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Charlton E. Prather (CP): We have, this afternoon, Dr. Emily Gates, a pediatrician who practiced pediatrics all of her life. And she is not that old, but she came to Florida during, first, the Second World War years for some specialized purposes, but she departed Florida for some 20 years.

But I like to think of her as having spent the important part of her professional career with the Florida public health organization. I know she'll probably correct me on that, but I would emphasize the important part of her professional career. Dr. Gates, it's truly a pleasure to have you here.

And on behalf of the libraries at the University of South Florida and the College of Public Health of the University of South Florida, I say just a hearty, heart-warmed welcome and express the appreciation of us all that you would willingly come and sit and talk about the exciting days, and some of them not exciting, I know, but your days in Florida's public health movement.

And I know that you had the opportunity to witness a lot of important things being done. And I happen to know for a fact that you would initiate a lot of things that became increasingly more important over time, and I hope that you'll review some of those for us.

It's just exciting, for me, to anticipate our conversation today about your career in Florida's public health. For my curiosity and our readers, we know that you spent a lot of

time in California. And I want to think that you were born and raised in Minnesota. What in the world got you to Florida?

Emily Gates (EG): Well, when I was about five, my grandparents moved to Lakeland, Florida. And we went down that Christmas and left in a blizzard in Minnesota. And I woke up in Orlando, several days later. And I could smell the orange blossoms and see the bougainvillea and all those pretty things. And I said to my mother, “When I grow up, I’m going to come here to live.”

CP: You were five years old? Marvelous.

EG: It took awhile, but I finally got here.

CP: That is marvelous. So what got you to Florida first was your grandparents. And I presume your mother brought you?

EG: Yeah, and then she moved here. Her husband had died, and she moved to Florida. And it was lonely here, and I felt like it would be better if I could be somewhere near her. And the opportunity to work with the state board of health occurred to me. I hadn’t asked for a job, but I thought, I’ll go see what I can get.

CP: Good. Remind me, I think that your dad and your mother were physicians.

EG: No, my mother was a mathematical brain.

CP: Oh, one of those.

EG: If the adding machine and mother didn’t come out the same, we sent the adding machine to get fixed. But they ran a small hospital in Minnesota and that was why I thought I was qualified for the first job I got here.

CP: With the state board of health? Tell me about that. Your mother lived where?

EG: Minnesota and then moved to Lakeland. She moved to Lakeland.

CP: Oh, she moved to Lakeland.

EG: That's right.

CP: You wanted to come to be close to where she was.

EG: I thought it was a good idea.

CP: Yeah. I do too. I think that's a good idea. But you got here and then decided maybe you might want to go to work.

EG: Oh, I knew I had to go to work. Somebody had to. She was on what was then retirement and my father had died quite young. And so they hadn't had any time to put things together. No, she had enough but, anyway, I knew that I needed to work because I couldn't just—I had all this education, and I couldn't just loaf around. And I didn't want to.

CP: Yeah, I'm curious about how you came—did you come to the state board of health? Did you go to a local health department? What did you do?

EG: I'm trying to figure out—I went to a clinic in Lakeland. And they didn't want me. I really thought they needed me because they didn't have—

CP: They probably did.

EG: I found out later that they did. But they didn't want me. And so I thought, Well, I would apply to the state board of health and see what they had. And Lillian Marsh was head of the maternal and child health then.

CP: Yes, I remember Lillian so well. Thank you for mentioning her name.

EG: She was a very nice person. And she thought that I could do some—we had this EMIC¹ program, Emergency Maternity and Infant Care, for the wives and children of the men in the lower four pay grades. That's a mouthful.

¹EMIC (Emergency Maternity and Infant Care) was a wartime program operated by the state health departments to give nursing, medical, and hospital maternity and infant care to wives and babies of enlisted men in the four lowest pay grades, about three-fourths of the armed forces. At its height, the program covered one of out seven of all births taking place in the United States.

CP: Wow. That's a mouthful.

EG: We contracted it down to EMIC.

CP: I'm glad you called it EMIC.

EG: And we did not have a Medicare or any of those things way back then. That was in 1945, a long time ago.

CP: I can remember 1945.

EG: But anyway, there were a few hospitals that would take these women and the kids, but they didn't know how to handle a per diem². They had to see what the per diem for taking care of these people. And they didn't know how to figure out the per diem.

CP: They didn't know what a per diem was.

EG: And I could talk to my mother about some of these things, and she could explain to me how I could explain to them what they needed to do. She was a real asset in this program.

So we got a lot of the little hospitals in—Florida was an armed camp. In 1945, we were overwhelmed by the number of military people here and also their wives and children, and there had to be something done for them.

And that's what we set about to make possible, that there'd be proper care for these wives and children. And it was an interesting experience. I never had a better time in my life putting something together because I started from scratch.

CP: Yeah, with nothing.

²Per diem is a Latin term meaning per day. It refers to the the daily allowances for expenses given to an individual, usually in a corporation, per day to cover living expenses when travelling for work.

EG: With nothing. And some government money, that's important.

CP: Not much.

EG: No, but it was enough to take care of these people. And I stayed with that, and during the time we were having that—something that I didn't do for you and meant to do was get in touch with vital statistics and find out the birthrate before this happened and after it. And I will do that and get it to you.

CP: Okay, that would be interesting.

EG: Yes, it's important as part of this talk, but I just didn't get it ready because I didn't think about it until last night, just a little late. But I think that's important that we know. Because I'm sure that it went up by several hundred.

And while we were doing that, we worked with the county health departments to do a nutrition survey with the—Marge Morrison was the person in nutrition that later became a very good friend of mine. And she came from Hawthorne, so she knew the central part of Florida, too.

CP: Came from Hawthorne?

EG: That's right.

CP: In Alachua County.

EG: That's right. And we planned a program in which we would interview people that lived all over Florida. In the southern counties and the west coast and all of them and find out what they were eating, first of all. And we found out that these kids, most of them were deficient in many, many things that grew right here, including cow's milk.

CP: I wouldn't be surprised.

EG: They were not getting enough cow's milk. And they had all sorts of deficiency conditions, which was a shock to us. We found that kids are living right in the middle of

an orange grove would have a deficiency of vitamin C. And they might have cows at home, but they weren't drinking milk.

