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E. Charlton Prather: We're so happy to have today Dr. Charlotte Maguire, an MD pediatrician who was born and raised in the Orlando, Florida area and has been a Floridian by choice all of her life, though she's taken sojourns here and there into the—well, into the forest of Washington, DC and over to Arkansas for some medical training, but Florida has always been her home.

She's notable as being the only female in her medical school class at the University of Arkansas; and returning to Florida, to Orlando for the practice of pediatrics, was the first female physician in Orlando. And the first female pediatrician—I think, Dr. Maguire, the first female pediatrician to be licensed in Florida. Is that correct?

Charlotte Maguire: I'm not sure about that.

CP: I think it is correct.

CM: I think so.

CP: And in spite of all of that, in spite of this fascinating history, she's only thirty-eight. She just told me she was thirty-eight. So, one has to be amazed with her history. But she demonstrated a particular interest in the matters of the public's health very early in her practice, and this was, well, demonstrated so well with her participation and with the crippled children.

Florida once had something called a crippled children's commission, whose legislative charge was to give the teaching to, particularly indigent, crippled children of Florida, and to assist, well, their healing for lack of a better term at the moment. She went on to become the director of the children's bureau.

Became, very early on, assistant secretary for the department of health and rehabilitative services as a part of her focus on the matters of the communities helped at large. Subsequently, went to Washington and served as an assistant secretary for health within HEW¹ for a number of years, and then returned again to Florida.

She's now retired, living here in Tallahassee. But Dr. Maguire, it's truly complimentary to us, the University of South Florida and the College of Public Health—to me, particularly, that you would take the time to come over and kind of reminisce with us, on tape, about your long and fascinating and fruitful history in medicine and its particularly specialty area that I call public's health.

While you've never considered yourself a public health professional, as I know, you have been a professional in public health as long as I've known you. And I'm not going to tell the audience how long I've known you; that would reflect on both of our ages. I will not do that. What got you interested in public health? May I ask you that?

CM: Yes, you may ask me that. First, I want to say it's a compliment to me that you asked me to come.

CP: Our collection would not be complete without your participation.

CM: I—During World War II, to start—to explain to you why I was interested in public health, we had so called venereal disease clinics. And this, in Arkansas, involved both public health and the army base.

CP: Yes, yes.

¹HEW stood for The United States Department of Health, Education, and Welfare. This was a cabinet-level department from 1953 until 1979. It was administered by the United States Secretary of Health, Education, and Welfare. In 1979, a separate Department of Education was created from this department, and HEW was renamed as the Department of Health and Human Services.

CM: And so, we had, on certain nights, all those individuals that were designated as having syphilis², gonorrhea³, and the like, to come to the clinic for a diagnosis and for treatment.

CP: Yes.

CM: And there we gave the old fashioned bismuth and arsphenamine⁴.

CP: Oh, boy.

CM: And we would line 'em them up on straight chair—facing the back of straight chairs in a row, and we would do spinal taps, one right after the other. And this, I think, was my first—

CP: Exposure.

CM: Exposure to—(laughs)

CP: That's a pretty bad way to be exposed to the public's health.

CM: But it was very well organized and the community really, I think, participated somewhat in this program.

CP: Good.

CM: And that's how it all started.

² Syphilis is a chronic venereal disease caused by *Treponema palideum* and produces rashes and lesions in a course of three stages.

³ Gonorrhea is a sexually transmitted disease in both men and women, and is caused by *Neisseria gonorrhoeae*. It is a very common infection in people from the age of 15 to 24. Most women with gonorrhea are asymptomatic.

⁴ Discovered in 1910 by Paul Ehrlich of Germany as an effective treatment for syphilis.

CP: Huh. Well, from there, you didn't go into venereal disease, did it cut you off? That is, did you get so upset with all of that?

CM: No, I thought it was the assistance that it gave to the people, to the military, to the community, that I was interested in. And from there, after I graduated and I came back to Orlando, we had public health; we had very few private physicians. As a matter of fact, about sixty percent of the physicians in Orange County had already gone to the service. And they were still there.

CP: Yes?

CM: And the health department needed someone, and it was—during the war, it was about twenty-four hours a day that you could practice, if you wanted to. (laughter)

CP: Yeah.

CM: But they had children's clinics, well baby clinics, sick baby clinics, children's clinics, adult's clinics, anywhere that people could get care.

CP: Yes, and through the health department.

CM: Through the health department.

CP: And the practicing physicians in town were encouraged to lend their expertise to a person.

CM: And there were very few hours, because there were so few of us. But I did spend a great deal of time doing that and I'd go, say, at eleven o'clock in the morning until one o'clock. Maybe two hours out of my practice. I didn't get lunch, but that was all right. And then, I could do my work.

CP: Yes.

