

NOTICE

Materials in our digital Oral History collections are the products of research projects by several individuals. USF Libraries assume no responsibility for the views expressed by interviewers or interviewees. Some interviews include material that may be viewed as offensive or objectionable. Parents of minors are encouraged to supervise use of USF Libraries Oral Histories and Digital Collections. Additional oral histories may be available in Special Collections for use in the reading room. See individual collection descriptions for more information.

This oral history is provided for research and education within the bounds of U.S. Copyright Law (Title 17, U.S.C.). Copyright over Oral Histories hosted by the USF Libraries rests with the interviewee unless transferred to the interviewer in the course of the project. Interviewee views and information may also be protected by privacy and publicity laws. All patrons making use of it and other library content are individually accountable for their responsible and legal use of copyrighted material.

USF College of Public Health Oral History Project
Oral History Program
Florida Studies Center
University of South Florida, Tampa Library

Digital Object Identifier: C53-00036
Interviewee: Embree Walker (EW)
Interview by: Charlton E. Prather (CP)
Interview date: June 24, 1997
Interview location: Unknown
Transcribed by: Bianca Smith
Transcription date: October 27, 2015 – November 3, 2015
Audit Edit by: Bianca Smith
Audit Edit date: November 10, 2015 – November 16, 2015
Final Edit by: Renee Perez
Final Edit date: February 22, 2016 – February 24, 2016

Charlton E. Prather: Introduce Mr. Embree Walker to our viewers. Mr. Walker is a very long time employee associate of the state public health system and had his beginnings within the tuberculosis program¹. I'd like to think of Mr. Walker as having lived through the development, indeed, was partial in part to the development of what now we consider our modern community tuberculosis control program.

And it's an honor to have Mr. Walker to come and talk to us some about the origins, and the beginnings, and the progress of tuberculosis control in the state. I'm aware that he's done a whole lot of other things as well. He's spent the latter part of his career within the laboratory system, and certainly I don't want him to overlook that as we talk today. Mr. Walker, welcome.

Embree Walker: Thank you, Dr. Prather. I'm glad to be here.

CP: Good, tell us how did you get started with tuberculosis?

EW: Well, I'd been in the Marine Corps for six years. I got out in March of 1946. I gallivanted around a little bit, went up to Tennessee, and partied with some friends because I had known them from the Marine Corps, came back here, and read an advertisement in the paper. They were looking for somebody, and Dr. C. M. Sharp² was director of TB control in those days, and so I went up to see Dr. Sharp. I got up that afternoon, and he told me what it was all about, and I said, "Well, I think I'll give this a try." So I signed up as an x-ray technician trainee.

CP: Really?

¹Dr. Prather is referring to the Florida State Board of Health Bureau of Tuberculosis Control.

²Dr. C. M. Sharp was the director of the Florida State Board of Health Bureau of Tuberculosis Control in 1953.

EW: That's right. And the next morning, Dr. Sharp told me to pack my bag and meet him at the office at eight o'clock; we were going to St. Petersburg, Florida to go to work.

CP: You were there for interviews one afternoon?

EW: That's right, that's right. I went over to see a Colonel Baker with personnel and got right in, just like that, you know. It took the no requirements other than you had to have some education, be able to speak the language a little bit. And I, of course, being a veteran, I guess, that helped me a little bit too. So we drove a mad ride to St. Petersburg
—

CP: How long did it take you?

EW:—on next morning. Well, it's about 230 miles to St. Petersburg, and I guess we made it all right with Dr. Sharp between the ditches. I guess we made it down there in about three hours, something like that, three and a half hours. If you ever rode with Dr. Sharp you would have understood that, he was a fine fellow.

CP: We didn't have any expressways in those days.

EW: No, we didn't.

CP: That was US-41.

EW: That's right, that's right.

CP: Excuse me, I don't mean to—

EW: That's all right, that's all right. We've made some back ways too; he used some back ways to go and everything. Anyway, we went down there, and he took me to the health department, and I met a Joe Derrick. He was a chief x-ray technician who had just been hired from the US Public Health Services to come down here.

CP: Oh, I remember Joe.

EW: Yeah. Six foot, six and half inches tall. Very short fellow. And so, we got to know each other and eventually became real good friends. And he took me out to the unit, which was a monstrosity in those days; it was a trailer that was about a 30 foot long, 40 foot long trailer. And had a unit set-up inside—

CP: An x-ray unit?

EW:—an x-ray unit set up inside with a 35 millimeter camera, and he explained to me how it worked. And I was supposed to be his assistant in making sure people lined up right and everything out of that.

Well, the camera, what you had to do to the camera, you had to take each individual picture of the x-ray. You had to open the lens, shutters; and close the shutters; advance the camera; and take 35—that's all it would take, it would give you 35 shots and you had to change film again. So that was quite a thing. It was not a very modern thing.

Shortly after that, the 70 millimeters came out, and Dr. Sharp had gotten a whole lot from the US Public Health Service. It was on a loan type thing and installed that, and that was the beginning of the 70 millimeter x-rays.

CP: You remember what year that was?

EW: That was in 1946.

CP: Forty-six, still?

EW: Until '46. We worked for the 35 millimeter only a short time because the 70 millimeters were just coming out and the US Public Health Service had a unit, and they put it to us on loan, which was actually a gift, rather.

CP: And you installed it in the trailer?

EW: Yeah, we installed it in the trailer. And they installed it in Jacksonville, and the first county we used it in was Escambia County. And Joe Derrick had gone on ahead to Escambia County, and I came to the office, and they told me to drive that trailer—I'd never drove a tractor-trailer in my life. I drove Jeeps in the Marine Corps, and cars, and things like that, bug in Georgia while I was a farm boy.

So I drove that thing from here to Pensacola. They're likely to lost me right then because I got out, and I had to show the keys, and I said, "That's it. If I have to drive this thing, I quit." So Joe, he liked to drive it, and he drove it around, and it was much easier to operate. And we had a generator in the back, generator on electricity, most of the time. Some times, we'd hook up to power station—electricians come looking for us.

CP: What were you doing?

EW: Well, I was—Atkey taught me how to operate the unit; I operated the unit. Before then, in learning to operate the unit, I'd line the people up and get some volunteers to write the people's names down to fill out the applications, fill out the cards—registration cards—and number them, and identify the people going in the trailer. And then as he taught me how to use it, x-ray unit, and I learned how to position the patients, which was very simple to do, and after that, I took the x-rays and changed them, did things like that.

CP: What were you all doing in Pensacola taking x-rays of?

EW: Well, we did x-rays of the public. We x-rayed the public.

CP: What were you trying to do? What was the objective of your being there?

EW: Well, as far as I was concerned, the objective was to x-ray as many people as we could. We parked it at shopping centers, we went and parked it at low-income areas, housing projects, and things like this, and x-rayed only those people that was 15 years and older, and a 15 year old had to be accompanied by a parent. And that was a beginning of the other program.

CP: Okay, the beginning of the community surveys for tuberculosis—

EW: —program. That's right. And after that, later on, I'm thinking early '47—maybe it was early '47—they bought another unit. And Dr. Sharp then promoted me to x-ray, instead of a trainee, to x-ray technician one, and put me in charge of that unit. And that was a bus, like a school bus.

And the most interesting thing was that it was supposed to have a voltage generator in the back, and it's supposed to be all set up, and they had to schedule me to operator out of Jackson County, Marianna. And so, when I picked up the unit, it was sitting in boxes inside there—no generator, no nothing, just boxes.

CP: Even your x-ray unit was in a box?

