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Charlie E. Prather: It's a pleasure to have with us today Mr. Charlie, Charles Rhodes, who is the longtime environmental health director for the Palm Beach County Health Department. There, he worked with Dr. Carl Brumback¹, who is widely known as an outstanding local health officer. I submit that a part of the reason Dr. Brumback was so well recognized in so many areas was because of the staff that he gathered around him.

One of those staff is Mr. Charlie Rhodes, that represented the environmental health piece of the developing public health program in the Palm Beach County area, which, still today, is a large farming community, in spite of the fact that when one thinks West Palm Beach, one thinks of Palm Beach; one thinks the rich folk's playground there.

But the county was plagued, in the early days, with lots of environmental issues. These were magnified by the rapid growth of that county from the time that Mr. Rhodes started there, a county of about three hundred thousand, I'm guessing, to the time he retired some five years ago, a county of, almost or a little more than, a million population.

That rapid growth has with it all the associated environmental problems for the protection of the humans' health. Mr. Rhodes participated in much of that. It's a pleasure; it's truly a pleasure. And on behalf of the University of South Florida, the College of Public Health, Mr. Rhodes, I say, thank you sincerely for coming by—

¹There is an interview between Dr. Carl Brumback and Dr. Prather in the USF College of Public Health Oral History Project collection.

Charlie Rhodes: Thank you.

CP: —to share with us—

CR: Thank you, Dr. Prather.

CP: —this outstanding career that you experienced in Florida’s public health with the Palm Beach County Health Department. Let me ask you, Charlie, how did you ever get into environmental health programming anyway?

CR: It’s a sort of a long story, but the—

CP: I’ve got plenty of time.

CR: (laughs) But the short end of this is that I had an undergraduate degree, and I was going to be a coach and a math teacher.

CP: Oh, you were?

CR: But as soon as I got through school, they drafted me in the army.

CP: Whoops!

CR: And when I got out the Army, school had just started.

CP: Yes.

CR: So my brother-in-law, who was over in Greensborough, North Carolina; I said, “What do you do?” He says, “I’m a sanitarian.” I said, “Yeah, what do they do?” (CP laughs) And so, he said—I said, “Well, that sounds kind of—” I said, “How much money they make?” He said—

CP: Not much.

CR: I think it was like 360 [dollars] or something. But, anyway, that was 20 dollars more than a teacher made.

CP: Oh, it was?

CR: Yes, sir.

CP: Oh, boy!

CR: And so, I went to the local county there.

CP: Yeah.

CR: In Lexington, North Carolina.

CP: Yes.

CR: And sure enough, they had a vacancy, and I got started.

CP: You did?

CR: And then I started to work there for a couple of years, and then I was very fortunate to be able to get a stipend in the federal government to go back to the University of North Carolina and get a master's degree, a Master of Science in Public Health.

CP: Really?

CR: Yep. So that's how I got started. And how I got down here is another story, but, to go onto another story, long story short, the position down here paid 40 dollars more than the one in North Carolina I was going to go back to.

CP: Oh, from school?

CR: From school.

CP: Oh.

CR: So that's how I ended in Palm Beach County.

CP: Yeah, but you went to school under the auspices of the U.S. Public Health Service².

CR: Yes. Right.

CP: So you weren't beholding to the county health department in North Carolina?

CR: No, no, no.

CP: So, did you have to resign from that position?

CR: Oh, yes. I had to resign before I entered school.

CP: Oh. So, they weren't really expecting you back, but they probably would have brought you back.

CR: They would have, yes, yes. They would have.

CP: So, you saw an advertisement for a sanitarian position in Palm Beach County.

CR: And the stranger part about the whole story, perhaps, you mentioned the Belle Glade farming area.

CP: Yes.

CR: Believe it or not, that's where I started work when I came to Palm Beach County—

²The U.S. Public Health Service, founded in 1798, is the primary division of the U.S. Department of Health and Human Services.

CP: (laughs) I think all sanitarians started out there.

CR: —was at Belle Glade, really.

CP: Yes. Yes.

CR: It is amazing. Here I was with a master's degree, and I was a senior sanitarian, which was big stuff back then.

CP: Oh yes, yes, yes, yes, yes.

CR: And, of all things, the office I shared was with another young man that had a master's degree in public health, and the reason he was there was because of a stipend Dr. Brumback had acquired for a big migrant project.

CP: Yes. Yes.

CR: And he was in charge of the migrant project because a lot of money being spent back at that time on caring for the migrants. Because, see, we had probably 30,000 migrants in there during the farming season. And most of those were in Belle Glade until the Cuban crisis³ came along.

CP: Yes.

CR: And, of course, that changed things from growing lots of vegetables to sugar cane, but during that time we had a lot of labor camps. Palm Beach County, they had 134 at one time. And the worst ones were in the Glade's area. And honestly, a lot of them were just shacks and had outdoor privies and no running water and burned garbage; I mean, just about as deplorable as you can get.

CP: And there you were, cast into that.

CR: Yeah, well, I had to make inspection of all those places, and I did the best I could. And, but some of things you remember, you know, just unbelievable in this day and time. I used to go out, and I'd walk out to a privy to inspect it. And the chickens would follow

³Rhodes is referring to the Cuban Missile Crisis of 1962.

you out to the privy. (CP laughs) And what did that tell you? It told you that the privy had no back to it.

CP: That's exactly what it tells you.

CR: And you've probably seen that, perhaps, yourself.

CP: Yeah, those are called surface privies.

CR: That's right.

CP: When I joined the state board of health⁴, we had surface privies across the street from the headquarters of the state board of health.

