call from some pilot from the Air National Guard or something that they were going to fly emergency drugs like rabies vaccine out for us and I have that in there.

CP: Oh, really, I remember that. That was with the National Guard.

AM: But it didn't last long. I don't know.

CP: Change in military leadership is what it was.

AM: Anyway, we had problems, like I said, but we mostly got everything straightened out. I got some good help and as the pharmacy grew so did the division of health. And later on, of course, became HRS [Florida Department of Health and Rehabilitative Services]. But we were over there until, I guess, early '70s or middle '70s and then we went over on University Boulevard West, where we ran our air-conditioned building warehouse, part of it was air-conditioned. And we had another walk-in clinic—

CP: By this time you had taken on drug responsibilities for some other agencies of HRS though, had you not? Mental health was one.

AM: Yes. Well, mental health was transferred a year before I came. It was transferred to Chattahoochee, thank God.

CP: Oh, that's right. Yes, it was. Yes, it was.

AM: Under Skaggs. We called it Skaggs. I'm glad it was gone before. I don't think I could handle another headache like that. Anyway, like you said, the programs were growing, especially the family planning and the TB [Tuberculosis], because about all we had was the old PAS¹⁰, isoniazid¹¹, B6¹², and the—I can't remember all of them, but neomycin¹³ we still, hopefully, still

¹⁰Para-aminosalicylic acid, commonly known as PAS, is an antibiotic used to treat tuberculosis.

¹¹Isoniazid is an antibiotic used in the prevention and treatment of both latent and active tuberculosis.

¹²Vitamin B6 refers to a group of chemically very similar compounds, which can be interconverted in biological systems. B6 is given as a supplement with other TB medications in order to prevent adverse effects from the antibiotics.

¹³Neomycin is a combination of an antibiotic and cortisone based medicine that commonly treats infections of the ear canal but is also the first effective treatment for TB.

used. Isoleucine¹⁴ we started out with which was a nose drug, which became a second-line drug¹⁵ when the newer drugs came along for TB. We were mostly filling prescriptions for family planning and TB and a few prescriptions for rheumatic fever.

CP: Oral penicillin?

AM: Right, and the inject too. We were sending out both. Funny thing about the TB program, the reason it was growing was because nobody bothered to change the law that anyone could get TB drugs because of what their financial status was. And so the board money that was poured and TB—I mean, VD [venereal diseases] was suffering, greatly. I should say the sexually transmitted diseases were on the rise and that program was growing. And the amount of drugs that we were sending out was growing. So they were used in some of the old bicillin¹⁶. So at the end of the year if I had money left over in the rheumatic fever program¹⁷, we just used it for TB. (laughs) Of course, this may not be legal, but back then—

CP: We got the drugs.

AM: That's right. We did whatever we had to do back then. Then they transferred when everything went to Tallahassee, they purchased it. I had to go to Tallahassee quite a bit to meet with the purchasing department to get new drugs. I got here at a bad time because Florida had passed a law about that time saying that the generics were all coming on the scene and that we had good generics and bad generics¹⁸. And I was getting a lot of bad, of course, through—

CP: Through your purchasing process.

¹⁴Isoleucine is an essential amino acid found in proteins that has many diverse physiological functions such as, regulating blood sugar and energy levels.

¹⁵A second-line drug is any drug that is not the first option used to treat a particular condition.

¹⁶Bicillin is a prescription medication for procaine benzylpenicillin, a drug used as an antibiotic.

¹⁷Rheumatic fever is a relatively rare disease that can result from strep throat that is inadequately treated or scarlet fever. In the 1970s and 1980s, however, a more serious form of the disease, called acute rheumatic fever, broke out in north and south Florida, prompting a statewide action to prevent the disease from spreading in the state.

¹⁸McMahan refers to the 1976 law codified in s. 465.025, F.S. stating that the Board of Pharmacy and Board of Medicine were required to establish a “negative” formulary of generic and brand name drugs that posed a threat to the health and safety of the public and could not be substituted. This list would be sent out to all community pharmacies, to be followed by any board-practicing pharmacist employed there.

AM: —Buddy Bark was in purchasing, head of purchasing in Tallahassee. And some we just had to cancel the contracts, I was getting like erythromycin¹⁹ was coming in two or three different sizes, anywhere from a dark red to a light pink.

CP: Yike.

AM: We finally cancelled, I don't remember. Like I say, we had all kinds of generic companies; some fly by nights, I'm sure, was out for just the money. And that's who were bidding. We were taking the low bidder. That was the law.

CP: And you was getting what you was paying for.

AM: That's about right. But anyway, Colsten was transferred over to licensure and certification and so he was still labeled to help me out. And, you know, we did pretty good. We finally got all the health departments visited and let them know that—started filling prescriptions. At first, I would just putting labels on there that had the state board of health, or division of health on it, and I'd leave a blank for the doctor's name, a blank for the patient's name, then I'd take, either put "date as directed" or if it was a tablet I'd take "blank tablet, blank times a day;" and put that on the bottle so the nurses of the doctors—the doctors can administer to their patients. They couldn't really dispense, but it doesn't give you any guidelines as to how. And so they were using nurses, I'm sure. There was nothing in the law that I could read into it—

CP: That would prohibit that.

AM:—that would prohibit that but yet the pharmacy, I guess, was growing. People that had the community pharmacist was, I'm sure, complaining about the health departments taking some of their business away, and I'm sure they were.

CP: There were such complaints.

AM: But not intending, not intentionally.

CP: Yeah, there was a fair amount of that, of the private pharmacist raising the devil.