EW: X-ray unit was in boxes. It was a Mattern x-ray unit, and so I drove out to Marianna in Jackson County, got the book of instructions, set on putting it together. That's how I got in trouble. I called Joe and asked him what to do, but I got it set up to operate and everything. But I couldn't set it up in the bus and operate because it was no electricity. And they had me scheduled; the first schedule was in Sneeds, Florida. You know where Sneeds is?

CP: I've been there.

EW: Right off of US-90, yeah. A lovely little town. And they had me parking downtown on the corner. Well, there was no electricity, no place to set the unit up. So we had to go to a little community center, and have somebody downtown send the people around to where we were, take the unit inside.

The high school gave me some students to help me carry the thing in because some of the parts weighed 500 pounds, you know, you couldn't just pick it up, you know. And we set it up inside the community center and got an electrician to come around and hook us up, had to hook up 220 power. And then we started x-raying people—

CP: How many days did it take you to get ready after you got there?

EW: Well, I was there one day, and then the next day I was operating from Sneeds. I got that day on the schedule to start it, so we started the next day. And then we left there, and every time you went to a town—I had to take it down, load it back in the school bus, take

it someplace else, and set it up someplace—and always someplace where you wasn't scheduled to be because it was supposed to have a motor generator in the back so you were independent.

They got things kind of confused with a mobility unit and a portable unit. This unit was strictly portable for one place to the other, and in Marianna they had me scheduled to be parked right downtown in the city square, as I remember.

CP: I know where that is.

EW: And there was no electricity. I had no place to set it up, couldn't even set it up. So we went to the courthouse, set up in the middle of the courthouse, which was several blocks away, and we operated down there, and we stayed there. And people were very nice, they all worked, and I could always get help. Those school kids were glad to get out of school and come help me.

CP: Was the Florida Tuberculosis Association involved?

EW: Not far as I was concerned, they were not involved. The local association did get volunteers and the health department did a lot of that stuff.

CP: Oh, okay. Who did the preliminary advertising to let everyone know you were coming?

EW: The health department. The health department clerk. We had no advanced people back in those days at all. And then Dr. Sharp, they got my unit then motorized. I had to come to Jacksonville, the motor all came in, they set it up and everything, and they had to cancel, schedule it in order to get it set up. And it operated fine after that.

Then they scheduled me to go to Key—Dr. Sharp hired two girls out of college, they were on some kind of a grant, doing publicity community service, something like that; one of them was named Katherine Barz and the other was named Ava Rey. Now if you asked me how I remember those names, it was because they were pretty girls.

CP: Oh, I can understand.

EW: And I got a call a couple of weeks ago, Ava Rey has been living up north and she called me and says, "Are you the Embree Walker I know?"

CP: Really? That was fun.

EW: Yeah, well we had a good time talking about old times.

CP: Well, what did they do, though? What did these girls hired do?

EW: They went down to Key West, and they were supposed to set up the schedule in Key West and work with the health department and the lung association—back then it was the TB and Health Association—and getting volunteers, and publicizing it, and everything they had; they did all this. Well, I arrived down there, and I get to the health department, and I had to volunteer at the health department with the nurses and the clerks in the health department.

Well, I ask them, you know, about the next day, who's going to be volunteers next day, and no body had arranged for any volunteers any place. They just thought they were going to volunteer at the health department, that's all they were going to do. So I made a trip just as a service, you know, I said, "What in the world am I going to do?" And the doctor said, "It's your program. Health officer, your program. You take care of it."

CP: Oh boy.

EW: Yeah, so I went out to the naval hospital. There was a lot of navy ships in there and everything, so I went to the navy hospital. And I met a young navy doctor out there, a commander, by the name of Eugene Clipsey. You ever hear of him?

CP: Eugene Clip—really?

EW: Really, that's right, that's right. And he made a deal with me, he would give me a chief pharmacist and two sailors, two medical corpsmen, to act as volunteers for me to register everybody if I would set up a schedule to x-ray all of the navy ships and all of the navy people. So on Mondays was my day off because I worked on Saturdays, so on Sundays and Mondays I worked. And if I worked to one to four to five, eight in the afternoon, in that neighborhood, I would work in the morning, doing some navy ship.

CP: Yes, yes. Wow.

EW: I forgot how many navy personnel we x-rayed there and everything, but Dr. Clipsey wrote an article for the navy medical journal, and that was the start of the program of x-raying people in the navy³. They found so many cases of TB.

CP: Really?

EW: That's right.

CP: You know, I'm surprised that he didn't have a chest unit⁴. He probably did, a 14 by 17—

³During World War II, the military made an effort to combat troop infection rates of TB by creating a program to prevent and detect cases of TB amongst troops in the early 1940s.

⁴A unit that takes a projection radiograph of the chest used to diagnose conditions affecting the chest, its contents, and nearby structures.

EW: He probably did. It's sitting in a hospital there, but you couldn't take it to a ship and have people lined up, you know. So you had to take it out—and we did it on shipyard workers too. We did all of this.

CP: That was marvelous. What year was this?

EW: This was in 1947.

CP: Forty-seven. You're moving right along. You were just beginning in '46.

EW: This was the later part of 1947 and everything, and so we went on to 1948, they started a 14 by 17 clinic and Bert Higgins was a—

CP: For our audience, a 14 by 17 size of an x-ray.

EW:—and Bert Higgins was a trained x-ray technician from the services or something, the navy I think he was in. Dr. Sharp hired him, and they bought this portable 14 by 17 x-ray they put in the back of a car, took it around. And he'd go to health departments and do 14 by 17 clinics in the health departments where they had no chest x-ray.

CP: Yes, this was for tuberculosis cases. This was not a survey.

EW: That's right, not a survey. These were suspects, or cases, or people referred by private physicians who couldn't afford to pay for an x-ray. They were referred to that. And so by 1948, Dr. Sharp took Bert Higgins and put him in charge of scheduling 14 by 17 x-rays, and working with the TB Association, and the medical associations around the state, and other volunteer groups—women's clubs—and setting up the schedule.

CP: Okay, we're really moving forward now.

EW: Oh, yeah. We were really getting high class by that time. I mean we were sophisticated. Well, I got his job. They put me in charge of the 14 by 17 x-ray clinic. My first clinic, which had never been scheduled before, was in Pasco County, Dade City, Florida.

And Dr. Sharp had a regular—usually he'd set up at nine o'clock and worked till four o'clock at the health department clinic, and they would schedule them on a certain date. And his rule was you couldn't x-ray more than 50 people because he felt that was a good days work at 14 by 17 x-ray. And it was, you'd have to change your pan, and sit and view the people, and you'd be pretty busy that length of time, you know.

CP: I can imagine.

EW: And the people—women had to undress and put on blouses and things to get x-rays, so it took some time. So I arrived at Dade City and went to the health department, and

they informed me that I was at the wrong place, I had to go down to the courthouse; they were holding the survey at the courthouse.

CP: No, I'm not here to do a survey.

EW: I was not there to do a survey. I go to the health department, there must've been 200 people waiting outside.

CP: Oh boy.

EW: All these volunteers and the public health nurse, she was just thrilled to death because they had so many people turn out. And I had to talk to her, and I had to call Dr. Sharp and he had to talk to her, and then I had to go out and tell her, she wouldn't even go out to talk to the people. I had to go out and explain to them exactly what it was, and there was some misunderstanding, but we did set up the x-ray machine in the commissioners' office.

And I changed the film in his bathroom because it didn't have no windows, and I didn't have a darkroom to change the film, so I changed the film in his bath. And we x-rayed, and I guess we interviewed the people, and then we talked to them, we found those that thought they were suspects—some had been sent up by their doctors and told to go get an x-ray. We x-rayed about 100 people, I guess, that morning.

CP: You did? All 14 by 17s?