CM: And work around all these things. And very often, one of the interesting things about doing those clinics was the fact that I would go back to my office and here would be Estella Took, a patient whose children I had seen in the clinic, sitting in my office with the rest of her seven children for me to see. (laughter)

CP: Oh, boy. How was your experience there, over the period of the war that's doing that? Do you look back on it with, one: making a significant contribution? Two: with any pleasure? Three: was it a drag?

CM: It might have been a combination of the three things, but we had no time to reflect, really. We were tired; the people just kept coming.

CP: Yes.

CM: And after five years, I went back to New York and did another residency and fellowship at Bellevue Hospital under the tutelage of Howard Rusk in rehabilitation medicine.

CP: Ah.

CM: And that's how come I went into crippled children.

CP: Which was after the war.

CM: Uh-huh.

CP: After the war, you went to New York.

CM: I just sort of got burned out, and I had the opportunity to go to New York and I didn't think I could practice good pediatrics seeing only well children.

CP: Yes.

CM: And I needed to understand the other side of the coin. And that's why I went back to New York. So, I had charge of all the crippled children, retarded children in Bellevue hospital.

CP: Wow. Wow.

CM: Which was very interesting, to say the least. (laughter)

CP: Well, you got that fancy training with another piece of paper and another set of initials to go back of your name, and you came back to Orlando.

CM: Yes.

CP: And then, is this the beginning of your so formal association with the crippled children's bureau?

CM: No, I'd already been doing some, help cripple children, and also Florida—the crippled children with the health department.

CP: Okay.

CM: And mentally retarded children, too.

CP: Already?

CM: Uh-huh.

CP: Yeah. Speak to the Elks involvement with crippled children, for the record.

CM: The Elks involvement was mainly to—hmm.

CP: Their hospital in Umatilla⁵?

CM: The Umatilla hospital for the crippled children. And I went once a week—

CP: Over there.

CM: To Umatilla.

CP: You did?

CM: I did, and I was also managing some orange groves for the family. And so I'd go to Umatilla, and then, I'd come back through Lake County—

CP: (laughs) And see your orange groves.

CM: (laughs) Check out the orange groves. (laughter)

CP: The Elks can be dated—their attention to crippled children into the teens, I think, before the second—before the First World War. Is that true?

CM: Yes. I think that's right.

CP: As one of their early platforms of their programming.

CM: Yes.

CP: And the hospital you're referring to in Umatilla, which was one of a kind in Florida at the time, and they would accept any child that had a medical problem and no money to pay. Anybody, upon proper application through their local doc, they would accept; and any therapy that child needed was provided, from sophisticated surgery to routine care of

⁵Now called the Florida Elks Children's Hospital in Umatilla. In the late 1960s, a donated hotel took on the status of a special pediatric orthopedic hospital and became the Florida Elks Harry-Anna Crippled Children's Hospital. Until 1985, the hospital continued to be known as the Harry-Anna Crippled Children's Hospital.

a pediatrician. Whatever you need. But it's that hospital I'm asking you to remember with me; it's my impression that it went into operation in '47 or '48. Do you remember?

CM: Somewhere along in there, because I started shortly after that.

CP: Okay, that you were going there.

CM: Yes.

CP: Okay. Did you limit your practice in Orlando to crippled children?

CM: No.

CP: Oh, you were doing general pediatrics?

CM: General pediatrics.

CP: But you were a pedigreed crippled children's expert.

CM: Well, perhaps. (CP laughs) I don't think you ever get to be pedigreed until after you've done it for years.

CP: Okay.

CM: It takes a long time.

CP: You had a paper that said you was from New York. (laughter)

CM: That's right. (laughs)

CP: But that's all right. That continued your—over time, you did less private practice and more crippled children and you got more and more involved with the governmental aspect of attention to crippled children.

CM: Yes.

CP: Speak to that.

CM: I think you just spoke to it.

CP: Well, you speak to it some more. (laughter)

CM: Well, it was—

CP: What stimulated this?

CM: Yes, we had a crippled children's clinic in Orlando and then the hospital in Umatilla. Some of the patients would go to the Orange Memorial Hospital.

CP: Yes.

CM: That's the name of the—the original name of the hospital. And then, we started the Eccleston-Callahan All Colored Cripple Children's Hospital⁶ in Orlando, in West Orlando. And because we just didn't have room enough for all of—

CP: We didn't have enough beds under one roof.

CM: And this was very successful. I understand that it's no longer in existence, hasn't been for some years.

⁶Actually called the Eccleston-Callahan Hospital for Crippled Children, and later called the Eccleston-Callahan Memorial Hospital for Crippled Children. This hospital was the first of its kind in the US specifically for handicapped African-American children, and was dedicated in 1952 and made into a school in 1958.

CP: Um-hm.

CM: But that was a very good thing. We had nurses around the clock and same as a small hospital anywhere, had about twenty to twenty-five beds.