¹⁹Erythromycin is an antibiotic used to treat certain infections caused by bacteria, such as bronchitis; diphtheria; Legionnaires' disease; pertussis; pneumonia; rheumatic fever; venereal disease; and ear, intestine, lung, urinary tract, and skin infections.

AM: Right, because that's who was on the board, at that time.

CP: That's right.

AM: Like I say, we later, as it grew—I was trying to think whenever we took on the anticonvulsant drugs, were you here then?

CP: Yeah, yeah, I was. Mid '70s when I came.

AM: Funny, we were filling prescriptions for family planning, TB, and a few rheumatic fever; and then we took on the anticonvulsant program. That all went out. But what was happening, the doctors in the county health departments and, by this time, the small county health departments, were contracted in local positions to come in certain days a week and see patients. They would give the patients a one-month supply of birth control pills and a one-month supply of TB or whatever they needed and they would write prescriptions. And the prescriptions would come to me for, easily, three months for TB patients and six or up to twelve months for family planning.

So I would fill prescriptions and send them back to the county health departments or their satellites. Brevard had about three or four different clinics. Then right before we moved to Tallahassee, we got the AIDS program. And that—we got more pharmacists, of course—I was trying to think of when I hired my first pharmacist; I believe it was in '73.

CP: All right, your first help?

AM: My first help was in '73.

CP: Were you on University Avenue or still in the warehouse?

AM: I was still across in the old warehouse. So it was Archie Carraway. With Dr. Carraway's help, I had my first pharmacist. I finally got—

CP: He got that through family planning dollars, possibly? Good, good.

AM: But anyway, he had been working for one of the drug companies, one or two of them, anyway. He'd had a seizure. Overnight they came and picked up his signpost and his car and said you are no longer employed. So he was out of a job. But anyways, the Lord looks out for people that trust him and so he really looked out for me. Looking back, I can see now many, many times—I don't know if I would have made it.

CP: Well, the Lord was watching out for you as you said and for the programs that you were dealing with, Al.

AM: We got more pharmacists and clerks and someone—more help to send out and better help to send out both drugs and to check both drugs in. I remember when I was across the street and I had no help, it was before I had got some good help. But we got someone in and Dr. Carraway left and we had the new family planning doctor—I can't think of his name. Anyway, he had a friend in Miami that had either MCO or one of those nonoxynol-9 foams²⁰ that they were using for birth control and so forth. He must have ordered two truckloads.

CP: Whoops. Whoops.

AM: And I had about 2 or 300 cases that filled up the warehouse. When it came in, I don't remember the day it came in, the only repercussions that I got—the auditors, by the way, were coming over and seeing me like every other month if you're an audit of the pharmacy. I couldn't blame them because it was just a mess, but there sits those 2 or 300 cases of foam, whatever it was. And I couldn't count it. The shipping and receiving had just put it—

CP: Unloaded and put it in there.

AM: And it was stacked to the ceiling. Some stacks had four or five cases in it; the other had five, six, and seven. So the auditor he got back there; he was going to count it. Climbing out of the dirty warehouse, that thing must have been 20 or 30 years old and dusty and cobwebs. He come back, he said, "You are going to have to straighten this mess out." (both laugh) Apparently, at that time, I was being transferred around to different places. At that time, I was under the laboratory.

CP: You were?

AM: Yep.

²⁰Nonoxynol-9 is the main compound used in several family planning devices, particularly with contraceptive sponges that combine barrier and spermicide methods to prevent conception.

CP: What?

AM: And so they came. Yeah, I was under Dr. Schneider²¹ and the auditors came over there and told Dr. Schneider about it. Dr. Schneider said, “You going to have to get that mess over there cleaned out.” And I said, “Well, I am doing the best I can with the help that I have.” He said, “Well, I want it cleaned up if you have to stay here all weekend.” And I said, “Dr. Schneider, my mother is sick, ill and I’m going to Alabama. I don’t go up there much, but I had planned to go to Alabama.” He said, “I want that mess cleaned up.” So I almost got fired over that. I left and went to Alabama because my momma was sick. (both laugh) Anyway, he didn’t fire me but he almost. But I didn’t have any help, it would have taken I don’t know how many days—

CP: How could you, by yourself, have done all of that?

AM: No way.

CP: Get him some laborers. You were not hired as a laborer.

AM: That’s right, that’s right. Anyway, so we were filling a lot of prescriptions. Well, I guess about 300 prescriptions a day in the ’70s. That is when it started getting—well, we got one of Colsten’s friends, I can’t think of his name. Anyway, he had a drug store over in Arlington and they had only amyloidosis²², you remember who it was?

CP: Yeah—no, I remember amyloidosis, but I do not remember the guy.

AM: But anyway, he came on board for a while. About the time that he passed away, a friend of mine, I didn’t know it at the time, was working for J.M. Fields. In fact, he was my first boss in Alabama City, Alabama. He had a drug store. Of course, he had left and gone to Nashville and came back into Columbus and came to Jacksonville before I came. He was working with Fields. Fields closed down everything about the time I needed a pharmacist, so I hired him. It switched around, you know. He had given me a job, my first job, and now he was working for me. So we had quite a bit of help. We hired another, Toni Harrison, who was a PharmD, was a big asset to our program. The PharmD is just a big step above the regular pharmacist.

²¹Dr. Nathan Schneider was interviewed for the USF College of Public Health Oral History Program on June 23rd, 1997. See DOI C53-00030.

²²Amyloidosis is a rare disease that results from incorrectly folded proteins, known as amyloids. These amyloids deposit themselves in organs and/or tissues, disrupting normal function.