It was a good study, and we had a lot of cooperation from the county health departments. In fact, that's one of the brochures, one of the little journals that we had in which it tells what we did and shows some of the county health department people. And it really was a good study.

And it was good enough so that the journal of the American Medical Association wrote it up and complimented us on it. We were really proud of that because they didn't compliment very many people about very much of anything. But anyway, that was noted in there.

And it was a revelation to me about the problems that I needed to try and do something about. And it was an education to the health department people because they realized how they could focus in on these families and get them to feed their kids. And the whole families weren't feeding, weren't eating right.

CP: And did it not surprise you that the county health departments weren't somehow conscious of these deficits?

EG: Well, they had a lot of other things on their minds, I guess, and it was—

CP: I'm sure they did.

EG: And nutrition was not a big force in the state planning either. When Millard Kaufman came, things changed. But they had not had the emphasis that they had later.

CP: Yes, yes, yes. What did you do about it?

EG: Well, we talked to the individual county health departments and got them to introduce more nutrition in their programs.

CP: Nutrition education?

EG: Um-hm. And that continued from then on. And then, next experience that I had was with the—I realized I was losing my contact with the kids. I was getting away from what I had studied. I was getting away from the care of children, and I realized that I couldn't do that. I'd spent too many years planning. And so I decided that I would leave, and I would go into private practice. And that's when I went to California.

CP: Oh, okay. On our program of aid to mothers and children of soldiers of the lower four grades—

EG: That's a mouthful.

CP: Yeah. I don't feel like we came to closure on that. You had federal wartime money to pay for hospitalization and medical care—

EG: And we had to get the hospitals to agree and the physicians to agree to take these things. Because they weren't sure that only wives were going to pay them either and that they were going to get this government money. And we explained to them how it was all organized and got their interests and their cooperation. It wasn't hard once it got started.

CP: Uh, yeah. I can see that you had a sales job you had to do. And it's largely focused around the hospitals around military bases, or was it kind of more widespread?

EG: Well, the military bases were widespread.

CP: It was statewide because of the location of the military. So you found yourself in the small hospitals or in hospitals, period. And you found yourself visiting physicians or somehow writing to them. Did you not?

EG: Mostly visiting physicians because I think you sell things by personal contact with people.

CP: Oh yes, much better than the cold, bureaucratic-looking, letter-headed letter. I understand, particularly at that time. And you spoke to the fact that you know it was successful from an infant mortality point of view. And you probably had the data to support that from a hard, vital statistics point of view.

EG: I just didn't get in touch with vital statistics as I should have, and I will.

CP: Don't think you should have. Don't feel guilty that you didn't. But we'll accept that when you look up the numbers. But I'd be very curious, and you're very curious, exactly what the numbers were at that time. How long did you participate in this?

EG: For about four years.

CP: Really? It wasn't all that long of service. After the Second World War closed, you were continuing to deal with this?

EG: The bases were still here, and the families were still here. And the kids had to be taken care of, the mamas.

CP: Yes, they did. Okay. All right, but an outgrowth of that was your recognition as a pediatrician that a lot of these kids are not nutritionally sound. So they get firm planning data, you all actually did a nutrition survey. And you came up with a statewide statistic. For my curiosity, was there any particular geographic clustering that you recognized?

EG: Not really. We found out that kids living in the middle of an orange grove might have a vitamin C deficiency. And that they might have cows on their property, and they weren't drinking milk.

CP: And they were milking the cows, too. Giving the cow's milk to the calves. Oh man. Okay, so now you decide your training was going to be wasted and you better get back into the practice of pediatrics. Now, I interrupted you about the time you were fixing to begin to talk about that.

EG: Well, I realized that if I didn't do something that continued my skills, pretty soon I wouldn't be able to do intravenouses [*sic*] on little babies, things that I had spent so much time getting good at. And so I decided that I needed to go into practice.

And I had an offer of a job near San Francisco. And I had relatives there. And I decided that it would be a good thing to go out there. And I was happy there for many, many years, but I—

CP: Did you have the smell of orange blossoms and those—oh, shoot—the pretty flowers? Did you have that in California? Well, don't say that out loud. Don't say you actually had it in California.

EG: Well, actually I practiced in the central valley of California. And that's very different from the coast. We had orange trees there.

CP: And you had your smell of orange blossoms and the bougainvillea, I think you said. They have bougainvillea in California?

EG: Beautiful.

CP: Too bad, don't admit it. Go ahead. I'm sorry.

EG: It's lovely country, and I practiced there very successfully. I have a story I have to tell you because I didn't know—I had a job in San Francisco. And the week before I got out there, with everything here sold and so on, they had passed a new law that nobody could start practice in the San Francisco area unless they had been there before the war.

Which was fair to them, but it was bad for a little girl who had just sold everything she owned in Florida and moved out there. And it was embarrassing to the doctor that was going to hire me. And I thought, What on earth do I do?

And I had a cousin that lived in Stockton in the valley. And I went over there grieving over this problem, and I thought, What shall I do? And I thought, Well, I came from a health department. I'll go to the health officer here. And I went to Dr. Sippy³ and he said, "There's a doctor here in town that's starting a clinic, and I think he'd hire you."

And he did. And I stayed there for ten years. And he was great to me. And there were lots of Mormons⁴ lived in that particular area. And he was the son of the main Mormon realtor had measles, measles pneumonia, and it was going to kill him. And I was going to give him a massive dose of penicillin.

³Dr. John J. Sippy (1879 – 1949) was a leader of administrative public health in the United States. He was an epidemiologist for the Kansas State Department of Health in 1913, the Montana State Department from 1919 to 1922, and the director of child welfare in the Montana State Department from 1922 to 1923. He is most known for the creation of the first health district in the state of California in San Joaquin County after the county developed a severe epidemic of diphtheria in the late 1920s. Dr. Sippy was also a member of the American Public Health Association and elected president of the American Public Health Association in 1943.

⁴A Mormon is an individual that follows the practices and beliefs of Mormonism. Some Mormons are members of The Church of Latter-day Saints but some are also independent or non-practicing.

And none of the nurses would give it because they thought I was going to kill him. Well, I knew that if I didn't do that his disease was going to kill him. And so, I gave it, and the next morning, he was almost well. The benefits of penicillin, you know.