CP: All right, all right. And it was uniquely for crippled children.

CM: Yes. It was all colored crippled children.

CP: And the financial support for that came from the Elks?

CM: No.

CP: Where was the financial support?

CM: Community.

CP: Oh, the community supported it?

CM: Uh-huh. We got—Doctor Phillips gave the building and—

CP: Yes.

CM: Yes. And I don't remember where we got all the rest of the money, but we got some.

CP: Were you in the middle of all that? Were you doing the politicking for the money?

CM: I'm one of the founding fathers.

CP: You got started very early with your politicking, didn't you?

CM: Yes.

CP: You was hardly dry behind the ears and here you're out soliciting money for a good cause. You've been at it the rest of your life.

CM: Right. (CP laughs) And I was the first woman president of Florida Pediatric Society in 1952, so that was rather early on. And—

CP: You know, I'd forgot that. But I made a presentation to the pediatrics, it must have been in '53. I made a presentation to the pediatric society in '53. That's my first mental note of you, incidentally. I didn't recall your being president.

CM: Um-hm.

CP: And you might not have been acting like a president.

CM: That's the reason that you got the invitation. (laughter)

CP: I was there to talk about salmonella, by the way.

CM: I remember.

CP: If you want to remember all that, but I don't expect you to; I have trouble remembering that far back. But I'm older than you. That's okay. (CM laughs) You can remember whatever you want to. (laughs) All right. Now, how long were your—this is eroding into your private practice, all your activities.

CM: Yes, yes. And I managed to do rounds at six o'clock in the morning at the hospital; and then, I would go back and have breakfast with my family, and carpool my kids to school, and go back to the office and you know, from one thing to another.

CP: It was one thing to another.

CM: Um-hm.

CP: Wouldn't—how long was it before you considered yourself doing more public works than you were private practicing?

CM: Well, not really until about '67 or somewhere along in there. Governor Kirk asked me to come and do some things for him, and on Wednesdays, one day a week, he would send a plane with—he'd call me before and told me what he wanted me to do that day—actually, relating to the medical society or some problem in our districts.

CP: Yes?

CM: So, that's where I started.

CP: So, you spent one day as a government consultant a week.

CM: Um-hm. Yes.

CP: Doing handy work for Governor Kirk.

CM: Yes.

CP: How did you like that? Did you have some interesting experience with that?

CM: I had some very interesting experiences. Governor Kirk was a very flamboyant individual, but he thought very deeply about what he was doing.

CP: Yes.

CM: In spite of the fact that he didn't seem to, he knew what was going on. (CP laughs)

CP: Yes.

CM: He intended to have all of his directors, secretaries of departments, for instance, and maybe under-secretaries to meet once a month and to be sure that everyone knew what the road department was doing and how health was involved in that, and when the road went through the middle of the building of the health department or something so they knew about that. It was just, you know, very interesting.

CP: He wanted to make sure everybody was playing off the same sheet of music.

CM: That's right.

CP: I think that is very desirable.

CM: And I—that's, you know, one of the first times that I was really caught up in across-the-board governmental things. It never occurred to me that there was more than just my little place.

CP: What you'd—uh-huh, uh-huh.

CM: But this opened up the vista.

CP: I'm sure it did.

CM: Yes, it did.

CP: Yeah. This was '67-ish? '66-ish? I think he came into office in '67.

CM: Something like that.

CP: I think he came into office in '67. Yeah, because we were—they were debating the constitution revision at that time; it was passed in '68; Governor Kirk was very much a part of that.

CM: Um-hm.

CP: Went into effect in '69; and a—

CM: July 1st, 1969.

CP: You remember very well.

CM: And we sat there and I meant to bring that photo of all of us; that first morning, they took it.

CP: Of HRS⁷ or of the new arrangements?

CM: HR—

CP: HRS.

CM: HRS, the first morning of HRS, when all the heads of the different agencies came together to be—

CP: Oh, yes.

CM: To be one.

CP: Yes.

CM: And it was something like a man bringing eight wives together or ten wives together. (CP laughs)

CP: For the first time?

⁷HRS, the Florida Department of Health and Rehabilitative Services was created to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health standards.

CM: For the first time and saying, “Thou wiltst [willest] love each other.”

CP: “Thou wiltst [willest] love each other.” (laughter) I’ll bet that was a neat meeting. Did secretary Backs carry that off really well?

CM: Very well.

CP: Good, good.

CM: Very well.

CP: A Mr. James Backs—

CM: And they all sat there and I don’t recall that anybody smiled or talked or anything. They just let him talk, and then they all got up and left. (CP laughs) Back to their own— (laughs)

CP: That would have been kind of fun. I wish I’d have been a fly on the wall for that, but I was not present. (laughs) Just not present. But prior to this, now, you have assumed increased responsibilities for the crippled children’s commission.