CR: Yep. And there is nothing more fantastic than looking at what they called a Belle Glade bean picker because, remember it's wintertime, and all the ladies did most of the stupid-type work, believe it or not. They wore long pants with a long dress, and the purpose of that was not to keep warm, but so they could squat in the field to urinate or whatever they had to do.

CP: Oh, really?

CR: Because field toilets weren't required back at that time in history.

CP: That's right. That's right.

CR: And so, there's a real story there about what happened. But the Cuban crisis, again, changed all that materially. And a lot of those camps don't exist today.

CP: Yes, yes. Tell me, did you have an organized program? Or were you trying to do anything about this? Or what were you trying to—?

CR: Well, you know—

⁴The Florida State Board of Health was the predecessor agency to the Florida Department of Health and Rehabilitative Services (HRS), which was formed by the Florida legislature in under the 1969 Reorganization Act.

CP: What was your objective?

CR: Believe it or not, the biggest change came about when Edward R. Murrow⁵ went in there and did a big TV scoop called “The Harvest of Shame.”

CP: Yes, yes, yes. I remember that.

CR: You may recall that. But, anyway, he just exposed all those conditions, if you will, to the bean pickers and the people that lived there. And so, with the assistance with Dr. Brumback and the people that he acquired to work on these special projects, I think we did make a difference.

CP: Oh, it’s obvious that you did.

CR: But, see, aside from just the people [who] lived in the run down camps, the Glade is known for having numerous rooming houses. And these rooming houses were crowded with migrants, also. And each morning, they would get up before dawn and go to a big vacant block in the middle of town, where all the buses would back up to take them to the fields to work.

CP: And it was day labor, wasn’t it?

CR: Of course, they—

CP: They were paid for none of that.

CR: They were paid. And they was paid by the basket or the box. They weren’t paid by hour.

CP: Yes, yes, yes, yes.

CR: But that’s pretty much the story of the migrant health thing, which is not a big program anymore.

CP. No. In fact, the numbers of migrants are down, aren’t they?

⁵Edward R. Murrow (1908 – 1965) was an American broadcast journalist.

CR: Oh, yeah. I don't really know what the number is now. But, last I heard, even when I left, we only had about 34 camps left.

CP: Yeah, but you still got a, quote, migrant problem, out there in the sense of AIDS, for example.

CR: Oh, yeah.

CP: It still gets a lot of attention from the county health department.

CR: Yeah, yeah, yeah, yeah.

CP: Yep. But, looking back on this, your job was primarily inspecting and reporting, I guess.

CR: At that time, that's correct. I inspected all the restaurants, food outlets, schools, nursing homes, hospitals; you name it, we—

CP: You found something wrong—

CR: Septic tanks, all types of nuisance complaints, a lot of open burning back in those days, the open dumps, things of that nature.

CP: So, if you found something wrong, did you have the ability to do anything about it?

CR: Well, it was mostly a procedure of educating somebody to do it and using a little pressure because we didn't have the legal tools we had later, which I'll talk about, to make somebody really do something. So you just had to give them a notice and hope they'd comply. You keep going back—

CP: Your persuasive ability.

CR: That's right.

CP: Yeah, how well you could educate and persuade.

CR: Well, it wasn't easy with some, as anybody knows, because some few people are going to refute anything you say or do. (CR and CP laugh)

CP: Just to show you that I can!

CR: Right. That's right. But, Belle Glade was a unique part of the country, no doubt about it.

CP: How long did you stay there?

CR: Just two years.

CP: Just two years. Then what happened?

CR: Well, I was very lucky. The assistant director moved out, went to Tallahassee, and I went over there and took his place.

CP: As assistant director?

CR: Not as assistant director. Then, about two years later, a man by the name of Mr. Joe Alvarez got killed in a train accident.

CP: Train. I remember that.

CR: And so, Dr. Brumback put me in that position. So I was in there a long time, believe it or not, very fortunate to have both him as a boss, and to be in that position at that young age.

CP: Yep. You was there a long time. You hold some sort of record.

CR: Well, not really. I was there 38 years.

CP: I think that may be a record.

CR: (Laughs) No, I think Willard [Galbreath]'s⁶ got me beat there a little bit.

⁶There is an interview between Dr. Prather and Willard Galbreath, the former director of environmental health for the Broward County Health Department, in the USF College of Public Health Oral History Project collection.

CP: Not in directorship.

CR: Oh, no, the directorship would have only been like about 34 years.

CP: For you.

CR: Yeah.

CP: Okay, let me see now. Willard was in '42, minus 7 is 34. Uh, yeah, that's right, 34. So Willard was in director here for 34 years. And you were director there for 34 years.

CR: Yes. I've known Willard a long time.

CP: There's a guy in Live Oak; you just reminded me of some bad things, about—not bad things. The director of environmental health, the, quote, chief sanitarian, the only sanitarian for Live Oak. I think he served in that position until he died.

CR: His name is—I used to know him. His first name was Jim.

CP: I think so. Yeah.

CR: I can't think of his last name.

CP: I'm having trouble, too. But anyways, I think he was in that position 51 years, and I think that's the record.

CR: That's a long time. (Laughs)

CP: That's a long time. Yeah it is. Oh, well, I digress. You came over—

CR: No, that's okay. Belle Glade is really an interesting part of my life, even though it was only for three or four years.

CP: That you lived there?

CR: Yeah.

CP: Or that you worked there?

CR: I lived there. I borrowed a small boat, joined the Jaycees⁷, and just had big time. I never regret having gone there, really, never.