CP: Penicillin was truly a miracle drug and still is.

EG: After that, I had every Mormons' kid in my practice. The doctor said that I had paid my way faster than anybody he had ever hired. But anyway, that's water over there.

CP: That's a good story, I think.

EG: Yeah, that's worth telling, I think, because they were sure I was going to kill that child, and he got well. So I stayed there for about ten years and decided that I wanted to work at the university. And the head of pediatrics at UC [University of California] was from Minnesota.

And so, I went and talked to him and told him that I had been in practice, but I would like to get into research and some of the things that bothered me. And he hired me, and I stayed there for a long time. But then I got the itch to come back to Florida. The sand in my shoes, I never could get it all out.

CP: And the orange blossom just smells much better here.

EG: They do.

CP: Yes, they do.

EG: So, I came back. And I remember a Sunday morning when I was making that decision, saying to my mother, "Well, Dr. Sowder had always said that if I wanted to come back, to get in touch with him." And he wasn't that much older than I, but when you're twenty-something and somebody's thirty-something, they seem older.

And so, I wrote a letter to him and told him that I would like to come back. And it was very opportune because the encephalitis⁵ research center had just lost its epidemiologist. Don Quick was leaving to go do something else, and they needed epidemiologists. So

⁵Encephalitis is an inflammation of the brain often due to an infection.

they hired me. And the main thing was to get here as soon as I could, soon as I could. And then that was in—the main focus of it was Pinellas County.

CP: Do you mind telling us where the encephalitis research center is? That's a new term.

EG: That was established in a little building, in the TB hospital⁶ in Tampa. They gave us a building and gave the project a building. What had happened was that all of a sudden they had this immense epidemic of encephalitis. And first of all, they didn't know why.

And it was killing, mostly, older people. And it was a very serious disease. And they needed fulltime attention to that. And they had a little building where the people that worked there lived. And they gave us that whole building.

CP: For an office and lab? Did you have a laboratory?

EG: There.

CP: Okay.

EG: But actually, they realized that we had—Johnny Mulrennan⁷ who was the mosquito man.

CP: Entomologist, state entomologist.

EG: That's right, state entomologist said it was *Culex nigripalpus*⁸. He just knew that the mosquito that was doing it. And he was right. Because when they tracked it down, that was what it was.

⁶The W.T. Edwards Tuberculosis Hospital is located in Tampa, Florida. The hospital is one of 12 tuberculosis hospitals built in the state of Florida, in honor of W.T. Edwards. When the vaccine for TB was discovered, the hospitals were closed.

⁷John Andrew Mulrennan, Sr. (1906 – 1985). Within the USF College of Public Health Oral History Project, John Mulrennan Jr. has been interviewed regarding his father on June 23, 1997.

⁸*Culex nigripalpus* mosquitoes are the most important disease vectors in the state of Florida; they are the primary vectors of Saint Louis encephalitis.

And it was a mosquito that lived where people did. And a lot of these are older people that were retired, and they had their gardens and they had all sorts of things sitting around with water in them, and they were just the place where mosquitoes to come.

And I can't remember, all told, how many people were involved in that epidemic, but it was a very big one. And it involved Pinellas County, primarily, and around a park there and people that lived in that area. And then it involved Hillsborough County, Sarasota and Manatee—those were the prime counties that were involved. And I did the work in the hospitals and wherever, in the health departments, in those four counties particularly.

CP: Okay, and what was your job?

EG: I went to see all the people that had it. And I did the follow-up work on the blood work. And I remember, I had thought I was pretty good bleeding babies. It wasn't any easier bleeding these old people because their veins are harder to get into than some of those babies.

CP: Oh, they run all over the place, don't they?

EG: That's right. But anyway, and we were doing the follow-up work and some of these poor little old people were badly damaged. And there were other kinds of encephalitis going on too.

And we had a couple—I particularly remember one child from a nearby county that had eastern encephalitis, and he was a little three-year-old, and was totally ruined, just totally ruined. And I have never forgot that little boy because he, just from a mosquito bite, totally—

CP: Just a mosquito bite.

EG: And a lot of the older people were badly brain damaged too. It was a hard time, and it was hard to see these people. And part of my job was going out and bleeding them in the home and bringing back in samples to see whether the levels were going down or what was happening with the blood levels.

But it was a fascinating job, and I had a good time doing it. And I have to tell you, the first day that I went to work they were writing, Dr. [Albert V.] Hardy was and Dr. [James O.] Bond, who was my boss, they writing a paper about this. And they were using words that—I had been in research in California too, at UCLA [University of California, Los

Angeles]. But I didn't know what some of these words meant. I just kept my mouth shut. I acted very wise.

And the next morning, I came in with my medical dictionary, and I was going to be able to ride back to my office and find out what it was that they were talking about (CP laughs), not show how ignorant I felt. But anyway—

CP: Well, your research was not in the mosquito stuff, entomology, and I suspect that was a totally new vocabulary.

EG: It was. And I had to learn everything new because we had been doing research on mumps, and I had been going to the coroner's office in LA [Los Angeles] and getting specimens on all the crib deaths because I had always been interested in crib deaths and what it did to whole families. And—

CP: How did that to mumps—pardon me, you were doing mump research—

EG: Dr. Adams, who was my boss there, was interested in mumps and a possible relationship to something else he was interested in. And I was getting blood for them, but we were talking something entirely different. It had nothing to do with mosquitoes.

CP: No, I can't imagine. I cannot imagine.

EG: It was a far cry from what I was involved in. I didn't know words that, within a week, common everyday words to me. But by the time I'd been there a week, I knew what they were talking about. I was glad I did. But that was a fascinating experience.

CP: How long did you stay there? How long did you stay with the encephalitis research center? It's my impression that it's no longer there.

EG: No, the governor could not—well, somehow, the idea was not sold to him. I could have sold him on the idea, but it wasn't my place to.

CP: But you weren't allowed to travel to Tallahassee. I understand.

EG: Well, I could go to Tallahassee, but I couldn't actually bear the governor in his den, and tell him what I thought about what he was doing. And he had been made to think that it was not a proper thing to continue. And so, it was defunct in a couple of years.

It was a sad, sad thing because there was another research center that would have worked together with it, and they should have been kept together. But foresight isn't something that everybody has. Sometimes just the people that are in the field are the ones that have the foresight. And if they don't have access to the people that are making the decisions—

CP: And that's not often the case.