CM: Yes.

CP: Well, let’s back up a minute. That was pre-HRS, was it not?

CM: Yes, it was.

CP: Okay.

CM: And I don’t recall the date now. I shouldn’t—

CP: That was pre-Kirk, too, I think.

CM: Yes, it was.

CP: That was pre-Kirk. And you don't remember who appointed you. You became director of the crippled children's commission. I think.

CM: Yes, I was.

CP: Yeah, and you were still very involved with the crippled children's commission in '69 when the new department of HRS was inaugurated.

CM: And then, so, I had the Bureau of Crippled Children, and I was assistant secretary at the same time. I had two jobs.

CP: Yes. Yeah, and you were officed in the Larson Building, though, where Backs was officed.

CM: Um-hm, and also in the Collins Building.

CP: Also.

CM: And so, I had to run two blocks back and forth.

CP: (laughs) You could do it.

CM: Besides when the governor called.

CP: Yeah, you could do it; you could manage all that. (CM laughs) You didn't have any trouble with that.

CM: I don't know how I did.

CP: (laughs) What were your duties with the crippled children's commission? Speak to your days as director of the crippled children's commission.

CM: The crippled children's commission was a very interesting organization. We had clinics throughout the state in the larger areas, larger population areas, for all kinds of difficult handicapping problems. We had orthopedic surgeons who operated on the ones that needed surgery, and we had pediatricians in each of the districts who took care—or each of the offices before HRS took care of the other aspects of child care and we called on the health department a lot for things like immunizations and other things, so.

CP: And local household follow-up, I know.

CM: Yes, right.

CP: We used to keep a registry of, quote, your cases, unquote.

CM: Yes, right. And when I went to Umatilla once a week and crippled children's clinic once a week, or sometimes more, depending if we some critical on hospital, it was a busy time, besides private practice.

CP: I'm sure it was. With your appointment to the assistant secretary position, a new department, and your duties with the crippled children's commission, I want to remember that you moved to Tallahassee.

CM: I did.

CP: You bring your residence here. Now, what year was that?

CM: In 1968.

CP: 1968, okay. The year before. Now, I've got in '69—July the first, '69, with the establishment of the new department of health and rehabilitative services, you find yourself saddled with two full time jobs: assistant secretary of the department and director of the crippled children's commission, except crippled children's commission

was abolished by the '69 act, but it continued to function as a part of HRS. One of the crippled children—I don't remember what the name was.

CM: The Bureau of Crippled Children.

CP: That is correct. That's exactly what the name was.

CM: But it was on the same line with all the other divisions—with all the divisions.

CP: Yes, it was. You were administratively equal with all of them.

CM: And then, we made it into the Children's Medical Service.

CP: Many years later.

CM: Not very many.

CP: Okay, I'll accept that. It's all—time is relative and it's very short from your relative point of view.

CM: Yes.

CP: Little longer from my relative point of view. (laughs) I'm teasing you, but that's right; and I want us to get to that, that all that we're talking about we now recognize as the beginning that was, oh, shoot, Children's Medical Services.

CM: Right.

CP: We now recognize, and they do everything that crippled children did, but they do a lot of other stuff too now.

CM: Yes, they do.

CP: And it's much broader. And as we progress through your chronology, I want us to come back to the Children's Medical Services, because it's the logical progression.

CM: Yes.

CP: It's what I'm trying to do there. But I'm not trying to lead you; I'm trying to get you to talk. (laughs)

CM: Well, after I had been in Tallahassee, in the capacity of director of Florida Crippled Children's Commission and the Bureau of Children, I'd realized that we needed to have a statewide look at what we were doing and not doing.

CP: Yes. Seems like a good idea to me.

CM: And so, that I did, and that sort of lead us into Children's Medical Service.

CP: Yes.

CM: And we had worked with the University of Florida as well, and then—

CP: Pediatrics society was very much involved.

CM: Yes, all over the state. And then, Gerold Schiebler—when I left, shortly after, became director. In the interim, there was someone for just a short time, and I don't recall.

CP: Okay, Gerold Schiebler, for the record, was professor of pediatrics at the University of Florida.

CM: Yes.

CP: Okay and he came on in about '74, '75, is when he came in as director of Children's Medical Services. And that was at a point that it was expanded considerably over that it was legislatively authorized as a specific name, with a new appropriation and a new charge, as I remember.

CM: Yes.

CP: Which included everything the crippled children's bureau did, plus other stuff.

CM: Plus some other.

CP: Yeah, plus some others. Now then; so, that was '73, '74-ish, '75-ish, when Children's Medical Services came into existence. Now, what happened to you?

CM: I returned to the state of Florida.

CP: You did? Where'd you go?

CM: In nineteen-seven—with HRS, as senior physician, temporarily in the secretary's office.

CP: Now, wait, wait, wait, wait! That was some years later, wasn't it?