CP: But it stayed kind of central to your professional life, I'm going to bet you.

CR: Oh, yeah.

CP: For the rest of your professional life.

CR: Absolutely.

CP: You never got rid of Belle Glade.

CR: No.

CP: (laughs) That's an issue, a problem.

CR: But really, without dwelling on it too much, Dr. Brumback had already built a beautiful new health center both in Belle Glade and Pahokee with brand new offices, you know?

CP: Yes.

CR: It had a really good staff and people, good nurses to work with.

⁷The United States Junior Chamber, commonly called the JCs or Jaycees, is a leadership training organization for people between the ages of 18 and 40. The goal of the organization is to provide financial assistance and support to its members for the purpose of developing their leadership, philanthropic, and business abilities.

CP: Good, good, good.

CR: Worked on Saturday morning, too.

CP: Yes, I remember. When I joined the state board of health, we worked five and a half days, also.

CR: Yeah, yeah. Well, Belle Glade is a very historical place to say the least. (CP laughs)

CP: Yeah, help me with the question. Where were we?

CR: Well, you said something about Edward R. Murrow.

CP: Oh, okay, okay, that's where we're starting. Let's go back to the Edward R. Murrow exposé, and I know that it had a national impact. What sort of local impact? How did it impact you and the county health department?

CR: Well, it made us, obviously, much more aware of things that needed to be done.

CP: Did he find anything, though, that you didn't already know?

CR: No, not really.

CP: I didn't think so.

CR: Not really. I think he depicted it pretty fair and square. And, at that time, we only had one big sugar mill in the area, and they had what you'd call excellent camps for people.

CP: Excellence camps? What's that?

CR: Well, with all the labor that they used, they provided the housing for them. Fact is, some people may not realize, but all the camps I've been talking about are on farm settings. And the farmer was always obligated to ensure himself with enough field labor to provide housing for them.

And the farmer wasn't interested in spending lots of money on housing, but they needed the workers. But the U.S. Sugar [Corporation]⁸ had really a lot of very nice housing and once the Cuban [Missile] Crisis came, they switched over to acquiring labor off shore, primarily from Jamaica and Haiti and Puerto Rico.

And the local people didn't want to cut sugar cane. It's a nasty, nasty job. And so, they built many barracks; it looks just like a typical army barracks. It's lined up in double bunks, all the way down the way. Some of them hold 300 people.

CP: Uh! But they do have sanitary sewers connecting—

CR: Well, they did; they had their own package treatment plant back then. They had their own water supply. A lot people don't know it, but the underground water in Belle Glade is totally unfit. It's so high in tannic acid and color(??) and hydrogen sulfide that it's undrinkable.

CP: No, I didn't know that.

CR: So Belle Glade had one of the first water supplies in probably the whole county because of that situation.

CP: Yeah, the water is totally unpalatable. You've got to do something.

CR: It is. In fact, some of the real rural areas had cisterns⁹, like they had down in Key West.

CP: Oh, they did?

CR: Absolutely. In my tap—

CP: In order to to get some water in your tap—

CR: Yes, yes. They sure did. They sure did.

⁸The U.S. Sugar Corporation is a large agricultural business based in Florida.

⁹Cisterns are waterproof receptacles used for holding liquids or catching and storing rainwater.

CP: All right. There was a lot of laws that came out of Edward R. Murrow. I know there was congressional investigations. I know that the congress tried to point fingers and give a hard time. You was the sanitarian over there. Did you get in the middle of any of that?

CR: Oh, absolutely. I think I had a big part in rewriting the chapter on migrant labor camps.

CP: I happen to know that for a fact.

CR: Dr. Brumback, of course, played a big role. But we had a very influential legislator by the name of Emmett Roberts that was in Belle Glade. And he's the one that introduced the bills and made the changes necessary to acquire the ability for us to get in there and really clean them up. So it very definitely did help.

CP: This was over much resistance on the part of the farmers, was it not? Because it was costing them money—

CR: They sort of stayed quiet, to be honest about it.

CP: They did?

CR: They were just waiting for us to come knocking on the door and tell them what to do. It made it a little easier for us to be able to do that.

CP: Oh, I'm sure of that.

CR: Because we had a few people who obviously didn't want to spend a nickel on anything.

CP: Yeah.

CR: But anyway, through a little pressure here and there, and later on, we did have the authority to write fines and notices and make them comply.

CP: You had some teeth.

CR: Oh yeah, yeah, yeah.

CP: I don't think that came with your original regulations though, did it?

CR: Oh no, no, no, no, no, no, no.

CP: Yeah, I think it was just dreamy pie in the sky stuff.

CR: Palm Beach County had, I'm pretty sure, the first environmental control hearing board. And this board was a five-member board appointed by the board of county commissioners. And in the law, it wrote how they could cite people and make them come to a hearing. We had our own attorney.

CP: Yep, yep. You, in environmental health, had your own attorney.

CR: That's right, sitting in our own offices.

CP: That's right. You employed him, and you could fire him; the way it's—

CR: That's right. And, anyway, that gave us the authority that we really needed to get things done. Not only migrant health but all the programs. See, they had the authority to enforce anything in food service, childcare, you name it; they had the authority to do something about it.

And that attorney on staff, by the way, served a tremendous purpose to us because, when we had problems, legal or otherwise, we could go to him, or her as the case may be, and get really good legal advice. Because these people, these attorneys, all the ones we ever had, were specialized in environmental health.

CP: I would hope so.

CR: Yep. So that worked out really, really good.

CP: How nice to have an attorney on your own staff.