EW: All 14 by 17s. But I worked with that, and the people, and the 14 by 17 holding clinics from Key West to Pensacola. And every time they had a survey, they'd always schedule a clinic behind the survey to x-ray the follow-up of those people suspicious of having tuberculosis or some other lung disease, even cancer. We found a lot of cancer back in the—enlarged hearts, things like that, all which were all referred to the private physicians which they still do today, I guess.

CP: Yes, they do.

EW: Anyway, I did that work for a couple of years, then Bert Higgins got a job up in Boston or Philadelphia some place and he left and then they put me in charge of the community service x-rays. I left the 14 by 17 business, which was a lot of fun. I had really enjoyed it.

CP: How long did you stay on the road?

EW: I stayed there about—

CP: This is a lot of traveling.

EW: Yeah, I did. Every three months, I'd cover the state. My clinic was set up every three months. And I scheduled it like that, every three months I'd go back to the health department, and we'd published the schedules so the nurses would know what day I was going to be there, but it usually advertised about every three to four months.

CP: How often did you come home? You lived in Jacksonville.

EW: I lived in Jacksonville. I came home just about every weekend, unless I was up in Pensacola or someplace like that. And I was scheduled, usually, Monday morning in the office. I'd come to the office on Monday morning and then used Monday afternoon as travel to get back out in the field where I was going.

CP: Be ready for Tuesday morning?

EW: That's right. I can get ready for Tuesday morning, usually at the clinic.

CP: How did you get your film back here? You took them, but they were all developed and reeled here.

EW: I kept them in the car and brought them back to Jacksonville with me.

CP: Once a week, you'd bring your film here?

EW: Once a week, I'd bring them in. And sometimes I would mail them in, depends on where I was and everything. I'd mail them in. And we had special mailing carts that we could put them in and send them express back to Jacksonville because our central dark room was here in Jacksonville. And we did that.

And I did that work till 1952 I guess it was. About four years, three to four years, I worked in 14 by 17 clinics all over the state. And then Dr. Sharp then put me in charge of the x-ray units' community service part because Bert Higgins left; he went up to public access side, as I said earlier.

And he put me in charge of x-ray of community service, scheduling the unit, publicizing the units, and I worked with the local TB associations, local women's clubs, men's clubs, and it was at that time I met an awful lot of the finest public health doctors I've ever known. And that's where I got my training in public health.

CP: All right. Did you actually go to the sites and meet with these groups on their own territory?

EW: Oh, yes.

CP: You still did a lot of travelling.

EW: I did a lot of travelling.

CP: But you had an office job.

EW: Not only did I do that, every place there was an x-ray unit posted I went and checked to see this place to park, got our clearance on parking for it; I arranged through the local TB association or through the health department to make sure that certain releases were released to the paper on time; I appeared in radio programs, and talked to doctors and talked with them; I talked to men's clubs, women's organizations, and everything.

CP: You're trying to stimulate participation in your chest x-ray survey.

EW: Well, that time we had two units, and as time went on, we finally got six units working in the state of Florida.

CP: Survey units?

EW: X-ray survey units.

CP: Six? Wow.

EW: Six units working the state of Florida. All on mobile, all on motor generated, and all had their own houses and everything. And I went down to Miami; saw Dr. Cahill was health officer down there at that time. And he and a local TV association got together, and the medical association, he got approval from them too. You had to go through all the wires to make sure everything was connected.

CP: Yeah, we understand you.

EW: And then we started scheduling x-ray units. It took a long time in Miami to schedule the units, find a place to park the unit, get clearances to park there because you got five units or six units working at a place—like Miami's got a million people in it, as big as it is—and all the sections you have to go to. You have to get property clearances from these people, and I had to make out a map for each day, for each unit, as to exactly where it was going to park, and how it was going to park, and the police clearance.

And sometimes I had police block it off so that they could park there, and make sure the man's store that I was parked in front of approved of it. Usually they did because it got publicity. Got no complaints out of them because they got their name printed on the puffin. And we organized Dade County; it was a big push. I guess I worked down there, off and on, for six months getting ready for that thing.

CP: For a major survey.

EW: Major survey. And we even had a US Public Health Service unit come down and took a couple of x-ray technicians operating it.

CP: Was there a lot of active tuberculosis coming out of Miami?

EW: Yes.

CP: Was that the stimulus for you sending surveys in?

EW: Yes, yes, yes.

CP: You remember the rates? How did Miami compare say to—

EW: I don't remember those. I don't remember, but it was higher than Pensacola because you had a different clientele altogether. You had a lot of migrants in Miami, and working down in the cane fields and things like that, and you had to go out to see those people too. And send you inside there at six o'clock in the morning because they went to work in the field, you had to meet them up, get out there.

And I went to a lot of them myself when I was a mobile x-ray unit in the sugar cane fields of Dade County. Well, anyway, we did a block-by-block registration in Miami, volunteers. We had close to 5,000 volunteers—between 5 and 10,000 volunteers working in Miami.

CP: Was this tuberculosis in health association participants?

EW: Yeah, that's right. They were part of it.

CP: Eugene Clipsey is now at the University of Miami.

EW: No.

CP: No, this precedes the University of Miami. Sorry, forgive me.

EW: No, no, no, he was not there at that time. I forget who the TB doctor was at that time, it wasn't—he later came down, and he was in charge of TB control in Dade County, but he was not there at that time. And I forget the young doctor's name, who it was, because I didn't work too much with him anyway. I was working with the community workers, making talks, and rasing for volunteers, and everything. We x-rayed in the neighborhood of a 100,000 people down there and I—

CP: In what period of time?

EW: Over about six weeks to two months. Eight weeks, I think we found that. Anyway, it was all over. Dr. Cato told me, "You'll never do this to me again, boy."

CP: You remember how many cases of TB you found?

EW: I really don't know. There was between 2 and 300 cases up there. And some real bad cases, and some were known cases that was reactivated again and everything. But they set up a special clinic out of the health department they had these people come to, so it wouldn't disrupt the regular operation of the health department.

And they had the 14 by 17 x-ray clinician come down there, and we x-rayed them all. And they did—it was quite a job, I'm telling you. It was quite a job. And we did the same thing in St. Petersburg later on too, amongst the old people down there. And surprisingly, we found a lot of things in St. Petersburg, but not an awful lot of tuberculosis, but we found older people, you know, that had other—

CP: Heart disease and lung disease.

EW: Heart disease, cancer, enlarged heart, and things like that, you know.

CP: And all that was referred. You referred that back to their private physician?

EW: Private physician, if they had one. If they didn't have a private physician, usually, we would have a list of private doctors around that was associated with chest diseases and things, and they could choose one. And we'd put that on there and say that he was not their doctor but they had selected him, as they wanted to go see him.

And if they did not have one, and did not want to go to the doctor, then they could come to the clinic at the health department. And a lot of people chose to do that, for the 14 by 17 because some people couldn't afford to go, you know and everything.

CP: Was Dr. Ballard health officer in St. Pete?

EW: He was health officer in St. Petersburg at that time, Dr. Ballard was.

CP: How did you relate to him?

EW: Fine, fine. I got along pretty good with all the health officers. Dr. Hughes in Ft. Lauderdale, they were all my friends, and Dr. Chapel in Tampa. And funniest thing though about Dr. Chapel, you know, you relate to—I was born in a country town in Georgia, and his uncle delivered me.

CP: Oh, really?

EW: A Dr. Chapel in Georgia was our family physician.

CP: And you and Dr. Chapel in Tampa related those things?

EW: Yeah.

CP: So he kind of considered you one of his kids?

EW: Well, he was one of the doctors I talked to an awful lot and learned a lot of the correct—then there was Dr. Dame⁵ and Dr. McSween in Pensacola. First time I met Dr. McSween, I went out to the county health department—not the county health department, the county hospital, they had a county hospital out there. He was director of the county hospital and they had a TB wing out there. The first time I met him was there.