EG: That's right. But anyway—

CP: Yeah. Did you come to a conclusion about this encephalitis mess? What did you do about it?

EG: Well, people couldn't have lived in Florida if it hadn't been for mosquito control, and this had been started a long time ago. And there was a great deal of effort, emphasis, put on mosquito control. But then this outbreak focused the need for further effort and, I figured, increased the effort on mosquito control.

And we educated people to not do the things that were drawing the mosquitos around their homes. And we tried to keep people out of the areas where the mosquitoes were worst.

CP: I remember a program in that, about that period, called Fight the Bite. Do you remember that?

EG: Yes, I remember now that you mentioned it.

CP: Fight the Bite. And it was to fight the bite of the mosquito and a major public educational activity. Fight the Bite. I just hadn't thought about that in 40 years.

EG: I haven't thought about that at all, but it is right. It was a good slogan. And mosquitos liked me. Any of the repellants were great friends of mine because they'd [the mosquitos] would take one look at me and say, "Ah, good."

CP: They liked your blood type.

EG: That's right.

CP: But the upshot, the research there determined not only the mosquito that was responsible, and you learned a lot about the mosquito, aimed at doing something about controlling that mosquito. Did you learn how it got there in the first place? Where did the mosquito get their infection to transmit to humans?

EG: I don't know where it first came from, why it was brought here.

CP: Yeah, which is the first: the chicken or the egg? I'm not asking that question.

EG: I can't answer that. But I really can't answer how it got into Florida. But we did find that we had other kinds of encephalitis. We had California encephalitis and several things.

CP: Oh, you did? In humans? Or you found it in mosquitoes?

EG: In kids, mostly. And actually—

CP: Being a Californian, I guess you would pick up on that pretty quick.

EG: I did because they were having a conference in California a couple of years later, and I was able to take our cases of California encephalitis, which hadn't come from Florida, they came from North Carolina. (CP laughs)

When we traced back, because I went up there for a little vacation and went to the hospitals and researched some of these cases and found out that they had become sick and been infected up there and not in Florida. That was interesting.

CP: Yeah, that's of interest. I'll let you go back to California now. And you're researching the mumps, and you're visiting the coroners in which you were gathering blood. Who were you gathering blood from?

EG: Tissue.

CP: Tissue in the coroner's office.

EG: Tissue in the coroner's office. I had always been interested in sudden infant death because I had the feeling that a death in my own family that preceded me was a SIDS [Sudden Infant Death Syndrome]⁹, and so little was known about it. And I thought that anything that we could do that would shed some light on it would help.

And Dr. Adams was good. He helped me get a grant, and I had a grant to go to the coroner's office and get tissues—

CP: From infants? From SIDS babies?

EG: From SIDS babies to try and find out if we could isolate any one particular organism that these babies had. Well, we never got anything like that. And subsequent studies have shown that we still don't know. And while we're on the subject, they think now that the position that the baby's put down in may have to do with whether it dies or not because these are usually healthy, healthy children.

CP: That's my memory, that a SIDS death is typically a healthy child otherwise.

EG: It's a shock.

CP: But he's dead.

EG: That's right. And often these are young people, and they've never had any death in their family or anything, and they've had no contact with their parents. And they're totally at a loss. It's a sad, sad time. It devastates families.

But anyway, we didn't isolate any particular viruses from them, and we had hoped we would. But I worked for that for a couple of years. And that was exciting going down to the coroner's office in Central LA in the middle of the night all by myself.

CP: They're still the busiest one in the United States.

⁹Sudden infant death syndrome (SIDS), commonly called crib death, is the death of a seemingly healthy baby in its sleep.

EG: And they were interesting. They were always very nice to me. And they helped me get my specimens and all. But sometimes driving home to the university, to the lab, in the middle of the night was harrowing. I wasn't always happy. (CP laughs) But it didn't do anything for us.

CP: But you continued your SIDS interest forever. But you never grew out of that, as I remember.

EG: No, we were able to get a SIDS project started here in Florida, when I was in Tallahassee. That was one of the best things we did while I was there.

CP: Wait a minute. You've lost me.

EG: I've lost myself.

CP: We were doing mumps and SIDS and now, then, I got you in California. When did you come to Tallahassee to do SIDS?

EG: Oh, well I came back—I have to look at this because I've had such a scattered career.

CP: You've just confused me because we're talking about your going to the coroner's office in LA, and then here, suddenly, you're talking about activities in Tallahassee. And I hadn't got you back to Tallahassee yet.

EG: Well anyhow, I don't know what year we moved to Tallahassee, frankly. And I didn't have anything in my research that told me when I went there either. We were transferred —

CP: If you'll let me help you—

EG: Yeah, I need help.

CP: You came back to Tallahassee to the ERC, to the encephalitis research center—

EG: That's Jacksonville.

CP: Oh, back to Jacksonville. You went to Tampa in '63, then, after that, after the encephalitis center folded, you came back to Jacksonville? Or did you go to California in the interim? You come back here from Tampa? You came to Jacksonville from Tampa?

EG: Yeah.

CP: So you stayed with the board of health?

EG: All the time I was in Florida I was with the state board of health.

CP: Okay, I'm getting the picture.

EG: And somewhere along the way they moved us to Tallahassee.

CP: That was effective July 1st, 1976.

EG: I do have the right date down here.

CP: The law said that we shall operate in Tallahassee as of July 1st, 1976. And you probably moved over several days before that.

EG: Well, we had gotten a better handle on SIDS because, through our vital statistics, we were able to have a specific coding that was for just babies that were found dead like that.

CP: Oh, in the vital statistics?

EG: That's right.

CP: Death, coding of death.

EG: They could report it that way. And I think it was—it wasn't SIDS but it was something similar to that, and we were one of the first states that got a designation on our death certificates that helped us to identify it, and we began to understand how many babies there were that—

CP: That was the first opportunity to look at the statewide figures.

EG: That's right, that's right. And they were being signed out all sorts of different ways because nobody knew what to say. But we had a good way of controlling that. And the next year was a great year for Florida because, for the first time ever, we had a count on the babies that were found dead like that.

CP: Let us, for the record, determine the date of that first year. Was this after you moved to Tallahassee?