CR: Oh, it was nice because we couldn't get much support out of the state attorney's office or the county attorney's office, because they are just too busy to mess with some of these little old—

CP: They had too many murderers to be dealing with.

CR: Well, sure they did. Sure they did. So, anyway, that board assisted us materially. And that same act, by the way, allowed us to charge fees for services. And so, if we inspected a restaurant or a migrant camp or those kind of places, we could charge a fee, annual fee.

CP: Yes. How did you get this ordinance passed in the county commissioners? Who thought about that first?

CR: Uh, believe or not, this act had to go to the state legislature for approval.

CP: Oh, it did?

CR: They gave the authority to the board of county commissioners to appoint this board. So it wasn't easy.

CP: But Emmett was—

CR: No, Emmett Roberts didn't do that one; this was much later. This was probably in the late '60s, early '70s, that we had this much authority. So, a lot of changes. (coughs) Excuse me, let me just have a drink of water here. I got a frog in my throat for some reason.

CP: You've been out on the Glades too much.

CR: Might be.

CP: That's your problem; you swallow frogs out there.

CR: Well, I think maybe we ought to get off of Belle Glade and talk about something else.

CP: Okay. This is an important piece of the Palm Beach County Public Health Department history, but there's a whole bunch of other stuff. Your attention to migrants, your attention to farm workers, has been kind of a model for the nation, and particularly for the eastern migrant chain. You all set the pace for what everybody else has been doing.

CR: I think perhaps we did. I think we probably had the first septic tank ordinance. I think probably had the first childcare center law that applied both to private and parochial facilities. I can't think of any other—oh yeah, we had the first air pollution project probably in the whole state.

CP: That's right, you did.

CR: And we wrote that up back in the mid '60s, I believe. And we've always continued to have that.

CP: Yes. Let me ask you, how did you recognize the problem? What stimulated you to go to bat, to get a law to help you with enforcement?

CR: Do you know the old public health saying? Let's see, History sets the goals of public health?

CP: Yes, I'm familiar with that.

CR: Or, Progress through crisis.

CP: Progress through crisis. I'm more familiar with that one.

CR: Well, that's the way we acted. I mean, that's really about what it boils down to, is that when we had a particular problem or what have you not, we would attack it and do something about it.

CP: Full force.

CR: But that's really the thrust of the whole thing. I mean, we didn't do anything about mosquitoes and SLE¹⁰ until we had some cases. We didn't have any problems with this and that and the other, until it came along.

CP: You didn't try to fix it if it wasn't broke.

CR: No. In fact, we had a lot of instance, I might mention just very briefly, we had a bad smallpox¹¹ scare in Belle Glade back in the late '50s, believe it or not. They vaccinated the whole town.

CP: The whole community, yes.

CR: That's right. It turned out to be just a severe case of chicken pox.

CP: But you got a lot of smallpox vaccine out, didn't you?

CR: Well, yeah. I'm just naming some of these little, different instances that occurred.

CP: Oh, we want to hear them.

CR: You know the recent anthrax¹² scare?

CP: Yes.

CR: Well, we had a big anthrax little scare back in early '70s, when the FDA¹³ said that the public had to turn in, and should turn in, all these goatskins from Haiti that contained anthrax spores. I remember whole stack of little drums and things like that in my office.

And they made pictures on walls; they made pictures out of goatskin. And so, we just had a whole bunch of those things there. Nobody ever had a cause of anthrax that I know, but I remember very distinctly this office that we had, with all this paraphernalia made out of goatskins.

¹⁰Saint Louis encephalitis, often abbreviated SLE, is a virus transmitted to humans by the bite of an infected mosquito. The symptoms of SLE vary according to the severity of the case, but can result in death if left untreated.

¹¹Smallpox is a highly contagious and often deadly disease that was largely eradicated in 1980.

¹²Anthrax is a rare but serious bacterial disease that can be spread by contact with infected animals, insect bites, or stings.

¹³The Food and Drug Administration (FDA) is a federal agency of the U.S. Department of Health and Human Services that is responsible for protecting and promoting public health through the regulation of food, tobacco, drugs, cosmetics, and other consumables.

CP: You didn't try to protect yourself from the anthrax from the goatskins?

CR: You know what, not realistic as you would think I would.

CP: Yeah. The folks just brought it in, and you put it into one of the rooms.

CR: Well, there were no cases. And we knew the spores just lived, like, forever. But, anyway, the bacteria—

CP: What did you do with all that stuff?

CR: We finally disposed of it through incineration.

CP: Okay. And that was in the late '50s?

CR: Yep, yep.

CP: Good, okay.

CR: But a couple of other little things that we had that had, that are kind of some interest, we had a bad swine flu outbreak in some of the nursing homes. We lost quite a few patients there, at one time.

CP: You did?

CR: Yep.

CP: Now, what year? Let me see, that would have been in '75, '76?

CR: Somewhere right in there, right. And then along came asbestos¹⁴, which you hear a whole lot about. But the first wave of asbestos, we inspected all the schools and public buildings of different kinds.

¹⁴Asbestos is a well recognized health hazard whose use is highly regulated by U.S. federal agencies. Breathing in asbestos fibers can lead to the development of various cancers, as well as a condition called asbestosis, which results in loss of lung function that often progresses to disability or death.

But the first wave of asbestos removal, believe it or not, we had a major role in at the health department, especially because we inspected the schools who had this type of asbestos, the stuff that hung on ceilings, looked like snow. There was a lot of it around, believe it or not. You couldn't even believe it.

CP: There was a period of time right after the Second World War where that was the stuff, what.