CP: What is a PharmD? I don't know what that is?

AM: A doctor pharmacist, they—

CP: Oh, the PharmD. I know what they are.

AM: They get their training in hospitals by making rounds with the doctors. It's a wonderful program that the pharmacy program had started. So she came on board, so we had—

CP: Remind me of her name?

AM: Toni Harrison.

CP: That's a girl?

AM: Yes, it was.

CP: Toni, a female. Toni Harrison, about what year?

AM: PharmD. It was right before we left because she went to Tallahassee with us and stayed over there for awhile, before we were transferred to Tallahassee in '92, May, we started moving in May of '92. That's the only pharmacist that went over with me. We had two young boys in that was working with Charles Moore. He stayed with me for 11 years, I think, and he was a big help. He came on after Arthur and he did most of the warehouse work. And we got some help in the warehouse, of course, later on.

But whenever I came here, getting back to shipping and receiving, I don't know. I think they at first thought that since Jessie was sending out a lot of the drugs that he was going to lose his job. And so they were at first concerned that he was, you know, going to be replaced by me. And then, later on, that's why they took the attitude that, It's your program, you send out the boat of drugs along with prescriptions. But that's the way the pharmacy program started.

The physicians of privates that would come in to the health departments or they would go to the private physicians and bring their prescriptions into the health department for family planning

and TB, especially for TB drugs because TB was all free. And Dr. McEuen gave me a lot of help with the TB programs. She was on board whenever I came on board. And Dr.—I can't think of his name—Harvey Burnett was a VD man, you remember Harvey?

CP: Yes, you thinking about Dr. Horton?

AM: Horton, right, I see. But Dr. McEuen, Horton only stayed here a year so after all I can't—Marianne McEuen²³, was the head of the TB, she was a lot of help so was everyone, at that time. It was just a big family here in Jacksonville. But nobody in Tallahassee knew what we were doing over here. It was hard to get funds and hard to get anything. Anyway, we survived and moved to Tallahassee in '92.

CP: What was the stimulus to cause you to move?

AM: Everything else had gone over, I guess. We had been rumored for years, every year for 10 years, that the pharmacy was moving to Tallahassee because we were actually under the—I can't think of the program now.

CP: Central Operation Services?

AM: Yeah, in Tallahassee, so they wanted a pharmacy over there. They had the program that Colsten used to have. They were the ones that was licensed to go out and inspect new manufacturers that would open up and insure in Florida. They would go out and check their facilities and license them. Actually, the license insurance certification was over in Tallahassee and my big boss was in Tallahassee, who is a pharmacist, and Jerry Wells—

CP: Hill.

AM: I get Jerry Hill and Jerry Wells mixed up. Of course, they was both working under the same problem, Jerry Hill and Jerry Wells. But before Jerry Wells, I believe, was with the program that Dave Hodge used to be with, the Medicaid/Medicare program. He later went back. But we got a nice building. They still have a nice building. They built onto it. Jerry Hill and them moved their facilities at the back, on a built on add-on there on Mahan Drive where the pharmacy is now. And they hired more pharmacists.

²³Marianne McEuen was interviewed on Feb. 11, 2002 for the USF College of Public Health Oral History Project. See DOI C53-00023.

CP: And they're doing pharmacy type work there?

AM: Because the VD program has added more drugs, we had only one VD [drug], AZT²⁴. But now they have I guess—

CP: Bunches.

AM: Yeah, maybe 10, probably, that they're using now.

CP: Wow.

AM: And that program has really—the government has really poured money into that program. It's grown. I was over there and I'm now a consultant to a methadone clinic²⁵ here in Jacksonville on Emerson Street. I go in on Wednesday and Friday. We were opening up a clinic about three years ago, I believe it was—three and a half years ago in Tallahassee out on—

CP: Methadone?

AM: Yeah, methadone clinic, out on the Woodville Highway, North of—South, South of—

CP: South of Tallahassee, yep.

AM: So I went back to the pharmacy looking for me a consultant because we needed a consultant pharmacist. They had a girl, Bennie Franks, she took my place and Charles Arthur, I think, replaced Pritt Usher. I was trying to hire a consultant for that pharm [pharmacy]. I was going over there every other week, driving my little pick-up truck over there, taking inventory and trying to keep things straight.

I went over there for almost a year and then we opened it up full time. Bennie finally got her license, her consultant license. I thought I was going to hire her, but about that time that we opened the pharmacy up full time, we got a new director over there. And she went in and talked

²⁴AZT stands for azidothymidine, sometimes called ZDV for zidovudine, and it is an antiretroviral medicine used to prevent and treat HIV and AIDS.

²⁵A methadone clinic is a clinic in which methadone is dispensed. Methadone is a drug used to assist in minimizing or eliminating opioid dependency. The replacement of methadone for opioids is commonly referred to as replacement therapy.

to the director who was about ready to be her boss. I think Bennie thought I was going to be her boss. She didn't take the job. But anyway, they still—we still have it over there, but we don't have too many patients.

CP: You have a pharmacist, full time pharmacist?

AM: Yeah, a full time pharmacist. In fact, if I can think of his name, you'd probably know him. Blond-headed, he used to be our boss. He was in Tallahassee and he was before Jerry Hill.

CP: Okay, I should know him. Grant? Gant?

AM: Grant. What's his first name?

CP: Richard?

AM: Richard, yeah. Dick Grant.

CP: Dick Grant, that's right.

AM: That was my consultant. He's the consultant in Tallahassee.

CP: Well, I'll be a whippersnapper up there.