CP: Good.

EW: And he later became health officer. And then there was Dr. Brumback⁶ in Palm Beach County, and I've known him for many years and still know him, he's a fine man. And then there's Dr. Hughes in Broward County, and I got to know of people like Ruth Mettinger, director of nurses up here and everything. You got to work with people who were—when you had a question about public health you'd go other to them and ask them, that was my college of public health.

CP: Speak to your contact with Ruth Mettinger just a little bit. Develop that some for us. What sort of lady was she? What impressed you particularly? How was her affect? How did she relate to you?

EW: Well, she related real good to me. I went in and talked to Ruth. I remember the first time I went in to see her, talk to her, it was when I took over this community service thing about some of the things we needed, and she opened her office right up to me. I was the first person to ever go to her from the field and said, "I need your help."

CP: That's worth repeating. You were the first person to ever go in, from the field, that went in to our director of nurses and said, "I want help."

EW: From TB control, I have to say. I can't say other things see, from TB control. I know she and Dr. Sharp got along fine together, and they had a good relationship, but I was a field person. I'd come in and say, "I need help." And she related to that a great deal because she was that kind of a person. And we were friends from then on. Before then I didn't know her and everything.

CP: Yeah, she was a friend to everybody.

EW: Oh, yes, she was. She was a fine lady. A fine lady.

CP: She didn't even kick me out of her office.

⁵Dr. John Dame was interviewed as part of the Florida Public Health Oral History Project on September 9, 1997.

⁶Dr. Carl Brumback was interviewed as part of the Florida Public Health Oral History Project on May 13, 1997.

EW: She was a fine lady. She was a fine lady. Well, I continued to do the mass x-ray surveys around the state, the case finding program for years. I don't know—a couple of several years I did that.

And then Dr. Sharp called me in the office and said that he was going to arrange to get some money from the US Public Health Service to start the special program in Florida on tuberculosis. And he ordered me to be responsible for it, which I had to write up a project paper, get it approved by Dr. Sowder⁷, and get it approved by the US Public Health Service. Well, I said, "I have no idea how in the world to do something like that."

CP: Being a marine and all.

EW: Being a marine and all, I had no idea how to do that. But he told me, "Well, don't worry about that." So I went to the CDC⁸ in Atlanta, and I stayed there, I guess, about two weeks meeting all those people because that's how the papers had to go through, see.

Making the friendships with them, learning things, going to school—they had schools up there and everything—learning all their activities, and he had this and that, dos and don'ts. Well, I did and also made good prints, came back, and wrote up a project paper with their help, they sent somebody down to help, and we sent it through Dr. Sowder and them and got them in. It was approved, and we received a goodly sum of money.

CP: Oh, boy.

EW: It started the concentrated tuberculosis program, case-finding program, in Florida, also to prevent tuberculosis in Florida.

CP: What was the major thrust of the project? Do you remember some of the—what did it do?

EW: Well, the major thrust of the program was following up suspects, getting the whole cases in, starting case registers in all the county health departments, developing case registers.

CP: You mean we didn't have registers in most of the county on the—

EW: Nope, we didn't.

CP: The big ones that had a lot TB did, of course.

EW: Some of them didn't. They just had files.

⁷Dr. Wilson T. Sowder was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997.

⁸The Centers for Disease Control or CDC is the leading national public health institute of the United States.

CP: Oh, really?

EW: Just files, medical files.

CP: That surprises me.

EW: But they had no case register in itself, so we set up case registers. And we bought the case registers and set them up in small counties that only had a few cases because they had to put everything right there. And of course, we had case registers in the central office here in Jacksonville and people working with those all the time, and we also had medical files.

CP: When did that start? When did you begin to put case registries in all the county health departments?

EW: Oh, goodness gracious, goodness gracious. That's in the 1950s, sometime.

CP: Okay. That's close enough.

EW: That's the best I can do.

CP: The 1950s, mid '50s? I'm aware that in '53 we had registries, or at least we had semblance of registries in '53.

EW: Yeah, well, we had seminars to train the clerks—we had seminars in Jacksonville to train the clerks in case register work, or we'd just have a health department where we set up a register, have the clerk that is responsible for it come to Jacksonville to work with our girls in the register to know just exactly how to do it. And then, later on, we even had a person to go out in the field to help them set up the registers.

CP: As a travelling clerk?

EW: Clerk, a travelling clerk, we had that too. She just, from time to time, she worked in the office all the time. She was supervisor of the register, but she then would go out in the field and help them set up registers where they bought a register or if they were having some problem or something like that. It was easier to send her over on site to do it rather than have them come in here then go back. You don't know what it's like until you get there on site, see.

CP: You need to have their paper.

EW: That's right. You need to have on site, you know. But you got to know to work with the health department as an individual business. You had 67 counties, 67 county health departments, but you had 67 different health departments.

CP: Sixty-seven personalities, too.

EW: That's right. And every personality in there was a personality. And you worked with them, and you didn't say, You do it my way. We can go to see if you could work it out, so they can do it their way. And I'll never forget Dr. Neil, one time in Tampa.

CP: This is John Neil, Dr. John Neil.

EW: Yeah, John Neil. I was sitting in this office one day, it was one of those little personal celebrations, and we were talking, having fun about something. And I liked—John and I got along just fine

And I told him that I wanted to do things exactly what he wanted to do and the way he wanted to do it. And he looked at me straight in the face and he says, "Embree, that's not true." I said, "Yes, it is." He said, "You know we're going do it the way you want to do because you're furnishing the money." But he said, "You make it easier to swallow." I said, "We'll do it the way you want to do it." But it was a fine thing.

I remember one time, this is a little side story, just for a break to groundwork probably, when I was a 14 by 17 x-ray clinic technician I had the x-ray unit in the back of my car because you take it out, and take it in, and set it up, and everything. And the car was lower in the back than it was in front. Back in those days, the state of Florida had dry counties and wet counties.

CP: Oh boy. Okay, I hear where you're going but it still—

EW: Calhoun County and Gadsden County—Gadsden County was dry, Calhoun County was wet, see. Crossing over the county line, I go to Calhoun County to hold clinic in Blountstown and go to Quincy to hold county clinic in Quincy. Highway patrol would stop me, wanted to see what the hell I was hauling in a state car that was made like that. I said, "I got an x-ray technician back there. I got an x-ray unit back there."

CP: Let me see it.

EW: Let me see it. You have an x-ray unit on top of a car—

CP: Were you an official? You had a state board of health label on your door?

EW: No, well, that was an employees that had logos that—still there.

CP: But you had a state tag.

EW: Yeah, a state tag. Didn't make no difference to him. Didn't make no difference to him, so evidently people in state cars did work at cases and carried it across the line and everything. But eventually they got to know you, they recognized you, and wave at you, and let you go, and it didn't make no difference.

But they had to make sure. The thing they couldn't swallow was you got an x-ray unit in the back of a car. There's no such thing. Because they saw the big mobile units, you know. That's all they could see. And so I had funny things like that happen to me on the road all the time.

CP: I love that. I love it. Let me focus you to the TB hospitals. Did you have any relationship to them?

EW: No, not till later on. Not till real later on. I got to know, I knew Dr. Manney because he would operate there—they had a hospital set up in Marianna at the old army base out there.

CP: That's right. That was our original.

EW: That's right, original one. And I went out there, and I got to know Dr. Manney because we went out to x-ray people or something, you know, when I—

CP: Oh, you did?

EW: Yeah, and I met Dr. Manney and at that time—in fact, I went and had dinner with him that night. And that's my first meeting with him. And then they had opened up a TB hospital in—they had one in Tampa at McGill Air Force Base there, and they had the first hospital that they built was in Orlando, TB hospital. And then Mr. Edwards, who was in charge of the TB bureau, of the TB hospital fund—

CP: Board, TB hospital board.