CR: Yep. Then along comes mercury in fish.

CP: Oh, man. Speak to that a little bit. Talk about that stuff.

CR: Well, I don't know a whole lot about that, honestly, because there's still a mystery as to where all that mercury is coming from to get into fish. Most people believe it's through incineration, but they don't really think that it counts for the whole bit.

CP: Yeah. I'm recalling a ban of, uh, Everglades fish because of mercury contamination. Is this the same legislature?

CR: The state board of health has issued many bulletins about, especially pregnant women, eating too many of the fish caught in certain areas. There's quite a few areas, believe it or not. We had a bad mercury spill, back to Belle Glade for a minute. We had a kid that found nearly a whole quart bottle full.

And he shared it with all his neighbors and kids, and they played with it on the floors, and we ended up having—well, the federal government actually came in and even assisted us; it was that severe. And we actually ran samples and moved people out of, I forget, about 40, 50 homes.

CP: Where in the world did a kid get a quart of mercury?

CR: Well, we traced it back to an abandoned vehicle on a backside of a man's property. Now, where it came from there, no one knows.

CP: That's a lot of mercury.

CR: It is.

CP: It was all in one pile.

CR: That's right. I might also mention, like, radon¹⁵ in schools and childcare centers. Do you remember when we had to test soils and put out little gadgets in each place to do—?

CP: I do. But you tell our audience about that.

CR: But radon, fortunately, in our county, turned out not to be a serious problem.

CP: A non-issue.

CR: That's right. But it was still quite a thing to get involved in. The fact of all this—

CP: When it involved coast of North Florida, it became a crisis.

CR: It did, it really did, it really did. Then we had a few outbreaks of psittacosis¹⁶ in birds.

CP: Oh, tell me about those, those are wild birds or captive birds?

CR: Well, no, it wasn't the wild birds. It was mostly birds being imported from foreign countries coming through the port in Miami. And the short of the story is that they were not holding the birds as required by law, for 60 days.

CP: For their quarantine period.

CR: You're supposed to hold and feed them a feed with tetracycline¹⁷ in it for 60 days. But we had quite a few cases, hundreds of birds lost, just here in Palm Beach County.

CP: Really?

CR: Yep.

¹⁵Radon is a naturally occurring radioactive gas that cannot be seen or smelled. Radon exposure can cause lung cancer among other health risks.

¹⁶Psittacosis, also known as parrot fever, is an infection caused by the bacterium *Chlamydophila psittaci*; psittacosis primarily affects birds but can be transmitted to humans.

¹⁷Tetracycline is a versatile antibiotic used to treat a wide range of infections in humans and animals.

CP: You had human cases?

CR: Had just one.

CP: Just one human case. But that was another crisis; you made progress through crisis.

CR: I guess you'd call it that. And then we used to regulate lawn spraying. You remember back when they used to parathion¹⁸ and kill chinch bugs and stuff like that?

CP: Yes.

CR: And the lawn sprayers had to notify all the neighbors and the health department and this kind of thing. And we had quite a few cases of parathion poisoning by the lawn sprayers. In fact, one gentleman downtown—won't tell you his name—but he used to take parathion and mix with corn meal and sell it from door to door in his neighborhood to kill roaches. Killed roaches, all right.

CP: Man, it would kill roaches.

CR: And it killed him.

CP: And it killed children, I imagine.

CR: And it killed him.

CP: It killed him, awful.

CR: Yeah, it did. It really did. We used to inspect the dry-cleaning plants because they used tetrachloroethylene¹⁹, back then, to clean clothes with. It was our job to go there and see if it leaked and this and that and the other. It was finally banned, did you know?

¹⁸Parathion is a chemical compound often used as an insecticide on agricultural crops. However, its use is now regulated, as it has been found to be highly toxic and carcinogenic.

¹⁹Tetrachloroethylene is a powerful solvent commonly found in dry cleaning products, paint strippers, spot removers, and metal degreasing products. However, tetrachloroethylene poses a variety of health risks, ranging from skin irritation to cancer.

CP: Yes.

CR: But, there's another little thing that we had done. Then along comes radiation and lead in products coming in from other countries. Remember that?

CP: Yeah. Talk to that. Speak to that some.

CR: In ceramics and some of the tableware and stuff, it contained lead. I mean high, high, high potency of lead. Lead in paint came at a later time. But we had quite an episode going there a while, collecting all these dishes and plates and pottery from different places that had problems. (Laughs)

CP: What did you do with that?

CR: Oh, we disposed of it in a landfill at that time.

CP: In a sanitary bin, the proper way.

CR: It wasn't all that hot, so to speak. (CP and CR laugh) Then came a little problem with biomedical waste—you must recall that—washing ashore from boats and places.

CP: Oh, I remember that specifically in this county.

CR: But our biggest problem, really, was from the hospitals. We knew there might be a problem. One day, we followed a garbage truck that picked up the waste from the hospitals. And when he got to the landfill out there and unloaded and started dumping that stuff, the floor was totally covered with blood and hypodermic needles.

So, there's a longer story than that to what we did, but we finally got that under control. But, I mean, that was a major problem at one time; people were even afraid to walk on the beaches because of hypodermic [needles]. This was the time, of course, AIDS came into play.

CP: About the same time. And that was a double whammy scare.

CR: Yep. And then there's a lot of people probably still fearful of microwave ovens and, of course, the first ones that came out did leak sometimes. And so, we had to inspect a lot of microwave ovens.

CP: I remember that. I remember the board of health buying a lot of equipment for—

CR: We had a little magic wand, you'd go around—

CP: That's right.