EG: No, that was before. I really didn't feel like—

CP: That's an important date for future historians, is the first year that we really had some sort of handle on the numbers of SIDS deaths in Florida. S-U-D-I-s, SUDIs¹⁰.

EG: They could use that as—

CP: An acceptable death certificate diagnosis. To say that I really don't know what caused the death of this kid.

EG: That's right. And it was sudden, unexpected, infant death.

CP: Yes, yeah. And that was '68. Today, they feel like they got a very accurate count of the number of deaths occurring.

EG: Yes. And we were one of the first states to really get a handle on that.

CP: That's the important date, 1968, so, thanks.

¹⁰SUDI is an acronym for the designation of a sudden unexpected death in infancy as a result of undetermined causes. Statistics for SUDIs include deaths from sudden infant death syndrome (SIDS) as well.

EG: And then, when we got to Tallahassee, one of the big programs there was WIC [Women, Infants, and Children].

CP: WIC. Now, what's WIC?

EG: Women, Infants, and Children. A feeding program for women, infants, and children.

CP: Okay.

EG: And Mildred Kaufman who has always been a good friend of mine, was in charge of that.

CP: All right. She was with the state board of health, as the nutritionist.

EG: Nutritionist. And I have always had a good relationship with nutritionists. And she needed help to get her program going. And we had some federal money that we could—

CP: Now, who is “we” in this case?

EG: Well, I for one and Paul Boyser, who was one of my workers and a real, real fine young man.

CP: Good. And where were you associated now? Administratively or bureaucratically, where was your attachment? Are you still in maternal and child health?

EG: Yeah. And we were able to loan Mildred, Ms. Kaufman, Paul, to help get things started. He was good with finances, and he helped get that program rolling and worked well with her. And she always has had a great respect for Paul.

CP: Give us a quickie [*sic*] overview, for our viewer's sake, of what really is the program that Paul and you got started.

EG: Well, actually, it was an effort to get proper food to needy women and children.

CP: Oh, in a nutshell that's what it was. Could you provide money or did you just provide education, or you provided motivation?

EG: We provided a means for her to do the educating because she had the nutrition staff in the county health departments to get out and do this kind of education. And Paul was able to work with her to help get these things done because she did not have the funds.

And when we decided he could go work with her, we weren't sure we wouldn't go to jail. Truly, we weren't sure that this was within our premise to do this. But we decided it had to be done. And actually, WIC is still going.

CP: Yes, it is. And it's a major, very effective, very valuable programmatic trust today.

EG: That's right. And we recognized how good it was. We wanted to help, and I think we did.

CP: Good. For our readers, I mean, for our listeners, those who have an interest in this subject, let me tell you that Ms. Kaufman that Dr. Gates is referring to has been interviewed on this same series and she speaks, to some length, about the WIC program.¹¹ That's an editorial addition, Dr. Gates.

EG: That's good because I have seen her tape.

CP: Oh, you've seen her tape?

EG: And I know that she was proud of that program. She has done a lot of real good things in nutrition in Florida.

CP: Yes, a lot of innovative stuff she did. But I didn't mean to get you off track.

EG: No, well, I was trying to think what else—oh, the other thing that happened when I was in Tallahassee was the school health program.

CP: Oh, school—yeah, tell me about that.

EG: Well, we knew that we—

¹¹Mildred Kaufman was interviewed for the USF College of Public Health Oral History Project on February 21, 2000.

CP: During your tenure, I just want to put some words in your mouth. I seem to recall you wrote what is now the school health act of Florida¹². Did you not write that act? Say yes.

EG: Yes.

CP: Yes, you did. That is now the guide and really a model for the United States. The school health act of Florida.

EG: I've got the *Planning and Staffing a School Health Program*.

CP: There you go, right there.

EG: Which we put together, as a manual, and it's used in many, many places. But it tells how you get together a program. And it tells what nurses to have and what—

CP: Now, if I had a listener that really wanted to get a hold of that manual, where might it be found?

EG: In any county health department, I'm sure.

CP: Okay. And the title again is?

EG: *Planning and Staffing a School Health Program*.

CP: Okay, good.

EG: I don't know what they call it today, but it hasn't changed too much because that's what it's all about.

¹²The Florida School Health Services Act stipulates that schools have to have the ability to evaluate, manage, and aid emergency health needs for students until the student can be returned to the classroom or released to a primary caregiver, law enforcement officer, or designated health provider. The act also requires each county health department in the state to develop a school health services plan to ensure the student's well being.

CP: That's right. I interrupted you. While you were still here, school health programming became a priority issue.

EG: That's right.

CP: So speak to that, talk about that some.

EG: Well, we realized that, although we had statewide facilities, we did not have a well-organized school health program.

CP: So true.

EG: And we needed it. And so we got together, a lot of us, and developed a program so that we would have nurses in every county that were devoted particularly to the schools, and to designate what their responsibilities would be, and where in the county program it would fall, and how you worked with the schools to develop the program.

And then we even had school health aides. We had everything that could be part of a school health program. It's really a very good booklet.

CP: Yeah, and it's a good program. But it's not operating, in my impression, as you envisioned it and as it got started because money, some availability of resource, got in the way.

But remind me, during those days of your developing the school health program, the director of school health services for the department of education, a young man, help me with his name, just a super guy that left Florida and went to the US Department of Education. But within the department of education—

EG: He got his training here.

CP: That's correct. He got his training here, and he was a graduate, I think, of the University of Florida. But he was a Floridian. But he was so outstanding, and I'm coming to a—

EG: I'm sorry. I can't pull the name up.

CP: I want to remember his name. He gave me a windmill, by the way, with the pump mechanism of a windmill. I wanted you to help me. But the point that I want to make with him, on an occasion at either the Florida Medical Association Meeting or a meeting of the Florida Public Health Association, it was my privilege to be in your hotel room.

In some hotel in Miami Beach, in which you and the man that I'm trying to think of were going back over a final draft of a bill that the department of education was going to do all in their power to get introduced. He came there on an airplane. You all stayed up all blasted night getting this bill and he preceded back to Tallahassee, did all the proper stuff, and it got introduced that year. It didn't get passed that year.