AM: But I've never been over since they hired him. We were having some problems with pharmacists we were hiring, they just wasn't staying long. The first pharmacist we hired was a nephew of Hinton Bevis. You remember Hinton Bevis?

CP: I remember old Hinton Bevis, yes.

AM: With the Board of Pharmacy for many, many years. And we had a nurse running the place, of course, and a dosing nurse. She was doing counseling and just about everything. I am kind of getting off on a tangent here, but uh—

CP: It is an interesting tangent, though.

AM: But I got my pharmacy alumni book, called every pharmacist that graduated from Auburn. (both laugh) There was that book and I never did hire a pharmacist. But we finally hired one after we opened up. It was Hinton Bevis' nephew; he didn't stay long. The nurse was saying that he would say he was coming over there and do the inventory and he would never show up. He was saying, I think, that he'd show up and she'd be gone or something like that. Dick Grant has been over now for quite some time.

CP: And he's helping?

AM: Yep.

CP: In the future, did you consider the College of Pharmacy at A&M?

AM: Uh, well, yes. I was in touch with Leonard Inge. Oh, yes, I was begging. I was talking to his secretary every time I'd go over there.

CP: I can see a contract with the College of Pharmacy, but not a particular pharmacist, you know, and have a supervising pharmacy care student out every time he went.

AM: But Leonard and I, we go way back to Colsten's time. And he is on the board now, of pharmacy.

CP: Oh, he is?

AM: Of course, he comes over here in the fall. He is the consultant; he offers consultant seminars. So I try to get my consultant hours from (inaudible). Leonard and I go way back. They had over the administrator, over there, once that couldn't hire Bennie Franks, they are the one that started hiring the pharmacists. I was glad because I was beat. They wouldn't pay—

CP: That was a hassle for you. Yeah, that was a hassle for you. What would you view as the highlights of your career with Florida's Public Health System?

AM: The thing I remember most about my first days with the state board of health was the day that I went to work, we went out to eat, and I could sit down and eat a meal without getting up and filling prescription. That was the highlight of me working with—that's what I appreciate the most.

CP: Really? Fascinating.

AM: Have you ever been in retail?

CP: The customer is king.

AM: You could sit there half a day you'd have, like any other retail business was serving the public, once you ordered something to eat everybody showed up with a prescription. But that was the highlight, being able to go out and sit down and have a meal.

CP: Without being interrupted. That's interesting.

AM: But, of course, the first year I was hired, I went out on stake-out with some of the inspectors—I was trying to think of—Ernie Hall.

CP: Yes, I remember Ernie.

AM: You remember Ernie? Ernie and Dave Hodge, of course, he is gone now. I was trying to think of some of the others. Colsten was a big help and he stayed on and continued to help, but—and have regular hours.

CP: Semi-regular hours, except when the boss wants you to spend the weekend counting boxes.

AM: (laughs) Yeah, but I wasn't used to that kind of bossing, but I got used to it pretty quick. Started saying, "Yes, sir," and "No, sir," to Dr. Schneider.

CP: That is an interesting highlight, what would be a low light?

AM: I think whenever the health departments and the fact that I lost my boss. I lost the people that I was hired by. I was left alone and nobody wanted me; I felt like an orphan.

CP: Oh, that would be terrible.

AM: Yes, it was because nobody, you know, knew what to do with the pharmacy. Of course, the Narcotic Bureau, they would give me help if I asked, but they were mostly interested in the law enforcement.

CP: Narcotic abuse. Yeah.

AM: Yeah, that's right, but I was kind of left alone and no one wanted to give up any help, that's hard to get. And out of any program they were short already, but that was the low part, just being left alone and no one to turn to.

Pause in recording

AM: Of course, every time I would ask Dr. Ford and others, shortly after I came here, I got an introduction by going to each bureau and being part of a orientation.

CP: Part of an orientation.

AM: That's exactly right. But that's about it that all I can think of, unless you have some specific questions?

CP: Now, it sounds like you look back on your—when did you retire?

AM: I retired in July 10, 1992.

CP: Ninety-two, that was the day after you were moved to Tallahassee.

AM: We started moving in May, but they wanted me to stay on until after July, but they didn't want to lose my position. So I officially retired July 10, 1992.

CP: So you never moved to Tallahassee?

AM: No, only in a motel and that was not too good.

CP: That was bad enough?

AM: That was terrible. Three months in a motel, over there. I had bought my military time while I was in college, I started out in pre-med at Jacksonville State Teacher's College [Jacksonville State University], which is a little community college about 20 miles—

CP: Jacksonville, Alabama?

AM: Jacksonville, Alabama.

CP: I have two or three friends that are graduates of there.

AM: I graduated in 1950 with an AB degree in psychology and didn't have the grades—for some reason, I decided not to go to medical school. When I started out over there, I worked with a doctor one summer up in Centre, Alabama, which was a little country town and he had a clinic, a country clinic and I worked with him all summer. I guess that helped me, kind of steered me, away from the medical profession. He'd put me in charge on the weekends and that's whenever you'd get your scrapes and cuts—

CP: That's when all the devil would break loose.

AM: I would have to come in and we would use the little metal clamps, I'd put a little methylene or something like that.

CP: Clamp them up.

AM: But anyway, I entered Auburn at that time. Actually, when I graduated, I didn't graduate from Auburn. It was called Alabama Polytechnic Institute in 1955.

CP: Oh, that's right, that's right. I remember that.