CR: —that door and do that little thing.

CP: Did you all find many leaking?

CR: I think we found three or four in all the time that we checked them out.

CP: In ten years of checking.

CR: Yeah.

CP: I was impressed at that, yeah.

CR: But that's just some of the few little instances that occurred along the way. And I want to mention to you, just briefly, I just jotted a couple of notes here on some of the programs we've lost since I started.

CP: Okay, please do.

CR: It's just amazing. We used to inspect dairy farms. To go out and actually inspect the farm, collect milk samples and—

CP: Yes. And get milk to the lab.

CR: —and everything to do with manure waste, the whole bit there. And then, we used to do bedding inspections.

CP: What happened to dairies?

CR: Oh, the dairies went over to the Florida Department of Agriculture.

CP: Okay. Why is that?

CR: Politics. They had a lot more clout in Tallahassee than the health department had.

CP: That was dairy. I know that the health department, generally speaking, was responsible for the pasteurization law, Florida's pasteurization law.

CR: That's correct.

CP: Which, I think, can be dated to '53 or '54 or '51, when we got a state law requiring all milk to be pasteurized. And that was health departments that did that. And then, historically, I think the health department was the one that started milk inspections as an anti-tuberculosis activity. Was that not true?

CR: That's pretty much true because the old state board of health, at that time, had a big milk program up there. I don't remember names; Sam Knowles I believe was one of the guys. But anyway, the state board of health had a big staff of people, not big, but quite a few people out there that did nothing but milk work because you also checked to see if the milk had been watered down, then went and picked up samples.

CP: One of them cows were milked too close to the spigot.

CR: Yeah, right. But anyway, we lost that program. Palm Beach County never had a lot. We had about 14 dairies, and now they're all gone. They all moved, relocated up in the middle of the state.

CP: Yeah, you had to have a place to build houses.

CR: Yeah, that's, well—I don't know what the real story is, but they apparently can do it cheaper up the road.

CP: And can you speak some more to how come—well, you said politics. How come responsibility for dairy was transferred to the Department of Agriculture from the health department? Because the health department had been doing it historically, and the only reason for inspection of dairies were health matters, human health matters. Was it not? Give me some more of the explanation to how come was it transferred.

CR: Well, again, I think it's mostly just politics.

CP: Just plain politics. You'd think they'd—

CR: And, you see, the Department of Agriculture wants to regulate all the animal husbandry type things, you see. And they just finally managed, over the years, to take it over.

CP: Finally take it over.

CR: Yeah. Same thing, the way we lost the restaurant program to the Department of Business Regulation.

CP: Speak to that some.

CR: Well, we had a tremendous restaurant and food outlet program in all counties for a long, long time.

CP: I thought that's the reason we inspected restaurants, was protection of the human health.

CR: Absolutely. Absolutely. But here, again, politics played a big role, with the Florida Restaurant Association convincing the legislature that we were both kind of doing the same thing. And we were, to a degree; Department of Business Regulation were inspecting restaurants; so were we.

CP: Why were they inspecting restaurants?

CR: Because they had the authority long, many years ago.

CP: Oh, they did?

CR: Yeah. They had authority to do it. Their regulations paralleled ours to a large degree. And it really should have been separated. There's no doubt about it. There's no sense in two people doing the same job.

Of course, we always thought we had the edge, or should have had the edge, because we had the ability to take food samples and do something with it; do epidemiological investigations, food illness investigations and all the things that come with that program. And I thought we had the more expertise to really do a more thorough job.

Not to mention the solid waste disposal, the water supply and the sewage disposal. See, all these restaurants and places we're talking about were not on public water and public sewer, so you've got a lot of associated well problems and sewer problems to go along with some things.

CP: Well, you still continued to go, even after they began the, quote, formal inspection.

CR: Oh yeah, for years.

CP: So, we still have a duplicate.

CR: Well no, no. No, we don't inspect restaurants anymore.

CP: Not even their water supply?

CR: Well, yeah, water supply. Excuse me, yeah; we still control water supply, sewage disposal. We can do something about any garbage problem.

CP: So business regulation send their guys, and the health department send their guys.

CR: And, of course, we still investigate food illnesses of any type that may occur.

CP: Yes, yes.

CR: And that sort of thing. So, we haven't lost all of our authority, but we don't do routine inspections of restaurants anymore.

CP: Um-hm. Um-hm. And I hear that you believe that might not be in the best of the public interest.

CR: Well, I didn't think so at the time, but it's a matter of opinion as to whether that's true or not.

CP: You've got a professional opinion that I can respect.

CR: Yeah. Yeah. But I really think we should have had the program. It was a big a loss to the health department, in my opinion.

CP: Oh, did you lose resource because of it?

CR: Oh, yes.

CP: You did?

CR: Oh, yeah. The legislature, when they moved it over, required that we give up X number of positions that were doing that part of the program.

CP: Oh, to give them the money to do it with.

CR: Yep, yep, yep.

CP: Yeah. How many positions did you lose?

CR: I think it was 14.

CP: 14 positions at one time!

CR: Yeah, but remember we like 3,000, over 3,000 restaurants, and over 1,500 food outlets, grocery stores and the like.

CP: Yeah. Wow! Okay. Go ahead.

CR: But, anyway, that was a big loss. But we also, and I'll make these brief, we did bedding inspections, as I mentioned.

CP: Tell me about that. What were you looking for?

CR: Well, the bedding people that were a little bit unscrupulous, all they'd do is pick up an old mattress and put a new cover on it and send it out, and some of them were atrocious looking. And some of them were suspected of having TB and other kinds of organisms or whatever.