CM: Yes. '75.

CP: Okay.

CM: And that's when—that's another reorganization.

CP: Yeah, it was. The '75 reorg [reorganization].

CM: Right.

CP: I remember it.

CM: And that was Pete Paige (?) came.

CP: Yes, but where'd you come from?

CM: Washington.

CP: Okay, I hadn't got you into Washington yet! I'm still in '69, '70, with the crippled children's, and you assisted secretary of the department. Now, what stimulated you to go to Washington?

CM: Well, I didn't go directly. Director Hall in Atlanta with HEW came and gave me a proposition I could not turn down. (laughter)

CP: Good.

CM: I'm sure you understand.

CP: Yes, I understand that.

CM: Okay and so I went to Atlanta, moved to Atlanta, and was the assistant director for health and scientific affairs for HEW, for the eight Southeastern states.

CP: Yes.

CM: And I was there not quite two years when they sent me off to school to the Federal Executive Institute.

CP: Yes?

CM: And when I finished, I came back to Atlanta, and “Behold,” they said, “You are now transferred to Washington DC.” (laughter)

CP: “Well, good for me.”

CM: Under Dr. Engleberg, health and scientific affairs.

CP: Engleberg was the—who?

CM: He, formerly, had been the personal physician to the—oh, my goodness.

CP: One of the presidents?

CM: No, to—who won the war in Japan?

CP: MacArthur.

CM: MacArthur.

CP: Okay. (laughs) Okay, thanks.

CM: Yeah, thank you. (laughter) And had been for a long time, so, he was a very interesting man; but then, it became legislative matters; and up on the hill with congress and the committees and something that this little—

CP: Country girl from Orlando—

CM: (laughs) Country girl from Orlando had never been schooled in to start with, except by relationship here in the State of Florida with the legislature. So, it was very interesting; and finally, one night, I called up Mr. Roberts, who was then acting secretary of HRS, and asked him if there’d be any place in the State of Florida for me to come back to.

And he said, “Uh, well, I don’t know.” He said, “I’ll call you back.” Well, I thought in terms of six months or sometime he’d call me back. When I got home that night to my apartment the telephone rang and he said, “Charlotte, can you be here at eight in the morning?” (laughter) And so—

CP: For work or for interviews?

CM: For work. (laughs)

CP: Eight in the morning.

CM: So, but anyway, he said, “If you really want to come back, give your resignation Monday morning, first thing, and we’ll plan from there.” So, I—in two weeks, I had all my things packed up and I was back here, 1975, August the first.

CP: Wow. Tell—Speak to your experiences in Washington a while.

CM: My experiences in Washington were very different from the practice of medicine; they were very different from anything that I had experienced in Tallahassee. (CP laughs) The committees in Congress sat and some of them listened and some of them didn’t. For instance, I went to one committee and before I went in to give what the secretary had given me to talk about, one of the senators called me off and said, “Keep your finger on your proposal as you go along. When the commissioner or the senator stops you, keep your finger there. Don’t take it off. When he stops talking, just continue on.” Right? She said, “Don’t go back.” This was Charlotte Reed in Illinois.

CP: Uh-huh.

CM: Said, “Don’t go back. Just keep your finger there and then just keep going. And after several times, maybe he won’t do that anymore.” And, sure enough, that’s what happened.

CP: Oh, boy.

CM: But—and, and, some—

CP: The arrogance, it's still there, Dr. Maguire.

CM: Yes. They give you time to present these things and there might be thirty there or there might be two there and they might be talking to each other and they just tape it and I suppose they run it sometimes. But—

CP: I wonder.

CM: It was very difficult.

CP: Yes. And I don't know—

CM: And it was so different from anything that I had—and I thought everybody was interested in crippled children and sick people and poor people and helping people.

CP: Oh, what's in it for me? (CM laughs) You don't get the picture, do you?

CM: I do now. (laughter)

CP: So even there, you were doubting the needs of crippled children and the somehow peculiar populations.

CM: Yes, yes. First time I went up there was a meeting that Harry Truman had that his wife was chairman of, Bess, and Bess was not a very outgoing individual, but she did read her little thing at the beginning of it. (CP laughs) So—and we were received very well. And from there, I got to be a member of the World Health Organization.

CP: (laughs) You did?

CM: And the United States Delegate to the World Health Organization.

CP: Oh, excellent, excellent, excellent.

CM: Yes and then I got to spend time at Oxford University with the World Health Organization, they—at Christchurch [New Zealand] and they taught us all these things about world health and some on immunization and public health, and—

CP: Marvelous.

CM: Some of the public health monies and clinics that this country had set up in all the various countries around the world.

CP: Yes? Yes?

CM: And we were invited, if we liked to, to go to those individual clinics and I thanked them and came back to Florida. (laughter)

CP: You were in Atlanta, kind of getting prepared, for four years?