That bill, don't you remember that? That's is terribly important. That law, the Florida law, became a model for the nation for school health programming. And just to have such a vivid memory of you and him working so hard on that bill. You're sitting there writing. You were doing sentence structure on that bill. And I was privileged to be witness to all of that myself, personally. Don't you forget that. That's terribly important.

EG: I won't forget it, but it was probably in the middle of the night.

CP: It was.

EG: His name is just right here, but it won't come out.

CP: But it won't come out.

EG: Isn't that awful? But he was a real asset.

CP: He drove Porsches, by the way.

EG: He went up in the Carolinas someplace, I think.

CP: It's kind of an interim, but he ultimately left here and joined the US Department of Education because he and I maintained some contacts over some different issues because, in the interim, I changed capacities from the day of that bill.

EG: We had some real help with things. That was one of things—we had some real helpers in other departments. We had some wonderful help in education. If we could get

our idea across to them, then we could make some progress. It was the idea of finding someone that would listen.

CP: Yes, to our issues. But I got you totally off track. You went back in Tallahassee. You were about to talk about the emergence, your personal emergence, into matters of school's health. And a lot went on before we got to that booklet, as I want to remember.

EG: I was always deeply involved in school health.

CP: Yes, you were.

EG: And the people that—because it was for the kids.

CP: In fact, you were rather dogged about your attitudes towards school health.

EG: You had to be. You had to be. If you're going to get anywhere, as a public person—

CP: You've got to have a lot of tenacity and a thick skin.

EG: That's right. That's the hard part. It was always hard for me to develop a thick skin.

CP: You never got your feelings hurt. You never got upset with your feelings being hurt. You were disappointed.

EG: Well, I didn't show that. I didn't fade.

CP: No, it's not nice to show it.

EG: No.

CP: But to your closest friends you'd tell us how disappointed you were. How other people were reacting or not reacting.

EG: Yeah, we tried hard though, and I think most of the things that we worked on have borne fruit.

CP: I think so.

EG: I think of things we worked so hard to make happen and, in general, they happened.

CP: Yes. It took perseverance on the part of at least one person to see to it that it is not forgotten in the shuffle-buffle of the altering priorities. And you were very good at that.

EG: I was dogged.

CP: But there's a lot more now, even. You continued with your interest in school health, but you got that on an even keel and got other people, and it went to doing good. It got funded, the bill got funded, in due course, a very sizable little piece for a couple of years. They kind of put a lot of this into place but then the funding went bap, went off.

Oh man, we lost the funding. When you lose the funding, you lose priority focus, and so you have to bend with the tide, but you never let anybody forget that school health is critical and it must be a first priority, still, in spite of the fact you guys are not giving it any money.

EG: Well, I never let anybody forget there were kids out there, because they couldn't speak for themselves and somebody had to.

CP: You done good, too. You done good. Now, you've moved to Tallahassee, and you carried your interest in school health to Tallahassee. Because we are now close to the department of health. We could have direct access to them.

And there was the school health advisory committee that you were very involved with. And it was mostly you, a nutritionist from our house, and a whole bunch of folks from the department of education. Something called the school health advisory committee that I think you were responsible for getting started.

EG: That was part of the Florida Medical Association.

CP: Oh, it was?

EG: I mean, we had a school health advisory committee. Well, all the last years that I worked with the state board of health, we had a lot of help from the School Health Advisory Committee of the Florida Medical Association.

And we always had a member, we always had somebody meeting with us, and that was very meaningful because it played back to the organization and what we were trying to do. And we had their support for many of the things that we were trying to do.

CP: Valuable to have FMA support. FMA. Florida Medical Association. I'm glad you reminded me of that. I don't think they have such a committee anymore.

EG: I was thinking about that the other day in connection with this and wondering if—

CP: What happened to them?

EG: Wondering, what did happen to it?

CP: And I can tell you it was a budgetary issue and a reorg [reorganization]. When they began to have trouble with money, it's one of the things that left.

EG: Well, it wasn't expensive. It shouldn't have—

CP: They combined their councils. If you remember, FMA was organized for many years around something called councils. And there was a council on public health care, there's a council on public health, which had a whole bunch of committees, one of which was the committee on school health, another was the committee on public health, another was the committee on emergency medical services.

EG: Well, Dr. Knox was the person from Miami.

CP: Pediatrician.

EG: That was a pediatrician.

CP: Longtime chairperson.

EG: Wonderful person. He was a great help. We got sent—there's something in Washington about children, I forget the title of it, but, anyway, he was in such a hurry to make his plane that he forgot his coat. I've never forgotten that. And it was cold up there. Poor man. Yeah, when you leave Florida to go to Washington, DC, you need a coat. And he didn't have it.

CP: There was a time—

EG: But he was a wonderful person and a great help to all school things.

CP: Yes, he was. I remember Dr. Knox so well. Yeah, but the school health committee had been ongoing long before mine and your time.

EG: Yeah.

CP: Yeah, it had been. But you immediately learned how to utilize that committee for the broader, happier purpose. And it was that forum that brought public health, Florida Medical Association, and department of education together on common grounds. And in fact, I hadn't thought about that committee in a long time. But they were still active up to the rest of your career, I think.

And I'm not remembering when it disappeared, but it disappeared at the same time as the council on specialty medicine disappeared with the major reorg [reorganization] of the Florida Medical Association is where it went. And the basis of that was money, for your interest. Paying all those council members for travel.

EG: Well, they didn't take a lot of travel, for a lot of people.

CP: No, and we traveled on our own budgets.

EG: That's right.

CP: The state board of health paid our travel to attend those things, which are so important to the public's health. But the FMA had to pay their members to come and a lot of other councils. Well, we're back in Tallahassee now and your career with organized public health, as a salaried person, did not end with school health.

EG: Oh no.

CP: So keep talking.

EG: Well, that was the main accomplishment. I'm trying to think of all these things that I have down here.

CP: You can just get your crib notes out and begin to tick them off.

EG: That's what I need to do.

CP: Go ahead because, between the two of us, our memory is getting worser [*sic*] and worserer [*sic*]. I've noticed mine today, thank you for pointing that up, that my memory isn't like what I would like for it to be.

EG: Well, I've got EMIC and nutrition survey, encephalitis research center, the SIDS project, WIC, school health services—oh, we got an organization going, a funded organization for SIDS, that did a lot of good in orienting people in Florida to the cause of SIDS, and they published a number of things.