But anyway, that program didn't last long. But we had a special chapter in our state sanitary code that dealt with bedding. And so, all the bedding and even cushions had to have this nice little tag that you still see to this day.

CP: Oh, it is the tag that says, Do Not Remove.

CR: That's right.

CP: You know it. My wife won't let me tear them off. (CP and CR laugh) But, yeah, there's an interesting legislative history of that, too, for the record, that I happen to be familiar with, since I was in the middle of all that personally. The state board of health had filed a specific bill to quit the routine inspection once the sterilization and everything was totally straight.

And we hadn't had a problem with bedding in 15 years or something like that. And over a period of about eight years, that bill was regularly filed every year, and it never got out of the first committee favorably.

CR: Yeah.

CP: Because the industry.

CR: Yeah.

CP: The industry, because the public had become to depend on that little label as really meaning something because the industry had advertised it so highly. The little label and they thought that it was, economically, profoundly valuable to keep that little label on that. And they fought against the state board of health stopping their routine inspections.

We had three fulltime people. We did. But you all, the county health departments, did a lot too. State board of health had three fulltime people and a laboratory dedicated uniquely to that program. But, yeah, the bedding inspection, that's a good little public health story.

CR: Yeah. And then comes along the ambulance inspections. Remember when all the ambulances used to be operated by the funeral homes?

CP: Yes, I do.

CR: Well, anyway, we had the regulatory authority. This fell, then, on the local health departments to enforce the equipment and personnel and the qualifications of the personnel that was on those ambulances, which were now—

CP: Were you prepared to do that?

CR: Well, not really, but that happened just to fall in our backyard.

CP: Where'd you get the training to do that?

CR: Well, the state board of health provided us with some training.

CP: With some appropriate training.

CR: Yeah, oh, yeah.

CP: Okay.

CR: And provided leadership, that sort of thing. And then eventually comes along, the typical ambulance is long gone, as you well know. And they're out of the funeral home business, particularly now. And the emergency medical people are all got good training.

CP: Yes, they do.

CR: And they have good—

CP: Adequate equipment.

CR: —some vehicles. With the outstanding equipment on there, compared to what we were looking at, back in those early days. But we did do that; that was one of our chores. We had quite a few in Palm Beach County, I'll tell you. (CP and CR laugh)

CR: Then, might mention a little bit about the, uh—I helped set up the animal control program in Palm Beach County.

CP: Talk about that some.

CR: And one of the biggest things there was the fact that they had uniformed people that could go out and pick up an animal and an animal bite. They had a veterinarian on staff to advise about rabies-type stuff, problems. And probably just as important as anything is removing the animal head.

Because there's nothing dirtier in all my life that we did in public health than to have to chop off or remove the head, particularly of a large animal. That was one of the nastiest (laughing) things I think I can recall having to do.

But anyway, it was a great thing that I think just pretty much grew all over the state, that animal control departments now do most of the animal bite investigation and require the vaccinations of animals and that sort of thing.

CP: Are they associated with the health department?

CR: Oh, yeah. Well, pretty close, oh yes.

CP: Are they under the administration of the health department or a separate arm of it?

CR: They were at one point, but not at this particular time. However, when they get involved in animal bites, they are all reporting back to us if there is any suspicion of rabies. And, of course, as you know, health department then takes over and determines whether the individual will take rabies shots or not, that sort of thing. But it was big load off for us because there's a lot of animal bites occur in Palm Beach County.

CP: Yeah. That was a major, major program.

CR: Oh, yeah. Well, it's like I said earlier, the biggest thing is they would save all the time and effort of going out there, and then when we'd say, Quarantine your animal for 10 days, and they'd just laugh at you and let you go back. If we got to the point, quite a few years ago, whereby if the animal didn't hold a current vaccination, well, then they could pick it up immediately.

They had the truck. They had the facility. They had the training to do it, you see? That was a big, tremendous improvement over the way we did it, so it worked out really great.

CP: Do you recall much rabies in Palm Beach County?

CR: No, no, no. Over the years, we had very few cases. I remember one or two dogs and about 18, 12 raccoons over a period of years. But since I've left, they've actually had more cases than they had when I was there. This happens to be occurring in the wildlife, particularly in the raccoon population.

CP: Yeah, I prefer that, to interpret that, while you were there, you kept rabies under control. And now that you've left, those whippersnappers are taking over from your letting the program slip.

CR: (laughs) Might be right. My best program of all was the elephant control program. We never had any elephants to get away from (CP and CR laugh). But, anyway, let's get off of that for a moment. You probably also recall that the environmental health directors played a major role in the civil defense activities of the county, everything all the way back to where they were building bomb shelters.

CP: Yep. You went to health department to get your plans.

CR: Typically, the responsibility fell on the environmental health director's lap, to set up a program and do all that and attend to all the civil defense-type stuff, as we called it then, now emergency management. But we spent a lot of time and effort doing all those kinds of things. We had a program of what to do and what not to do, advise the public on what to have and what not to have in shelters.

CP: Yes, yes. All that for—

CR: Inspected shelters. But that's mostly done by someone else now, but we played a really major role back in the earlier years—

CP: [inaudible] shelters, but for our audience, I want them to be aware that this was the reaction, the American reaction to the Cold War.

CR: Yeah, right.

CP: And a major push, nationally, for all families to have a fallout shelter. And the county health departments in Florida were the prime pushers and movers and shakers who tried to get that done. Weren't you?

CR: Yep. Yep, we sure were. Sure were. But the thing I want to mention before we close is—

CP: We ain't about to close.