EW: —they started building programs, and they opened the one in Tampa, the W.T. Edwards Hospital⁹ in Tampa. Then they opened one in Lantana. And then they opened one in Tallahassee. So we then had hospitals and both in Tampa, Lantana, West Palm Beach, close to Miami, one in Orlando, and one in Tallahassee to serve all the separate sections, so the people wouldn't have to go so far away from home, and also we had so many cases of TB back then. And such a long way—

CP: You remember how many beds totally, maximum, those—

EW: Oh, I don't know, about 2,000, I guess. Something like that.

CP: About 2,000 beds?

EW: About 2,000, I would say. You know, maybe, 3 to 500 bed hospitals, and they were about 2,000 beds, I would say. 1,500 beds. I never worked with the hospitals so much, you know.

⁹Between 1952 and 1969, 12 tuberculosis hospitals were built in the state of Florida, in honor of W.T. Edwards. When the vaccine for TB was discovered the hospitals were closed.

CP: But you had to know those folks, and they knew you.

EW: Oh, yeah, I got to know them later on.

CP: You were the guy primarily responsible for sending them cases.

EW: That's right, that's right. I knew them, but I didn't know how they operated and everything. I didn't stick my nose in their business, and they didn't stick their nose in my business, we just did business together. You get along better like that.

CP: Yeah, you do.

EW: Well, anyway, then later on we, in 1960, I think it was, you probably could correct me on this if I'm wrong, but I think it was in 1960 that we started the child center tuberculosis to prevent tuberculosis in children.

CP: Yeah, that was in '60.

EW: It was in the '60s. And we hired and trained people, some of the x-ray technicians we then trained them to do tuberculin tests and people like Billy Bilyle, remember Billy? Anyway, they would set up schools and they would do tuberculin testing in schools. And then we would have the children who had positive tests put on medication to prevent them from developing tuberculosis.

We didn't have money to do it, so Dr. Manney and I went to see Dr. Sowder and he authorized us to go to Tallahassee, the legislation was in session, and talk to some of the senators about it. So we went to Tallahassee, met with some of the aides, and some of the senators and representatives up there and told them about the program and they, that year, appropriated 100,000 dollars.

CP: All right.

EW: Line item¹⁰, written in the budget for children's programs. So we could buy—

CP: How did Dr. Sowder react to that, you coming back with a line item?

EW: Well, he didn't know it till the budget was printed anyway. He authorized us to get the money, so we got it.

CP: Okay, that speaks well. Yeah, it does.

EW: Well, he was easy to work with. He just liked to be kept informed of what you were doing. I never had any problem with Dr. Sowder because I could go sit in his office and talk with him if I had a problem about something or another, and we'd get it out because

¹⁰A line item is an expenditure (such as a program) that is recognized as a single item in a fiscal budget or appropriations bill.

he was only interested in proving the best service he could to the people of Florida. That was all he was interested in.

CP: He was highly motivated.

EW: Yeah, he was, and he let you know it, too. He let you know it.

CP: If you weren't doing it, he'd let you know it.

EW: That's exactly right. And that was his right to, too.

CP: That was his obligation.

EW: Well, his right, too—obligation. He was responsible for it because, ultimately, when the buck stopped, that's where it stopped.

CP: That's right.

EW: Well, I think that was one of the most interesting things, but the funny part about that thing, the 100,000 dollars, the only thing person ever mentioned it, that got real upset about it, was Ragland, Fred Ragland¹¹.

CP: Why did he?

EW: Well, he was head of finance department.

CP: Yeah, I know. Why was he upset?

EW: Because he had never had anything like it in his budget plan.

CP: Line item.

EW: Line item like that. And he had had flexibility about moving stuff, but he couldn't move that section.

CP: Oh, he would all right. What did he use the money for?

EW: We bought tuberculin testing materials, syringes, and things like that, we bought those, bought—health department sent for our own use, and also we used it to buy medication, INH¹², which about children who were infected, we would give that to them to prevent tuberculosis. And we did that program for years; I think that program still goes on. Now, I'm not too sure how it works now, but I think it still goes on.

¹¹Fred Ragland was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997.

¹²INH (Isoniazid) is an antibiotic used for treating tuberculosis.

CP: It probably works exactly the same way but it's integrated into the general tuberculosis program.

EW: Well, anyway—

CP: There's not much community tuberculin testing being done.

EW: I don't think so. I've been out of it so long, I don't really know. See, I retired 1984 so I—

CP: I have trouble remembering that far back. No, I don't.

EW: I was starting to say, "You don't neither."

CP: I don't.

EW: Yeah, I retired in 1984. It's been a long time, you know, 12 years.

CP: Well, congratulations. You're not showing the wear of retirement. It's treating you well.

EW: Well, on a personal side, I do think—my doctor tells me I've lived so long I've caught everything, you know.

CP: You know, I figure if I didn't know I was going to live this long, I'd have taken much better care of myself, I tell you that.

EW: Well, I don't know where I would have changed a thing. I don't think I'd changed a thing. I really don't. I enjoyed my six years in the Marine Corps, I went in the Marine Corps as a private, went through boot camp at Parris Island, went aboard ship out the south of the Atlantic, *USS Texas*, to serve out there, Capt. Walgrave Reeds was the commanding officer.

I signed up to take a college course, for the U.S. Marine Corps' schools, and I was doing that and then the war, the Japanese sunk some ships in Pearl Harbor, and that was the end of that, see. But I went through officers' training school in Quantico, Virginia, become a second lieutenant, went to the south Pacific.

CP: Oh, boy.

EW: And I spent two years in south Pacific, came home, got out, went to work.

CP: Yeah. Well, you were working in the Marines, too.

EW: Well, yes, I—

CP: I just wanted to straighten that out. “You got out and went to work,” whereas you just changed jobs.

EW: Well, yeah, it was different and everything. And you know, I had some friends in the Marine Corps and I some Navy friends that got out, and we had plans. When you get out, you do this; I’m going to do this. And when I came to work in Florida, to me, when I went to work with Al Sharp, it was sort of a stopgap thing because I didn’t plan to live in Jacksonville.

CP: Well, it was a good decision.

EW: I had some friends in California that we had some money that we were going to go into business, and we were going to get it started, and I was going to go out there and live in San Francisco. And now I wouldn’t live in that town, but those days it was great.

CP: I’m glad you came our way.

EW: Well, I liked it so much I stayed down here with my family, and I had friends all over the state and everything. Finally got my money back from them too, so it made life a little easier.

CP: Forty-six from ’84 comes out to be how many years?

EW: Oh, I retired with 37 years.

CP: Thirty-seven years.

EW: Thirty-seven years.

CP: Looking back—

EW: I took some years from the Marine Corps.

{{0:44:16.6

CP: What do you consider the highlight of your career with Florida public health?

EW: The highlight? I guess one of the things that you could say a highlight is when the people you work with (inaudible) selecting you as president of Florida Public Health Association¹³.

CP: That is quite complimentary.

EW: Yeah, well, they elected me—

CP: And they’re very selective.

¹³Embree Walker served as president of the Florida Public Health Association in 1973.

EW:—elected me as president of the Florida Public Health Association. And later on, the last year I was here, in '84, '80—something like that, I guess it was—'83, '84, they gave me the Meritorious Award, Public Health Meritorious Award, which was one of the highlights of my life too. I guess you work toward things—

CP: Yeah, to be accepted and honored by your peers in that way is about as high as a compliment a man can get, I guess.

EW: Well, I thought being elected president of Florida Public Health Association was the highest honor I could get. I was thrilled of that. And when they announced in a meeting that I was also elected to get the award I was flabbergasted, to say the least.