CM: No, two years.

CP: Two years. And then you spent how many years in Washington?

CM: Until 1975. From '71 to '75.

CP: That's four years.

CM: Um-hm.

CP: Two years in Atlanta, four years in Washington, six years with the feds. (laughter) And then, you came back to Florida; Mr. Roberts invited you to come back, and he gave you two weeks to get back. Then, what did you do here?

CM: Well, then, Pete Paige came.

CP: Yes?

CM: And then Pete assigned me to Medicare.

CP: Okay.

CM: To do a review of the whole state Medicare program.

CP: And that sounds like a good challenge.

CM: Yeah, that was a busy one. And the fact of the matter was, I went home and changed clothes and spent a week applying for Medicaid services.

CP: For yourself? To see how it ran through the system?

CM: To see how it went through the system.

CP: Yeah, very good.

CM: And that was a very interesting week.

CP: And it was very revelational, I suspect.

CM: Um-hm, I took a brown paper bag with some peanut butter sandwiches. (laughs)

CP: Good, good. Well, did you qualify?

CM: Never did get to that point. The director, finally, at the end of the week, before the young women decided whether I would or wouldn't—decided to come in and say—

CP: Cancel out.

CM: Yep.

CP: Because the big shot in charge knew you were there?

CM: Then they knew it. (laughter) Yes, she did; I called her. Oh, I wouldn't have gone otherwise.

CP: Oh, I think it'd have been more revealing to totally go incognito and be treated like a general public.

CM: Well, I sure was. I played with all the little kids, sat on the floor with them. (laughs) We had peanut butter sandwiches.

CP: Oh, it's a revelation to go incognito into any government office.

CM: Right. And cookies and—

CP: Oh, man. (laughter) Okay. Did you get the Medicaid program straightened out?

CM: I don't think so. We gave our report and some of the things they did and some they didn't. Well, there again, that's—

CP: That's up to the big bosses. All you're supposed to do is render a report.

CM: Right, right.

CP: And he has to play his politics in the pressure points. Understand that too. How long did you spend on this?

CM: Skeeter, I don't remember.

CP: Okay.

CM: Months, though.

CP: Yeah, it was. It seems like, to me, it was over a year that you were involved with that process.

CM: I think, I think so.

CP: Yeah.

CM: Because we had to go to every place in the state and talk to a lot of the patients and

—

CP: Okay. And then what happened?

CM: Well, let's see—

CP: You didn't get fired. You made a decision to do something else.

CM: No. Then we had medical services and basic care.

CP: Medical services and basic care, okay. Remind us what that was.

CM: Medical services and basic care was a group. I had a nurse, I had a pharmacist, I had an environmentalist from your health department or two, sometimes a hospital representative, social worker and we did reviews on all of our institutions in the state of Florida.

CP: Oh.

CM: Mental retardation, the mental health hospitals—

CP: TB?

CM: The reformatories, prison, whatever—

CP: Yes?

CM: We did it. And we weren't always received with open arms.

CP: Well, you were coming out of Tallahassee.

CM: That's exactly right.

CP: And we were viewed, you know, like we view the Federal government. "I am from the Federal government. I am here to help you."

CM: "I'm here from the state of Florida," and they said, "Yes, we know that;" (laughter) and whereupon, everybody'd take off for their corner. (laughter)

CP: How was that experience?

CM: The experience was one that every person should have, because people being people, we sat down with them in their offices—

CP: Own environment.

CM: Own environment, and talked to them. And they told us these things. And when you got to the boss, he didn't tell us the same things that the people were telling us here, and they didn't say the same things that he was saying. It was extremely confusing, to say the least. (CP laughs) It certainly gave you an idea of why, with all the reorganizations that HRS has been put through by the legislature, maybe they've asked for it. But at least the legislature makes the rules.

CP: Yes.

CM: The laws. And then, you have to abide by them.

CP: Yes.

CM: And it was really something.

CP: (laughs) Yeah.

CM: The administration of HRS was so heavy and there was so few people actually delivering service; the idea of reorganization, as I understood it, was to give better care to the people.

CP: That's what I thought it was for, too.

CM: But it never really, ultimately, got to the people.

CP: We consumed all the syrup up here at the top. None of it could run down here, huh?

CM: That's right, we had so many administrators and we had districts and district administrators and sub-administrators and assistant administrators and deputy administrators and if you wanted to provide a service down here, and you said to the nurse, "We need to do this." And so, she then went to her supervisor, who went to his supervisor. Sometimes—

CP: I remember.

CM: Sometimes, she'd lose a patient.

CP: Yeah, and do—

CM: One way or another.

CP: Yeah, you would. You'd lose a patient, either by death or falling through the cracks.

CM: Yes.