CR: Oh, okay.

CP: All right. Well, go ahead.

CR: Dr. Brumback saw to it that we had a good staff of people.

CP: He sure did.

CR: And we have a big engineering section. What I haven't mentioned is that Dr. Brumback saw to it that all these departments of environmental regulation programs were still governed and done and regulated by the Palm Beach County health department people, even to this day.

So all those activities in public water and sewer and solid waste and air pollution, Right to Know Law²⁰, all those things are still being done by the Palm Beach County Health Department.

²⁰The "Right to know" is the legal principle stating that consumers have a right to know which chemicals they are being exposed to through particular products.

CP: Administered through the health department.

CR: Because Dr. Brumback saw to it that we got the funds and money to do it.

CP: Well. That's legitimate for the county health department to be doing that stuff.

CR: That's true. And another thing that I'm thankful for is all the work and assistance that we got from the public health nurses.

CP: Ah. Go ahead. Speak to that.

CR: See, in fact, Dr. Brumback put six of them on my staff to inspect the hospitals, nursing homes, and childcare. And we went to all these facilities together.

CP: Yes. What did the director of nursing have to say about this?

CR: Well, she was still somewhat in control—

CP: She still had the same problems.

CR: She still did the hiring and firing. I was mostly just coordinating the activities. I don't want to mislead you. But that was really, I think, an excellent program, to be able to do that and have two people like that work together.

CP: And they sat within your environment.

CR: Yeah, they did.

CP: They were officed with your men.

CR: That's all they did. They didn't get called off to do other emergency kinds of things that happened in public health nursing. So that was really quite helpful, quite good. We had some—

CP: Not many county health departments that operated that way. Those nursing directors were so possessive.

CR: I don't know many that would have.

CP: They wanted a generalized nursing program. That was uncommon, to have nurses attached to environmental health or any of the other programs. It was exceedingly uncommon in Florida and is exceedingly uncommon in Florida because, typically, the nursing directors don't want to give up control; they don't want specialized nurses.

They want a generalized nursing program, in which all nurses do everything under control and within the environment of nursing, to operate like the nursing staffs within hospitals. Even the neurosurgical nursing assistants that assist the neurosurgeons in surgery, they report to the nursing director and get their technical guidance from the nursing director.

CR: Yeah, right. Yeah, right.

CP: Just as an example. And I've always thought that was kind of funny.

CR: What's that? What you just said? (Laughs)

CP: No. Funny that a nursing director can best supervise a nurse doing environmental-health-type thing, for example. You know, I would talk to the environmental health director—

CR: Well, they did. Obviously, the public health nursing director set up the general rules and the kind of records and things they looked at and did in a childcare center that the health inspector didn't do. So when they got to a childcare center, they pretty much went their separate ways in the facility to do their chore, and that's how it worked.

CP: But they were both there at the same time.

CR: Oh yeah, yeah.

CP: Because you can't separate those two things.

CR: Not realistically.

CP: If your child is the center of your attention.

CR: Some of the childcare centers, initially, we really found a few bad ones before we got around to writing a law. I recall one time—

CP: What could you do about it?

CR: I recall, one day, I walked up to a childcare center. This was back before we had any real clout. And so, I knocked on the door. And it was a childcare facility. And I knocked on the door several times. And finally, some kid came to the door, looked through the window and went and got someone.

And she came to the door and, and she said, “I’m sorry, I couldn’t hear you. I had my hearing aide out because these children are about to run me crazy.” (CP laughs) Can you believe that?

CP: Yep. Yeah, I can believe it.

CR: But that’s just one little example, but it just shows you (both laugh) some of the things that can happen to make you think. And the parochial facilities I mentioned earlier, we found them to be just as bad as the private care. So we’re very lucky in the legislature then giving us the authority to go into parochial schools, which was a big thing to do, especially back then.

CP: Oh, yes. It was separate in the first year. The first time that bill was passed, it was only public facilities and not private facilities. But the childcare advocate group really got onto that. The next year the law was amended.

CR: Well, we just are really fortunate, I think, in Palm Beach County, to have all the assets we have. I didn’t mention that we have an excellent laboratory to do all this in water and air pollution and other kinds of work, and with a staff of good chemists and quite a few employees just working in the chemistry lab. And that’s been ongoing for probably over 20 years now.

CP: It’s nice to have your own lab.

CR: Oh, absolutely.

CP: It's like having your own lawyer.

CR: Absolutely, absolutely. Because, see, we could run just about any kind of sample on anything nowadays. Not in the early days, but later. We've able to get the equipment to just about do anything that you wanted to do.

CP: That they do in the big labs, huh?

CR: Sure could, sure could. Well, let me see if I can think of something else to tell you about the department. I'm sure we haven't said everything. (Laughs) I don't think I can recall everything that readily.

I just remember, really, seriously, that when I—I don't want to keep repeating myself, but I did have some really good staff. And Dr. Brumback was very instrumental, as you probably know, in setting up the master's degree with the University of Miami. And I had, I think, five of my staff that participated in that program.

CP: Great!

CR: So you can see how well that program was and how vital it was to the health department.

CP: It's not still going on is it?

CR: Oh, yeah.

CP: Okay. Good, good, good, good.

CR: And Dr. Brumback is still running the internship for the health officers there.

CP: He is?

CR: Yeah. That guy is just amazing, just amazing. And, of course, that's an excellent program, especially for young doctors—

CP: Oh, yes.

CR: —or others who might be interested into coming into public health.

CP: Oh, yes. Yes.

End of interview