In fact, they had to go get me to bring me to the meeting because I was over having a meeting at the health department, with somebody at the health department. I was in Hillsborough County, and I was over in the health department, having a meeting at the health department, and the laboratory and the health department, having a meeting between those two because I worked in the laboratory in those days.

And they went and got me, no tie, said they wanted me to come to the meeting because they wanted to ask me a question. And I come in, and sat down there, and they announce it then, when I walked in they gave the signal, and they started this thing, you know. And I was flabbergasted.

And I guess they were half way through reading and they started reading about the thing, you know, I was sitting there—and I wasn't paying no much attention to anything—and all of a sudden they mention somebody being born in Lawrence County, Georgia.

CP: Uh-oh. You were one of those—

EW: That's true. I was the only one with (unintelligible) in the end. That's when it hit me that's what it was. Before that I wasn't paying no attention, you know, too much attention. Really excited, I was dumbfounded.

CP: That is exciting.

EW: Yeah, it was. It really was.

CP: And would it embarrass you for me to ask you what was the low point of your career?

EW: Well, I guess the low point in my career was when they told me I was going to go to Tallahassee.

CP: Uh-oh.

EW: When they transferred the health department to state board of health, division of health to Tallahassee¹⁴.

CP: That came in '76.

EW: Yeah, because I had children in high school here, and I lived here, and my roots were here, all these years, and that was probably the low point but I got a—

CP: How did you get out of it? Or talk to that a little bit.

EW: Well, I was kind of fun. I would walk into my office one day, and telephone rang, and it was Dr. Snyder, Nathan Snyder, director of the laboratory system here. And I had known Nathan for years, I knew him when he was in Miami—

CP: Ever since he came.

EW: Yeah, I knew him in Miami when he was directing down there and everything. And I'd work pretty closely with the laboratories with Mildred Jeffries and the TB person down there. And she was one of my mentors. Whenever I had a question about tuberculosis that I couldn't answer that had to do with a laboratory I went to Mildred and ask her. And she would tell me.

CP: Good.

EW: But a little country boy from Georgia, you know. You got to ask questions to people who know things, and you get to learn things, see.

CP: Have to know it, to know who to ask.

EW: And that's right, that's right. And she was a fine lady, Mildred was. And this call came from Dr. Snyder and he said, "Embree, I understand you're going to go to Tallahassee." And I said, "Well, that's what they tell me." He said, "Well, how would you like to work in the laboratory?"

CP: Whoops.

EW: I said, "Just a minute," and I put the telephone down, and I went right down to his office, and I stand in the door and he said, "Hello." And I said, "I'm here, Dr. Snyder." I was standing in the door.

CP: I'm here to say, yes.

¹⁴In 1975, the Florida legislature passed the HRS [Health and Rehabilitative Services] Reorganization Act. As a result, all state public health bureaus, sections, and units were restructured and re-distributed to be governed by one of 11 HRS state offices or 3 central administrative units in Tallahassee.

EW: Yes, I'd say, yes.

CP: Now, what's the job?

EW: That's right, I didn't know what the job was, but it was a job. Anyway, that's when I went to work there as a business manager, sort of.

CP: You worked with the laboratory 10 or 12 years?

EW: Ten years. The last 10 years I worked for the laboratory, 10 years.

CP: Okay, speak to that as a part of your general career then I want to come back to TB.

EW: Well, the laboratory's part of TB because it—you got the TB laboratory—

CP: I wonder if Nathan would agree with you, but go ahead.

EW: Well, it's part of TB because I used tuberculosis money to fix laboratory incubators to process sputum cultures¹⁵. And Nathan talked me into it. I had to make a special trip to the ladder to get permission to do it.

CP: Well, Nathan had a good way of talking people into spending their money in his place.

EW: Well, it increased the speed of time on the cultures too. So that you would get a report back faster.

CP: It was justifiable.

EW: Yeah, yeah, it sure was.

CP: I'm not going to argue with you anymore.

EW: Sure, it was just—

CP: The labs are a part of TB.

EW: It's part of TB, sure it was. I hired clerks. I even paid a technician salary over there. It's part of TB. At least, it was when I was there, and it probably still is. Anyway, I went to work with Nathan as a business manager, sort of speaking. Well, I discovered that you had labs in Miami, West Palm Beach, Tampa, Pensacola—

CP: Tallahassee.

¹⁵Sputum cultures are used to determine if a suspected case of TB is positive or negative.

EW:—Tallahassee, and Orlando. Nobody knew how much money any lab was spending. All you knew—

CP: Really?

EW: That's right. You had all the money was put in a pot.

CP: And spent, quote, for the laboratory.

EW: For the laboratory. And if they needed some stuff in Miami they had to get in touch with Dr. Snyder to get permission to buy it. Now, he's the director of the laboratory, but they had to go through his office in order to get the permission to buy something. They didn't have a budget, they had no budget for supplies, they had no budget for travel, or anything.

So that didn't make sense to me because I operated in the TB control so long with budgets until I had to know where every nickel was going and why it was going there because I was responsible. I was working with Dr. Sharp; I was working with Dr. Wharton; I was working with Dr. Manney; and also Dr. Sowder too because if it didn't do right, he'd get in on it.

Anyway, I'd set out then to set up budgets for each one of the laboratories, and I set up a budget, operating budget, for each laboratory. And to spend on their materials, they had the money for the travel, they had to justify for the travel, I put money in their budget for travel so that they director of each laboratory then became responsible for its own budget.

CP: Makes eminent sense to me.

EW: That's right. And relieve Dr. Snyder from all that responsibility.

CP: Yeah, he didn't need to be that bad.

EW: No, no.

CP: That was the grow-over from earlier days, I'm sure.

EW: That's right, that's right. Well, he controlled his budget completely. Even though he had a man sitting in the business office that was supposed to control it, Dr. Snyder controlled it. And if anybody called down, they called one of the directors would call up to Jacksonville to talk to whoever—I can't think of the man's name, it was something—and he'd say, "You've got to talk to Dr. Snyder."

They'd have to go to Dr. Snyder and get his permission for everything, travel to go someplace, because he knew how his budget looked and he operated it. Well, the next day after I went to work in the laboratory, one of the branch managers called him up for something or other and he said, "Don't talk to me about it. Talk to Henry."

CP: Really?

EW: He wanted some money for a piece of equipment or something, I didn't even have a chance to look at the budget, you know. Talk to Henry about it.

CP: Well, he initiated you properly.

EW: That's right, that's right.

CP: I think that ties you in with the fire.

EW: That's right. He said, "You are going to do—I hired you, you going to do it, you go do it. Period." Well, he knew that I had experience in handling budgets too, and he trusted me because we had worked together before. And he knew that if I—

CP: Everybody trusted you, Embree.

EW: If I had got into trouble, I went to him because he was also very responsible.

CP: Yes. That's proper.

EW: Sure it is.

CP: Yeah. Any second lieutenant in the Marine Corps knows that.

EW: You damn right, pardon my French. I found out early when I told the major he didn't know what the hell he was talking about, and I did ten days of bread and water.

CP: You did?

EW: I sure did.

CP: Embree, that's terrible.

EW: I was aboard a ship and he said, "You want to take my management, you ought to go captain's mass." And I said, "I'll take yours." Ten days, bread and water. That major gave me the best recommendation I had when I went up to go to officers' candidates class. Yes, sir.

CP: He liked you.

EW: In fact, if it hadn't been his recommendation, I wouldn't have gone, I don't think. So I held him responsible for that.

CP: In TB programming, let me refocus your attention to TB for me, okay. What do you consider the highlight during your career of TB programming?

EW: Highlight of my career in TB programming?