CP: And falling through the cracks was usual. The—in fairness to staff, though, you'll remember that law that established this monstrosity. The '75 Reorg [Reorganization] Act, which is the one you're referring to.

CM: Um-hm.

CP: “By dang it, I'm going to have accountability,” the legislature says, “And, by dang it, I am going to be able to pinpoint the—where it falls down. So, I'm going to put into place all of this administrative chain.” And that was in law, all that reporting stuff, and they didn't give us any money to do the work with. They gave us the money to make sure the paper flowed and if some family fell through the cracks, I can go down the chain and find exactly the name of that employee that let that happen.

CM: Right.

CP: And we could. We could go down to the first and last name and employee number, where the family was allowed to fall into the crack. And we caused heads to blow.

CM: But the family was still in the crack, though.

CP: Family was—that ain't my point. I'm going to find the employee. (laughter)

CM: Exactly.

CP: That whole law was built around that.

CM: Yes.

CP: You know? And it's—I think anybody who has reasonably read it saw that. And I can understand what the legislature was trying to do; they were tired of shifting over the book. You know, them divisions—them divisions had been shifted into, "Ain't my fault! That's his job!"

CM: But, Skeeter—(CP laughs)—before this all happened, we used to have our clinics; we took care of the people. You gave 'em the immunizations, we had the well baby clinics, all these other things and we took care of them without all—

CP: Yeah. That's right. It's where our focus was.

CM: That's right.

CP: What our—

CM: But the focus left us.

CP: Sure did. (CM laughs) Sure did. But I hope that's been turned around now. Just to summarize mine and your experiences with HRS, it was a poor, expensive experiment in governance, you know.

CM: Yes.

CP: It was terribly expensive; so disappointing to me that it took us so long.

CM: And they finally—

CP: Finally realized.

CM: Right.

CP: Finally realized. Well, I like to look at it another way, too; the legislators who had a stake in this, you know, “I voted in, it was a good deal, by golly, we’re going to make it work,” they’ve all left the legislator.

CM: Yes, you bet.

CP: These new guys—

CM: Oh, the new ones are going to start doing it all over.

CP: Oh, yeah. (laughter) If my memory is working right, you continued with the medical quality assurance office ‘til ’79, possibly even into the eighties.

CM: Yes, I did.

CP: Yeah, and that was a major undertaking, because I’m remembering, too, you wrought very significant changes in our administration of institutions; your office, the work that you did, accomplished some real good stuff.

CM: Have you ever been threatened?

CP: Yes, I have. (laughter)

CM: If you don’t change that report—

CP: Oops.

CM: Oops.

CP: Oops, “We’ll talk to the governor about you,” huh?

CM: Yes, and, “I’m going to get you fired.”

CP: Well, good.

CM: But this is what we found and we didn’t change the report and I’m still here.

CP: No, sir. Don’t you change no reports.

CM: Uh-uh.

CP: Yeah, yeah, two or three times, I was threatened similarly. My response was, “I’ve been looking for a good way out of this.”

CM: Right. (laughter) That’ll be it.

CP: That’ll be it. You go ahead and get me fired; it’d be a nice relief. (laughs) Now then, can you recount some specifics that you could reasonably share with us from those days? Because your impact on the institutions and that group was just amazing and good; it was good.

CM: Oh, I think one of the most interesting reviews that we did was in Miami, of one of the large—I forget the name of it now—HMOs⁸, anyway.

CP: Okay.

CM: And it was—the director tried to conceal from us, but didn’t do a very good job of concealing, some of the activities of the administrative staff that had gotten more money and more money and more money, but had not spent it on the care of people, but I think they had a boat or two and what not—

CP: Well, every good corporate office needs a condominium and a boat or two.

⁸HMO stands for a Health Maintenance Organization which is an organization that provides or arranges managed care for health insurance. It acts as a liaison with health care providers on a prepaid basis.

CM: Yes, and an airplane, a private plane.

CP: I wish you bureaucrats could understand that. (laughter) I'm sorry, go ahead, Charlotte. (CP laughs)

CM: But some of the employees of that organization— we were in and out of there two or three times and they felt so comfortable with us and we did with them and they'd just tell us all these things. (laughter)

CP: You had clocked 'em right in, hadn't you?

CM: So, every night—this was one night, my nurse can tell you better about how it rained on us every time we went anywhere, and if we went inside it rained on us inside. We went back to the motel and I sat down on the bed and would you believe it was raining on me? (CP laughs)

Inside the motel, on the bed. But it just seemed like it always rained. (laughter) We'd go back at night and regroup and it was unbelievable what the dentist, the social worker, the pharmacist, the difference between the orders and what the patient was given and the medication that was in the cupboard.

CP: Oh, boy. Oh, boy.

CM: Anyway, as far as I know now, the director and his family left and have not been back in the United States again. (laughter) So, Miami picked up the ball.