AM: And I think it was in '68, I mean '58 or '59, they named it Auburn University. But I had been in pharmacy school. I was in National Guard because I didn't want to take ROTC. (CP laugh) And then my brother-in-law was a sergeant and his brother was the first sergeant in Anniston. So I joined the National Guard. I had been in the guard for four years, moved back to Gadsden, was still in the Guard, went on into active duty, and went to Auburn for one quarter. I was transferred from the artillery unit in Anniston to a medical—and this where the Lord was looking out for me, again—a medical unit in Gadsden.

CP: And this was because of all your experience of putting on clamps?

AM: Well, once Truman mobilized the guard in the fall of '50²⁶ and I was at Auburn. I had just taken my final exams. So here I was in the regular army in the Cold Red War, Cold Red episode²⁷. So, the doctors, we had one doctor from Gadsden and a new doctor that had just specialized in surgery from Tuscaloosa, Alabama, Dr. Shaman. They had bumped him up to a major. He didn't enough time in rank so they had to bust him back down to a captain. Same as our captain from Gadsden, but the Army was kind of a picnic for me, really. It was a vacation.

CP: Really? Keep talking.

AM: Because I had been in the National Guard, and they needed a pharmacist, and since I had been in pharmacy school, and we had a doctor from my hometown, and we didn't have a regimental commander—we had a full bird, a colonel that was from Gadsden. He was in politics; he was one of the judges in Gadsden. He and my dad were real good friends and he was acting as regimental commander, so I remember the first leave that we got—

CP: From?

AM: We were shipped to Fort Jackson²⁸ in eight men tents. Cold, cold in January of '51. But we had a dispensary about a block in a half up the street so that is where I moved to. (CP laughs) But the orders came down that we were going to get our first leave. Well, I called, writ, I guess, come home and it was mother's day or momma's birthday and I was going home, but then the orders were changed. Only the married, ones that were married got leave.

²⁶Between August 1950 and September 1951, Truman mobilized over 500 units of the Active Reserve to active duty to round out active Army divisions. This was in response to the escalation of conflict in Korea that led to the Korean War.

²⁷McMahon is referring to the Red Scare that occurred during the Cold War. The Red Scare was the increased paranoia and subsequent hysteria felt by the American populace concerning the Soviet Union and Communism.

²⁸Fort Jackson is located in Columbia, South Carolina. It is a United States Army installation that handles Basic Combat Training for new recruits. Providing new recruits for the Army is the post's main mission.

CP: So you called Eve? “We got to get married, Eve. Quick.”

AM: I hadn’t even met Eve until I came to Jacksonville. I met her here at the state board of health. But anyway, daddy picked up the phone I’m sure. I don’t know what happened. Anyway, I was summons to the orderly room at post-haste. I walked in and they said—so I went in as a sergeant, I made sergeant while I was in the Guard, went in as a sergeant, came out as staff sergeant. They said, “Sgt. McMahan, how many days leave would you like?” So, I knew what had happened.

CP: Uh-oh. Dad had done called the commander.

AM: The captain in the orderly room said, “We’ve just been notified by Colonel Reagan,” who was in at that time, “you need to go home. You just take as much time as you need.” But anyway, I didn’t take advantage of it; he kind of scared me. (CP laughs) Going out the first sergeant followed me out and he said, “Now, if there is anything we can do for you, let us know.” (both laugh) After that it was, you know and two, I don’t know if it was the doctors that I was working with because they were great, both of them were wonderful. They would let me sleep until the first patient come in and come wake me up and said, “Okay, get in the pharmacy. Y’all start getting prescriptions.”

CP: Y’all start getting to work now.

AM: Yeah, I’d been out all night driving because I had my car up in Fort Jackson. I was in the backroom back there, asleep. So we got all those fill-ins we wouldn’t up to par, didn’t have enough men. And so we started getting the regular army and the draftees coming in to Fort Jackson and into our company, into all the companies—we had different companies, not all in medical company, all the companies. Nixon Division they called us.

They came in on a troop train and then about 90 percent of them either had the flu or, a lot of them, pneumonia. Hospital was full, the Shearing dispensary was full, our dispensary was full, and so that is whenever I moved to the dispensary. I stayed there until—like I said, I don’t know if it was Colonel Reagan or the doctors that I was working with, young men in the pharmacy technician school in Port Sound Houston in Sanitom, Texas. I left there in June of ’51, I believe it was. And they started about two or three weeks after I left, they started getting PCOM orders [private communications orders] for our regular troops to go to Korea, but I was on a picnic. I was back in college at a pharmacy technician school living in a nice, you know—

CP: Hotel type environment.

AM: —out there on the Brooks, they called it Brooks Army—

CP: Hospital. Brooks Army Hospital [Brooke Army Medical Center].

AM: Yeah, that was where we were.

CP: That is the second major hospital of the Army, isn't it? The Brooks Army Hospital?

AM: Of course, it wasn't too easy because just before I had arrived, one of the pharmacists that had finished the course had read the decimal point wrong and had put in some eye drops for the general there and so. The pharmacist school, we started out with about 30—28, I think. One of them was a registered pharmacist already. I think there was about half of us that made it through, but I remember it was tough, especially the math part of it, I was—

CP: And it was all kind of rushed up too, wasn't it? You were in a hurry also?

AM: Right, and lights had to be out at 10, so I'd move to a train so I could study. (CP laughs) But I got through it. Whenever I came back, they'd already got another pharmacist and had him trained. They didn't know what to do with me because I had too much time in grade to send any place so I would just—I came back and then we went to Fort Hood, Texas²⁹ on maneuvers for a month.

We left up there, I believe it was Easter, about Easter time. It was the greatest airlift from Shaw Air Force Base in the Carolinas to Fort Hood, Texas. We had all kind of planes. I was on the C-46 and going out there we had a static line ripcord. And so we stayed out there a month and then the truck convoy would go to St. Angelo to an airfield down there and then waited to fly up to Camp Atterbury, Indiana, which was our first barracks.