CP: I'll give you the registry system that was mandatory.

EW: Yeah, that was mandatory. I think the highlight was initiating the program to prevent tuberculosis in children, the child's health program.

CP: That was late in your career, too.

EW: That was the 1960s. I think that's a highlight of it, I really do. Well, by that time they had something they could do, you know.

CP: Oh yes.

EW: They had INH, you know, they could give them this medicine to—

CP: If they had strep, but it caused postoperative to go deaf—

EW: That's right.

CP:—in children, and you know we couldn't use it in children.

EW: That's right, and there was no need to find out if you were—you couldn't do it, to tell somebody that you were possibly, you've been infected, and you couldn't do anything for them. That's bad, but now we could do something. We could do something for them. And I think that was a highlight.

CP: You remember when we began to use INH?

EW: No, I don't. Not being in the medical part of it, I don't know.

CP: That was during your tenure, though.

EW: Yeah, in my tenure. Yeah, it was in 1960; it was in my tenure. Yeah, I remember because I used to buy the drugs.

CP: We got INH—

EW: On my budget.

CP: —it came to the market in 1955.

EW: Yeah, I didn't know. I know it was before 1960, I didn't know when it was. And they had the PS¹⁶, too, in there, footballs.

CP: Yeah, the little footballs.

EW: I take TB patients, but treated at home. They were given the medication to take at home. They'd go to the health department, and pick up the medication, and take it home. When the public health nurses in Pensacola went out to this man's house one day to see him and talk to him—if they didn't come in, they'd usually make a house visit to see why they didn't come in.

And she went out there, and he had these bottles of medications sitting on the shelf, PS, and she said, "Why are they sitting here?" And he said, "Well, I'm saving them." He was only taking half his dose so he could save some in case the health department ran out of money. You had to put up with that, too. Well, you can't tell too much about old people like me, you know. They get conservative, you know.

CP: We do, we do.

EW: They get conservative.

CP: Yeah, we don't really trust these young whippersnappers. We really don't.

EW: We get conservative. But I think that child's center program was actually the high point of TB. I think that I really felt like that, as all people did in public health, you're actually doing something to prevent disease, and that's what you're supposed to do.

CP: Isn't that exciting?

EW: Yeah, it really is. You're not finding something and treating it, you're preventing it. That's what we do. That's what we're supposed to do.

CP: That's what public health was about.

EW: Sure. That's what—

CP: You remember the atypical microbacteria¹⁷?

EW: Yeah, I remember the atypical microbacteria. Let me see, there was a doctor there that did that, what was his name now? By the name of Skeeter Prather¹⁸, I think it was?

¹⁶Pantothenate synthetase (PS) from the tuberculosis mycobacteria represents a potential target for antituberculosis drug.

¹⁷Atypical mycobacteria are mycobacteria which do not cause tuberculosis.

¹⁸Charlton "Skeeter" E. Prather was interviewed as part of the Florida Public Health Oral History Project on July 24, 2002.

CP: That was an important person. How did that impact your program?

EW: Uh, not too much, not too much. I just knew there was a program over there. I didn't have too much because these people were found, some of these people were found by x-ray surveys, and through the sputum they were determined they had atypical, and then they had to do something with them.

CP: Yeah, and something different.

EW: Something different. But that's always bothered me was that they came into the clinics to have x-rays, they had the mobile x-ray units—

CP: But you took the x-rays like you did everybody else.

EW: Just like everybody else, just like everybody else; and they were referred to their private physician just like everybody else; and they took sputum just like everybody else, had to determine if they had atypical; and then they were assigned to the atypical program; and they were put in the register just like everybody else, they had a separate section set aside for atypical disease.

CP: Okay, so it didn't impact your community programs much at all?

EW: No, I want to think we served them just like we served everybody else.

CP: Well, that's good.

EW: We just knew they were there. And I guess we saved an awful lot of lives like that.

CP: I think we did.

EW: I think we did, too.

CP: I think you all did.

EW: I think we did. And all the workers did, all the public health nurses did, clerks in the health department they all did, they all did. They had a good job, and they did it.

CP: Well, this is exciting. What have we left out, Mr. Walker?

EW: Well, I don't know. Looking back over it, I don't recall that we've left out anything, probably have, but I don't know. But one thing, when I was assigned to do the tuberculosis program, Dr. Sharp assigned me to do it. He sent me to Atlanta, and I can't think of the people's names up there, and I went up there and I met them. And then I came back to Florida, and they came down to visit health departments, a doctor and two nurses came down.

CP: Oh, really?

EW: Yeah, they came down. And we met in Tampa, and I took them in my car, and we went to Hillsborough County Health Department, Pinellas County Health Department, Palm Beach County Health Department, Dade County Health Department, Broward County—all the big health departments in the south part of the state where most of the tuberculosis was at that time—and introduced them to the people working in the program, and it's the first time some of them had been down here. And Dr. Edwards was one of the ladies' names.

CP: Oh, Phyllis.

EW: Phyllis.

CP: Dr. Phyllis Edwards. Yeah, she helped you with that?

EW: She was one of them, yeah. She was not a nurse; she was a doctor. And then there was a nurse and then there was some doctor, I can't think of his name, but they put it on kind of a personal basis. They were dying to look at Embree Walker; it's what they were looking at.

CP: Oh, really?

EW: Yes, it's what they were doing. Dr. Sharp had assigned me this job and was going to use their money, and they were going to see who was going to spend it. That's what they were doing. They didn't fool this old farmer off of Georgia.

CP: Well, I hope you stayed on your best p's and q's.

EW: Why sure. I acted like I always did. I never put on airs for anybody—

CP: So they sent the money, I notice.

EW: Oh, yeah, we got the money. And we got the money.

CP: So you impressed them properly.

EW: Yeah, well, in fact, just about anything that we came up with in an innovative way, they gave us some money just like with these incubators. I would simply get in my car, get my fork, and I'd drive up to Atlanta, and I'd spend the day up there, talking with them, and I'd come back, and I'd write a project up.

CP: They didn't tell you what to put in it or anything?

EW: No, they didn't tell me what to put in it. But I'd have to know—what some of the stuff to put in it, so that you could know some of the technology of what you were going

to do and everything. I remember the first time I did this thing, I wrote this project up to do the incubator in the laboratory here, and I set it up, had to go to Dr. Ford—Dr. Ford was assistant state health officer at that time.

Dr. Sowder was out of the state, so I went to Dr. Ford to sign, he was acting health officer. He called me, said, “I can’t sign this.” I said, “Why?” He said, “You know that they’re not going to give you authority to spend US Public Health Service money, TB money, to do that in a laboratory.”

And I said, “Dr. Ford, they will.” He said, “They will not.” He had been with the US Public Health Service and he says, “There’s not a way you can spend that money.” I said, “Dr. Ford, they will.” “How do you know that, Embree?” I said, “They’ve already told me. I wouldn’t write the thing up unless they told me if they were going to do it.” So he says, “Okay.”

CP: Really?

EW: Yeah, yeah. That’s how that went through—Dr. Sowder would have signed it, but he was out of state, see, and so Dr. Ford was acting health officer.

CP: And Dr. Ford was much more conservative, much more conservative than Dr. Sowder.

EW: Oh, yeah, and he didn’t know me as well as Dr. Sowder did. He didn’t—

CP: Dr. Sowder hadn’t been here too long when you came.

EW: No, he hadn’t been here too long. He came here from Pensacola.

CP: That’s right.

EW: He was a VD doctor in Pensacola before he came here. In fact, it was some time before I met Dr. Sowder. I was so busy working out in the field and everything.

CP: He came in ’44.

EW: See, that’s before I came here, a couple years before I came.

CP: He was still kind of getting his nose dry when you arrived.