CP: You mentioned, a little while ago, that when you left the encephalitis research center somebody gave you an overgrown mosquito. Tell us about that.

EG: It's wonderful.

CP: Because I'll remind you that my [nick] name is Skeeter. You know that, don't you?

EG: Yes, Skeeter.

CP: All right.

EG: Mos-skeeter?

CP: Yeah.

EG: But anyway, on a frame that's about this long, so wide, there is this marvelously done model of a *Culex nigripalpus* with legs and—

CP: Three-dimensional?

EG: It's three-dimensional. And it fascinated me so, that I had to keep it. And I kept it all these years.

CP: Well, I would hope so. I hope when you look at that mosquito you don't think of me as the encephalitis carrier.

EG: No, I don't.

CP: Okay, thanks.

EG: But anyhow, it's a marvelous thing, and I hope that sometime there would be a place to put it. And now I understand we're going to have our fabulous building.

CP: Yes, we may take a commercial break at this point to make a point about that. That the old Julia Street building, the original housing of the state board of health, a building built in 1923 that served the state board of health and the headquarters of Florida's public health activity and organization here in Jacksonville, went into bad days and got into ill repair.

EG: Fell apart.

CP: But thanks to the legislature and the federal government, the building is now being refurbished back to its 1923 beauty, including the fireplaces in every room.

EG: Oh, it's going to be nice.

CP: Yeah. But the legislature has seen fit to designate that building the Florida Medical and Public Health Museum, with some designations as of how it shall be used. It is also, for your interest, formally named by an act of the legislature, the Wilson T. Sowder Building.

EG: Oh, I'm glad.

CP: I am too. And this mosquito, an appropriate resting place for that, that mosquito you have will be in this museum. So please hang on to it.

EG: Oh, I've kept it all these years, I wouldn't lose it now.

CP: And make sure it comes to this place. Too, as a further commercial announcement, any of the artifacts reflective of Florida public health history, our museum-to-be is an appropriate repository for that. I hope you'll see fit to give it, to give your things.

EG: I mentioned to Dr. Prather earlier that I had a whole cabinet full of stuff that I've saved, and I haven't known what to do with it, and now, I know.

CP: Oh, great.

EG: And I won't throw them away, I'll bring them. Whenever they tell me that it's time.

CP: All right. And we don't know at this point.

EG: And Ms. Scarborough, who was Nichols in her public health days, will be glad to get that cabinet empty so that they can use it for their purposes.

CP: I can understand that. Let me go back to your career a minute though. Because I'm remembering in Tallahassee that you had a formal title; it was something to the effect of director of child health services or administrator of the office of children's health or something like that.

EG: You know, I tried to figure out, and I've got some scraps of paper here. And I maybe can find it. Administrator child health section, division of health. No, that's not it.

CP: No, not division of health.

EG: No, that's not right. I don't know. I don't have it.

CP: Child health?

EG: Maybe it's in one of these things?

CP: Okay. Do you remember anything you did while in that capacity?

EG: No. We tried to develop the school health program.

CP: All right. Good. That was a major focus at the time.

EG: Yes, it was a major focus. And we helped with the WIC program. I didn't feel that we accomplished any major things, but I think that was our problem, right then. We weren't—

CP: Well for history for such a benefit this consolation may be to you, no major administrator will look back on our HRS [Florida Department of Health and Rehabilitative Services]¹³ days as a period of much accomplishment in the field of public health.

EG: It was a period of transition.

CP: Painful transition.

EG: We tried.

CP: Yes, we did. Yes, you did. And even I tried too.

EG: That's right. We all tried, and we survived it.

CP: Yeah, we did. We survived.

EG: We still have the function.

CP: And we still have the enthusiasm and interest. And there's a lot of the oldsters that are still around plugging along, that are in positions to—there's not many of us who were actually there still around.

¹³In 1969, the Florida legislature abolished the state board of health and transferred all of its departments into the newly created Florida Department of Health and Rehabilitative Services. In 1996, HRS was reconstructed as two entities, the Florida Department of health, and the Florida Department of Children and Families.

EG: Well actually, every once in awhile, if I'm around the state, I'll eat in a restaurant or something, and I'll see somebody that I recognize from my public health days. And I'm a little reticent about going over, but I go over and introduce myself.

And they look just as shocked as I was to see them. And it's fun. And then we have a reminiscing time about all the things we tried to do and a lot of the things we did. I think the important thing to remember in a session like this is how much we did accomplish.

CP: Oh yes, we must continue positive and not overemphasize the negative. Because a lot was—

EG: No, because we got these things done.

CP: Yes, we did.

EG: I was thinking about the sudden infant death syndrome. We developed and we had an organization going and funded, federally funded, in Tallahassee, and it's statewide. I don't know just the situation of it right now but we developed so there was some nurse in every county health department that knew as much as we could funnel into this person about SIDS.

CP: Ah, very good.

EG: And so, that if it happens to a county person, there was a place where we could refer this poor pathetic little family to.

CP: And find a sympathetic, knowledgeable ear.

EG: And they didn't think that the family did it. And that could persuade all the neighbors that the poor little mother didn't do it. It's such a sad thing, and it so hard on the family.

CP: And it's still sad.

EG: That's right.

CP: In spite of what we know because, as you said—

EG: Because it means a death.

CP: So often the first born of a young couple.

EG: Yeah, very often.

CP: And I know two of those families, personally, in Tallahassee. And it is so tough on the parents because their guilt. They feel so guilty.

EG: I think this is what happened to my brother that preceded me by five years. And I think when my mother was in her 80s, I convinced her that it wasn't her fault.

CP: Good. And she had been suffering this all these years?

EG: Oh, she always had this feeling. They always do. And so much was coming out about it, and when she was in her early 80s, she talked to me about it. And my father died when he was 55, and she had sacrificed to see me through medical school because it wasn't easy, and she was a couple of years younger. And she was always my good friend.

She told me, when she was real old, "You have been a good daughter." And, I think that's the nicest thing anybody ever said to me because I tried. But I'm just a girl, and two women in the same house don't always get along. I didn't say—nobody, they said, Oh, your mother lived with you? No, I said, I lived with my mother.

CP: I like that.