CP: (laughs) Oh, it was?

AM: But going up there the pilot says, "We may have to bail out and we had the type you had to pull." But, anyway, I didn't have to bail out. (CP laughs) I had so much time in grade, I was discharged in the summer of, I guess, '52. And shortly after that, the next few weeks they started

²⁹Fort Hood is a U.S. military post located in Killeen, Texas. It is halfway between Austin and Waco.

giving releases. My mother was religious—because I wasn't a Christian back then—my mother had to be offering up a lot of prayers for me and a lot of other people.

Anyway, I got a discharge and went back to Auburn that fall. I worked with the health department, county health department, which was a big asset, especially since I came down here. And, of course, being the county commissioner, the health department got most of the money from the county commissioners, so I got a part time job at the Porter Resorts so I could enter pharmacy school back in Auburn. Graduated, I believe it was summer or spring of '55. Went into retail, we've been through that. That's the story of my life.

CP: Given what little responsibility you had for causing change, looking back all over all this, what would you do differently if you knew everything you know now and had it all to do again?

AM: Well, I would do a lot more—I would take some courses, I think, in preparing memos, write memos, and communication.

CP: Business administration.

AM: Yes, yes, that's right. And management and this type of thing, you see, I knew nothing about management. They taught us nothing in pharmacy school.

CP: Now, when you went to Auburn, you was being prepared to be a beach pharmacist.

AM: To dispense.

CP: Not an administrating pharmacist.

AM: And back then we made suppositories, we made ointments, we made pills. Back then we did a lot of compound³⁰. So things have really changed.

CP: It's rare anymore. The graduate pharmacists today hardly know how to do compounding, do they? If they need a pill, you call the company. Tell them to send us some pills.

³⁰Pharmaceutical compounding is the creation of unique pharmaceutical products to fit the needs of the patient as opposed to providing a mass produced drug made by a drug company.

AM: Looking back at my life's career, that would have helped a lot if I'd taken some courses at Jacksonville whenever I was supposed to be getting into taking pre-med, getting prepared—

CP: You'd took some real stuff.

AM: —I would have studied more instead of partying and partied less. But looking back over my life, I would have changed a lot of things along those lines.

CP: You know we got into the—changing subjects now, entirely—you are now the big shot pharmacist with the Public Health Organization. Long into the late '80s, HRS slashed the Health Program Office. They got very much into quality control. There was great interest. Many of the county health departments were employing pharmacists or were employing consultant pharmacists, local pharmacists to come in a few hours a week or something like that.

Growing out of that trend was a major push on the part of HRS for something called quality control in the health department and the pharmacists became a very dominant part of that to go through the county health departments and check out how they were managing their drugs. Were you involved with that?

AM: No, not really. The only thing that I remember was at the big counties like Palm Beach, Orlando, Broward, Miami, and Dade County had their own pharmacies. That helped me out a lot.

CP: Okay, that helped you?

AM: I would visit them, and they would in turn help me.

CP: Okay, but you were not there doing quality control on them?

AM: Oh no, no, no. I never was in quality control.

CP: Okay, that came about, about the end of my time before, in fact I might have already been retired, but I heard a lot about it. It caused a lot of anxiety on the part of small county health departments.

AM: I can imagine, about like the pharmacists when they first came on board with the state board of health.

CP: Yeah, when this first started, the first thing that the, quote, “the pharmacist” wanted was a locked up room for the drugs. Nothing else in there, uniquely drugs, and a lock and key that locked back up the control. Well, the typical little, small county health department only had one lockable room and everything under the sun needed to be locked was in there and it caused a lot of anxieties. I don’t know how it all got resolved.

AM: Whenever we began and, of course, it happened in the early ’70s, I believe, the anti-convulsive program, we sent out some controlled substance.

CP: Oh yes, you did.

AM: The controlled substance, you know, the phenobarb and klonopin was the main two drugs that we used for anti-convulsive procedures. A lot of phenobarb, we were using a lot of phenobarb back then.

CP: You sent them out under a patient's name, did you not?

AM: No, not with the—yes, yes.

CP: You didn't send out a bottle?

AM: No, no unless it was to the counties that had a—

CP: Pharmacist.

AM: —either part time or full time pharmacist. And of course—

CP: Yeah, I would agree to all of that.

AM: And of course I could see that their storeroom might have to have a separate—because the law states that you have to be under two locks and keys for a controlled substance³¹.

CP: Is that true in Florida?

AM: Uh-huh.

CP: Well, what have we left out, Al?

AM: Well, I'm sure we left out a lot, Dr. Prather, because it's been a long time, a long time.

CP: It's fun for me to remember with you, though.

AM: Yes, it's been fun.

CP: Because I remember when you arrived, whether you want me to remember that or not.

AM: I remember you well.

CP: Don't tell anybody now—

AM: You were my savior.

CP: I just remember when you arrived—

AM: Remember we had the prayer breakfasts that one time?

CP: Yes, I do. And you were a regular attender.

³¹McMahon is referring to the Drug Enforcement Agency's controlled substances regulations regarding practitioners and their handling of these substances. One of the minimum standards required for controlled substances is that they must be stored in a securely locked cabinet with varying degrees of security measures depending on several factors: the number of employees, customers, and/or patients with access to the controlled substances, the location of the dispersal area, an effective alarm system, quantity of controlled substances on hand, and prior history of theft or diversion.