EW: Well, he was setting up county health units in all the counties and every place like that, you know. They had county health departments in most counties for a while; St. Johns County was the last to not have a county health department. And we had some problems following up TB cases in St. Johns County.

CP: Oh, you did because of the absence of a health department. Was there any health authority there?

EW: Well, there was a welfare department over there and a nurse was in charge of the welfare department. I went over there, when I was doing 14 by 17 clinics, I went over there to see them under Dr. Sharp; he told me to see them because these people had to go someplace to get the x-rays.

CP: They had TB over there that needed to be followed up.

EW: Yes, sir. So I went to see the welfare department over there—they was the only person to go see, the only name I had. And then we set up 14 by 17 clinic in the welfare department. And it was in a house, on a side street, and I had to take the thing upstairs to set it up.

CP: Oh, no.

EW: But she would get the patients in, fill out the papers on them, I had questionnaires, and we sent reports to them and she'd get—

CP: That is nice.

EW: That did a good job. But they were citizens of state of Florida—

CP: And they needed the same service.

EW:—that's right, same services. And we had x-ray surveys, Dr. Sowder authorized to have x-ray surveys over there, and we had x-ray surveys there. I scheduled a persecutory survey there too when I was put in charge of that program.

CP: Florida citizens. It's not too neglected.

EW: That's right, that's right. They didn't have a health department but we worked through the welfare department, and women's clubs, and medical society approval and everything.

CP: There's more than one way to skin a cat.

EW: Sure, sure. That's right. They pay taxes. They paid my salary. They were a good service.

CP: You've got a good attitude, Embree.

EW: That's right. Always did have.

CP: If you had all this to do over again, what would you do differently?

EW: I don't know. I really don't know. I don't know what I'd do differently. I've had a very, for a little country boy from Georgia now, I've had a very good life. I've been all over the world, I've been to every state in the Union, except Alaska—I haven't been to Alaska, I've been off the shores of Alaska, but I haven't been to Alaska.

But I've been through the Panama Canal twice, and I've—you know, there's people that live in this country that's never been out of the state of Florida. I got relatives in Georgia that the only other state they've ever been to is Florida, probably. And I've been to every state in the Union, except Alaska.

CP: All this wasn't related to your employment, was it?

EW: No, no, no. Only when I was in the Marine Corps, related to that. But I got a lot of appreciation in working; I think that's why I stayed with public health because I got out of it working with people in public health: nurses, clerks, sanitarians, all dedicated people. And sometimes they—

CP: I'm of the opinion that they are the kindest people on Earth.

EW: Yeah, and they didn't have a lot to work with either. They didn't have a lot to work with, and they did a lot of things on their own back in those days. And I know nurses worked overtime on weekends, I think, they'd go out.

CP: You remember in 1956 when the State Board of Health ran out of money, travel money? Do you recall that appear about four months where there was no travel money?

EW: Yeah.

CP: What did you do?

EW: Travelled.

CP: How did you do it?

EW: I had a grant. I had a TB grant, I travelled on grant money. And also if we got into a pinch we'd all go to the Florida Tuberculosis and Health Association, they would stand by and willing to help us with something like that.

CP: They'd give you a handout when you were in trouble.

EW: It was like it was a meeting that you had to go to and you didn't have money to go out of state the TB Association would reimburse you for your travel. And Dr. Sharp worked it out with May Penchon who was a, you know—

CP: TB director.

EW: And they would do this, which I thought was an expenditure of one thing.

CP: A lot of the rest of us didn't have that same advantage.

EW: Yeah. Well, maybe some of the other people didn't cultivate organizations that worked in their field.

CP: What we did, what I did, the county health department, "Would somebody invite me to spend the night with them?" And I'd spend the night at their house, and then have dinner with them. That's the way we travelled for a while, about four months. And I'm reminded of that by these people, these public health people, you know, they're good folk.

EW: I used to travel so much, and some times I'd pass people on the road. I remember a Dr. Tooseetnog (??) used to work for up here—

CP: In Escambia County.

EW: Yes, Escambia County. He drove around in a Ford Thunderbird, I think, in those days.

CP: Oh, really?

EW: Yeah, I think he had a Thunderbird. And every so often I'd pass him on the highway, and he'd slam on brakes and stop, and we'd go meet and go someplace to have coffee, and he was going one way and I was going the other, you know.

But you'd be someplace in a restaurant and somebody would walk in, they'd see your car parked outside, and they'd recognize your car, and they'd come in to have lunch with you or something like that. Some of them, it might be a county commissioner, it might be a public health nurse, it might be a doctor in the town or something or another that wanted to fuss at you about something or another.

CP: That's okay. You got to see them.

EW: Sure.

CP: And you got to compare common notes.

EW: Yeah, there used to be, just some of the little things that happened. There used to be a hotel in Panama City, the Marie Hotel.

CP: I remember it.

EW: They used to have a good little restaurant in that hotel.

CP: They surely did.

EW: And I stayed there when I was out in that area. I'd go to the health department to hold a 14 by 17 clinic; I'd stayed at the Marie Hotel. And so did Sen. Claude Pepper¹⁹ stayed at the Marie Hotel; that was his favorite hotel. And I was riding down the elevator one morning, and he was there, and he and I had breakfast together. And after that, every time I went out there, if he was there, if I was in the restaurant and he'd come over and join me and we'd talk, or I'd go and sit and join him.

CP: Marvelous.

EW: We had different politics, but we had Florida in mind.

CP: Yeah. This is good.

EW: So you have experiences like that when you're travelling around, you know.

CP: And all that related to your employment with the state health department?

EW: That's right. The Florida State Health Department, Florida State Board of Health.

CP: What do you think of us having a new state department of health directly accountable to the governor again?

EW: I think it's great. I really think it's great. I think public health has been in the back seat for quite a while now, in fact, it's kind of veered from its course from what I can see in the last 12 years since I've been out. They're doing other things besides prevention, you know.

CP: The focus—

EW: Has changed a little bit.

CP: The focus was moved. And don't you think that had to do with the administrative demands from their bosses as to what the first priority were?

EW: That's right. But I think it's real good. It's got its focus back and directly to the governor, which I think is where it should be.

CP: I think so, too.

EW: I think it should be. I think the governor—

¹⁹Sen. Claude Pepper was a democrat elected to the Senate representing the state of Florida from November 4, 1936 to January 3, 1951.

CP: I think the governor would agree.

EW: I think so, too. I don't think it's anything more important to a state than the health of the people in it.

CP: Yeah, and its public's health.

EW: That's right.

CP: A lot of famous people have said that. There's nothing more important than the health of the people.

EW: That's right. And the man that is responsible is the governor. And he should fight just as hard to have money for public health as anything else.

CP: Yes, he should. Before we get to gossiping too bad, Mr. Walker, let me—

EW: Don't you want to say something about the public health school in Tampa?

CP: The School of Public Health? Not on your tape. Not on your time. Now, I do think the School of Public Health is outstanding, and their dean has a vision, a broad vision, that I think is super, that is beginning to produce already, under the current dean, beginning to produce graduates that I think, indeed, will be the leaders and the motivators, the shakers and the movers of public's health in the future, in the near future. I like what they're doing there.

EW: Well, the spark of the fire that started that was the Florida Public Health Association, when I was on the board.

CP: That board, the Florida Public Health Association, talked of a school of public health for years and it was constantly lobbying. So that's—

EW: And I was a part of that too.

CP: Oh, by golly. That's good. On behalf of the School of Public Health, Embree, and the libraries of the University of South Florida, let me thank you sincerely for taking time to come and share with us for posterity, really, and the future historians who want to study these things to share with them your experience in this. We thank you for coming, and I'm Skeeter Prather.

EW: And you are all welcome.

End of Interview