EG: It's true. But we had a lot of fun, and all these transcontinental trips and things that I took, and when I got out to California expecting this fantastic job and didn't have a job. She didn't hold it against me.

CP: That could be a—was she with you?

EG: Oh sure. I mean, when I moved, I had sold everything here in Jacksonville.

CP: And she was there, and you came home from the office to say, "Ma—

EG: I ain't got no job.

CP: I ain't got no job. (Both laugh) That would be cute. Tell me about all these things you've got in your lap there that you're holding. Tell me about those.

EG: Well, let me get them in some kind of order.

CP: Okay. It looks like a lot of interesting—

EG: This one, about [*Florida*] *Health Notes*¹⁴. This is the nutrition survey.

CP: Oh, the ones you're telling us about?

EG: I'll tell you about them.

CP: Oh good. Tell me the issue number.

EG: Okay. It's vol. 37, n. 5, May 1945.

CP: Okay. Vol. 37, n. 5, May 1945.

EG: Um-hm. It tells nutrition survey number—

CP: That's the *Florida Health Notes*.

EG: Um-hm. And it even has a picture of me in it.

CP: Oh marvelous.

EG: [Referring to picture] There.

CP: There you are. Look at that. I can hardly recognize you. What were you there, 14?

EG: This is a better picture, from the back.

CP: Oh, you look at least 16 there.

EG: Yeah, I was 18 from the back but anyway, and good pictures of the county health department people. It's really a really nice issue. And that's Marge Morrison's picture.

¹⁴*Florida Health Notes* were the journal for Florida State Board of Health that began in 1892.

CP: Yes. For our listeners, *Florida Health Notes*, a longtime publication of the old Florida State Board of Health, actually from 1889 until the department of HRS declared that we not spend money on such things anymore in 1976 so continual monthly publication on health issues.

And this one can be found in the major libraries of Florida because they all were given copies. Copies of the *Florida Health Notes* can be found at the state library and in most major libraries of Florida.

EG: Here are some other samples. These are on encephalitis.

CP: Oh all right, *Florida Health Notes* on encephalitis.

EG: And “Man, Mosquitoes, and Microbes.”¹⁵

CP: With a mosquito on the front.

EG: And that’s my *culex nigripalpus*.

CP: Right. We’ll take a picture of that one. Let me hold the mosquito one, and we’ll put that on tape for everybody to see.

EG: Well, I’m going to dump all of these things out of my lap if I’m not careful.

CP: I’ll help you pick them up.

EG: Thank you. That’s the mosquito.

CP: Yeah, yeah. And we’ll put that on tape in some part of your presentation. There’s our mosquito, all right.

EG: And this is another interesting one. This wasn’t [*Florida*] *Health Notes*. This was 1962. [Reading] Mosquitoes, animals, man versus—it’s an interesting one too.

¹⁵Florida Health Notes. Vol. 59, n. 5, May 1967.

CP: Oh, Florida's program for encephalitis control is the name of this.

EG: And this is the other one.

CP: Oh, other encephalitis. Okay, [reading] the problem of encephalitis in Florida. [end reading] This was put out by the state board of health. It was an informational brochure, obviously, not a *Florida Health Note*.

EG: Because that epidemic was really a frightful thing.

CP: It surely was, the way it was killing elderly folks—

EG: That's right.

CP: Man, for the record, we'll take a picture of this, and I suspect that could be found in the libraries as well. Okay, what else do you got?

EG: Well, I've got the one on crib deaths.

CP: On crib deaths, the *Florida Health Notes*. Yeah, and that's still an active, important issue.

EG: Yeah, because it's happening today just like it was years ago. And we still don't know—

CP: The incidence hasn't fallen, has it?

EG: Well, a little bit. They think that when they are teaching people to lay—

CP: To lay babies in a different way.

EG: That's right. They think that that is making some difference. It's going to take a long time of statistics before we really know.

CP: It's not that common of a disease. Okay, these are very useful and valuable things. It gives me the opportunity to make a nonpaid commercial announcement about the *Florida Health Notes*. For your interest, do you remember Bob Schoonover¹⁶, the editor of these?

EG: He did a good, good, good job.

CP: I'm sure he would be please to hear that. I talked to him last week.

EG: Really?

CP: If we can make arrangements. He lives in Pennsylvania.

EG: Oh my goodness.

CP: And if we can make appropriate arrangements, he going to sit in that chair and talk about *Florida Health Notes*.

EG: Oh good. He was a nice person. Tell him that I have lots of these, that I've saved them.

CP: He's probably the only living person that can really speak to the history of *Florida Health Notes* from 1889 on. And I hope we'll be able to interview Bob, too. All right, what have we left out?

EG: I think we've touched most of it. This is my curriculum vitae you asked me for.

CP: And you gave me a copy, didn't you?

EG: I don't know.

CP: Well, I want that one if you didn't give me another copy.

EG: Well, I'll tell you. The reason I've got it is because Marion Scarborough had a copy of it, and I couldn't find mine.

¹⁶Robert A. Schoonover was interviewed for the USF College of Public Health Oral History Project on April 23, 2002.

CP: Okay. It's nice to have a friend that keeps up with you so well.

EG: Anyway, you can have this.

CP: Okay. And you don't see anything there we need to highlight?

EG: You can look through it and see if you see anything.

CP: We've already highlighted. Okay. This will be available to our watchers, of course. Your CV becomes part of your official record, which is the reason I didn't talk about it a lot because folks can read this.

EG: That's right. I had a checkered career. I went back and forth from here to California.

CP: You've got a very impressive list of publications here, I can tell. I'll just mention that you, the reader, can see that she's a published lady in refereed journals, if you need to read about—

EG: Yeah, they are good journals.

CP: Yeah. Good, good. We want this. All right, then, on behalf of the library at University of South Florida and the College of Public Health, Dr. Gates, this has truly been an exciting moment of reviewing with you your exciting history with public health, and with Florida public health in particular.

And on behalf of all those and future lookers, folks who will be watching this tape in the future, I just say thank you so much for sharing your time and sharing your life with us. And we think, over time, it will have increasing value, the tape will, for the coverage.

EG: Thank you for inviting me to do this because I had a lot of fun getting ready.

CP: Good, it is fun kind of getting ready. And today is February 12, 2002, and I am Skeeter Prather.

End of Interview