AM: And Eva, Eva and I met. She was working with Red Board and the Vital Statistics. She and I met and she had a friend that was the secretary for the Narcotic Bureau. She had lost her husband in '67, I guess. He had hycromelagrata, had a tumor in the brain. He was a veteran and he was (inaudible), see what they could do with him and I guess it ruptured. So I hadn't made her acquaintance before then. After that, shortly after in '68, we were married.

CP: Yeah, I remember that. I remember when you all were married.

AM: We married at her sister's. Her sister at that time was living, her oldest sister was living Waycross, Georgia, south of Waycross, near Alma, I believe.

CP: Nahunta.

AM: We've been happily married ever since. Of course, Wayne was our only child, our son. He was about 10 years old when we were married. He had just lost his father, you know, so I am sure he went through some rough times, but—

CP: But the history shows that you were a good substitute, Al.

AM: Well. (laughs)

CP: As history has turned.

AM: Well, you know, once I met Eva, she had gotten in church. I went to church as a child. In fact, my uncle, on my mother's side, he taught singing school.

CP: Ah, he did?

AM: And so I got a vacation by going to singing school. We got a pretty good dose of the gospel I suppose, by going to those things.

CP: Yes, good, good, good. I am glad you did.

AM: Eva was going to Beaver Street Baptist Church [First Baptist Church of Jacksonville]. Of course, if I went with her I had to go to church—

CP: Yes, I'm glad she had that attitude.

AM: —and Wayne went to church. One day when Wayne was about 20 years old he came to his mother and asked, “Mother, why didn't Al ever adopt me?” So that's whenever we adopted Wayne. But going back to Wayne, I left all the discipline up to Eva because he and I were kind of distant because he lost his dad. His dad had told him a lot of things like his mother would never get married again and all of that. And we were, at that time, having a lot of trouble on the Northside where we lived, Highlands, especially.

And so in the 11th grade, he thought I had put him in prison, because I put him in Lyman Ward Military Academy up next to Auburn. I was doing it for him because he spent his 11th and 12th grade in Lyman Ward Military Academy and I was just going to move him right out and move him in Auburn. But he didn't want any part. The first year, he was resentful; the second year, he wanted to go back.

So we told him the second year that things had kind of smoothed out on the Northside and they weren't having to close schools because of riots and this type of thing. But anyway, he chose to go back and he graduated. And then he went to Mobile; he wanted to be on his own. His mother made a mistake by getting him a 300Z Nissan sports car.

CP: Whoops, whoops, whoops.

AM: And for graduation, I didn't have any part of that. (CP laughs) He stayed over there for about a year, it seemed like, and then he came home. We got a knock on the door about three o'clock in the morning, one morning, and he said, “Momma, can I come home?”

CP: He's been with us ever since.

AM: Yeah, he's been with us ever since. I called Auburn—he'd said he tried to get into Auburn. I call Auburn and I said, “Well, Wayne, I don't know.” He had went to FCCJ and take some courses. So I called Auburn and asked them what was the problem and they said, “Well, he never did pass algebra.” I told him, “You go to FCCJ and you pass algebra and I'll get you into Auburn.” And he decided, well he'd go to work for UPS. So he started off at the bottom and worked his way all the way up and he is still with UPS.

CP: Oh really? And he is doing well?

AM: Yeah, doing well.

CP: Good.

AM: Oh, about four or five years ago he decided he'd move off the little acreage we have out there in Dinsmore area, moved to Eagle Bend Island so they stayed out there a couple of years. Then he moved back. His dad had bought 10 acres where we lived, we was completely surrounded by container corporation land out there. His dad somehow got his hand on 10 acres off of the home place, which is out down back of us and so we gave that to Wayne when he married.

So I have a grandson that is 13 and a granddaughter that'll soon be 12. Of course, Eva and I are—I am on the finance committee at the Faith Baptist Church, where we go to church. And we do a lot of church work. We visit the shut-ins. Eva and I are about to be shut-ins before long. We spend a lot of time in church and with my little job. Of course, Eva does a lot more church work than I do, she has more time, but I enjoy the little job that I have. Going in on Wednesday, and taking inventory, and then going back on Friday. We get our drugs in and help the nurses and personnel label the—we have about 200, excuse me, 250 patients.

CP: Wow.

AM: And of course they have to have a dose a day, anything from 5 milligrams on up to 180 or 200.

CP: Wow. Really?

AM: The methadone is just to sustain them. These people are—they live a normal life in society. We get our drugs from our labs in Ormond Beach, Whitney Lab. So we come in and we have to label all those bottles about 12 to 1500 bottles. I check them in, as a pharmacist. They have to be checked in and label them. We fill out the 222s³², that is a narcotic form and keep everything legal. But hopefully—we're having some computer problems right now that is giving our inventory a fit. We got a new computer, if we get the new computer straightened out. But we got

³²222, commonly referred to as “two-twenty-twos”, is an analgesic containing 325mg Aspirin, 15mg caffeine, and 8mg codeine. It is available without a prescription.

a good excuse; I really and truly believe we've had the nurses—we've got a big turnover of nurses, of course—we hire ADNs for that.

CP: That's pretty tough on the nurses.

AM: Three of them have began to test the dosages and the intakes have to be examined. We hired Dr. Phillips, B.J. Phillips. Remember Phillips's son, Glen the obstetrician here in Jacksonville?

CP: No sorry.