CP: Yeah, okay.

CM: And I don't know what the legal implications were but I know they soon had a new director in.

CP: Yeah. Okay, that was worthwhile. That was very worthwhile from a patient care point of view.

CM: And in one of our state hospitals, we were—the environmentalists came to me and said, “You’re not going to believe this, but there’s sewage backing up into the kitchen.”

CP: Oops.

CM: “And coming up through the floor.”

CP: Oops.

CM: And so, we reported it, and so that was when I was told I was going to be fired if I left that in there. (laughter) And I said, “Okay.”

CP: “All right.”

CM: “That suits me fine.”

CP: Yeah.

CM: Well, over a thing like this, and—but anyway, they got by with it and so the department brought in a physician from, I think New York, to re-review what we had done and he not only found the same things, but some other things. And he reported it and called me and said that he, too, had been threatened with losing his job and sure enough, he did.

CP: Oh, really?

CM: Yes.

CP: Must have been a fairly powerful administrator down there.

CM: Yes.

CP: And he could get the New York guy fired, but not you. How long did you stay with the department of labor?

CM: Two years.

CP: Two years. Did you accomplish anything over there?

CM: No. (CP laughs) Except to prove that a medical division was just something that was extraneous to whatever they were doing.

CP: Oh, really?

CM: It just was unmeaningful, except it just bugged them all the time.

CP: You were in the way?

CM: In the way.

CP: You asked the wrong questions?

CM: That's right. So, I carried my resignation around 'til, one day, I finally had it and I just took it over—

CP: You handed it in.

CM: Um-hm.

CP: You had it in your pocketbook for months.

CM: I had. (laughter)

CP: Well, then where did you go?

CM: I stayed out.

CP: You retired again?

CM: Retired. I'm through and out.

CP: And you went to North Carolina for the summer, I'll bet you.

CM: I did. (CP laughs)

CP: That same summer, you went to the—how long you had that house up there?

CM: Oh, thirty-five years.

CP: Oh well, you did retreat to the mountains of North Carolina to your house up there.

CM: I did.

CP: Yeah, it must be nice.

CM: Six months up there.

CP: For the audience, I'll tell you, Dr. Maguire is difficult to find. (CM laughs) She's in-between her North Carolina residence and her Tallahassee residence, it seems to me, all the time.

CM: I'm in one or the other, not in-between. I'm always on the other end of the phone.

CP: (laughs) Yes, you are. But you keep up.

CM: Yes, I do.

CP: Let me see now. In your—you've had a long—you've reminded me a lot that I didn't think of in getting ready for mine and your sit down. And I'm glad you have. But your positive career with an impact on the matters of the public's health is even more extensive than I knew about. And I thought I knew you fairly well. I don't—well, I'm glad to get to know you here, here.

CM: Thank you.

CP: Yes.

CM: Well, it's always been a pleasure.

CP: What have we left out that we need to make sure gets on the record?

CM: I don't know, but if you think of it, call me and we'll discuss it. (laughter)

CP: Okay.

Pause in Recording

CP: Dr. Maguire has brought with her today a number of very interesting documents. One, that I'm holding, was a careful study of the governmental reorganization in Florida, focused on HRS, the Department of Health and Rehabilitative Services, done by the National Academy of Public Administration, and published in 1978. It's an excellent overview of what I call the governmental experience in governmental org [organization].

And any student might want to make a note of this: that it is a public document available from any one of a number of sources. I think there's copies in every library. Additionally, Dr. Maguire has brought with us a certificate that she was given upon her departure from Washington that I think is as cute as it can be, and we'll have a good picture of this, but it says right here: "duly signed by the whole lot of very impressive titles and names, in which she been elected into the 'International Association of Bureaucrats.'"

And the background to it is most notable, that you have not been able to see, but it is written here, “When in doubt, mumble.” (laughs) And it goes on to read and it says here that, “The Honorable Charlotte Maguire, MD, has constantly endeavored to achieve the fundamental objective of optimizing the status quo through the implementation of those plans, projects, and our programs, which have made incremental contributions to the state of the art,” and it reads on. But I think that’s about the cutest certificate I’ve ever seen, complete with a gold seal on it. We appreciate your sharing that with us.

CM: (laughs) Thank you.

CP: And we’ll show these. Is there anything else that we need to record, Dr. Maguire?

CM: I don’t—it doesn’t come to mind. (laughter)

CP: Okay. Well, on behalf of the University of South Florida, and the college of public health there, I just thank you sincerely for taking the time to come by and share with us, I think, just some of the highlights of your very notable, fruitful, sometimes entertaining career in Florida and national government. And on behalf of all of us, the public of Florida, the children who are disadvantaged, I thank you for having come by our way, Dr. Maguire.

CM: I’ve enjoyed it and thank you so much, too.

CP: And I am Skeeter Prather.

End of Interview