AM: Phillips, he came on board for a while. They come in at, the one we have now is Dr. Chappa Young has an office down the street from where we are. He comes in from 8:00 to 8:30, usually, and signs all the papers on the new intakes, which we receive. We have about, I want to say, about a five percent cure rate that actually get off of them. Most of them just stay. They try to come down. We start them off on 30 milligrams unless they really, you know, need and we make exceptions and the doctor does this, and then they have 30 days they can go up or down, they can adjust their own dosage. They try to maintain it and most of them, if they really take the program serious, try to get off of it and so they try to come down in increments of five milligrams.

CP: Yes, yes, yes, yes. You got a five percent cure?

AM: Yep, three to five.

CP: Yeah, I wish you had more, but—

AM: Yes, yes. As long as they come in, course some of them just play around with the program, I'm sure. You have no way of knowing that.

CP: I am sure of that. Probably use you when they can't get their real stuff.

AM: But we are open seven days a week.

CP: Yeah, you must be if you going to do that work.

AM: And once they've been there for three months, I believe it is, they get so many take-out³³ and if they are a truck driver or something like that then we make exceptions.

CP: Ah, they can carry take-outs?

AM: Yeah, in order to get take-outs they have to bring in a locked box. That's the law. That they have to have a locked box to put their doses, that's a class two of a narcotic controlled substance. But a lot of them, especially if they really take it serious, they can get off of it in my opinion.

CP: That's good. Well, Al, let me tell you in behalf of the College of Public Health of the University of South Florida, particularly its library system and myself, I thank you sincerely for coming by and telling us this fascinating history of yourself and the pharmacy program with the Florida Public Health Organization. You are the beginning of it and you saw it develop in its ups and downs. You suffered the school of hard knocks of trying to get it to where it is now. History students of today, I am sure, will thank you, but certainly history students of tomorrow will be especially grateful for the man-who-was-there point of view.

AM: Well, I've certainly enjoyed it. I especially—I don't know if I would have come if it had been anybody but you because I have forgotten—my memory, I hope it's not Alzheimer's, but I can't remember things like I used to.

CP: Well, I don't either, but I'm not going to tell anybody.

AM: Well, I can't help but tell you (inaudible).

CP: You got a diary. And I don't even have a diary, you see.

AM: Well, you are welcome to read that, because your name is in it along with a lot of things that went on with the health department and the state board of health, especially at that time that was in '69. And I came on board in '66.

CP: The division went into place in '69, July 1, 1969. Well, Mr. Al McMahan—

³³Take-out refers to the period when methadone users at a clinic are allowed to take their dosages home for unsupervised use. Many methadone clinics require that these users follow a strict agreement for taking and storing the dosages properly.

AM: Like old home week, I really enjoyed it. I was looking forward to it, to seeing you and talking to you because you have been such a blessing. I remember calling you the day that I retired.

CP: From Tallahassee. That's right, you told me that you were leaving. You called me at home. Yes, you did. I had forgot that, Al, but thank you for reminding me of that.

AM: I wanted to tell you how much in life, in general, in steering me in such a way that I am still alive today and where I am today, because of people like you.

CP: (laughs) There is a lot of us and we're on each other's backs, you know that don't you?

AM: Well, I hope so because whenever I called, you said, "Don't you go home and sit down."

CP: That's right.

AM: "Don't you come and couch potato." And I did, first thing I did was find me—I went with a friend of mine to take the 55 Alive saving trial I wasn't doing anything so I decided I'd join the program and I taught the program for three years. 55 Alive³⁴ on the Northside had quite a few classes. It is worth taking. I don't know if you had ever taken that or not?

CP: I take it every three or five years.

AM: Three years.

CP: Okay, I take it every three years.

AM: Insurance.

CP: For my older folks' automobile insurance stuff.

³⁴The 55 Alive Program was founded by the AARP. It is the nation's first and largest refresher course for drivers of age 50 and older to help older individuals feel safe and confident while on the road.

AM: If you are 50 years or older, it is called 55 Alive Safety Driving Program, its not mandatory, but they passed a law once in Tallahassee that the insurance company doing business in Florida must give an appropriate discount for three years. You pay eight dollars for four hours a day for two days and you get a little certificate that's good for three years.

CP: I do it every three years.

AM: I enjoyed that. But I have gotten so involved especially back whenever I was going to Tallahassee, we were opening that clinic over there that I had to resign the teaching.

CP: Oh yeah, you didn't have the time.

AM: On the north side, there wasn't that many that participated. There weren't that many interested in it. Of course, AARP wasn't putting out any money on publish side, you know, and more publicity about the program. We were having to do it on our own.

CP: Yeah, my insurance company advises me when mine is about to expire.

AM: Right.

CP: And I take it through the Senior Service Center in Tallahassee. When I get my notification, I call them and ask them, "When's the next course?" And there's one about every two or three months.

AM: There should be one a month here in Jacksonville because it's a bigger—most of them we have on the Southside here.

CP: Where the old folks are.

AM: When I had to give it up—I really enjoyed the little job that I have, it made me a little pocket change.

CP: That's good, I got plenty of jobs, but I don't get any pocket change for any of them.

AM: Well, that does help especially if you—I figured when I retired—I remember going back to my lack of business affairs, business education that when I retired I didn't want any taxes taken out, I said, "I don't need any taxes taken out." Ended up having to pay over 6,000 dollars the first year.

CP: That taught you something. (laughs)

AM: That taught me a lesson. In fact, Eva and I even fuss about it today that we are paying more taxes since we retired than before we retired.

CP: Yeah. (laughs)

AM: It seems like. But she has done fine, she has her problems like we all do as we get a little older, but she said to tell you hello.

CP: And I appreciate that and you give my love back to Eva. Yes, you do. Let me tell our audience: today is February 20 and that I am Skeeter Prather. Al, thank you.

AM: Thank you.

End of Interview