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E. Charlton Prather: We are very pleased and privileged today to have with us Mr. George Gehres, a long-time employee of Florida's public health system, beginning when we were the State Board of Health. And he went through a number of responsibilities and jobs, and established himself in more recent years as one of the historians of the Florida public health system.

Thus, it's a particular privilege to have Mr. Gehres here. And George, let me say welcome. And on behalf of the College of Public Health, we are just thrilled that you would come and share with us. What got you interested in public health?

George Gehres: I won't say that's an interesting question, but it's a good leading question.

CP: All right.

GG: My wife's brother was a health officer in West Virginia.

CP: Oh! All right. Did you know him before you were married?

GG: Yes. In fact, as I went down—my home was in Pittsburgh and then—

CP: Like in Pennsylvania?

GG: Yes.

CP: Okay.

GG: And I got my baccalaureate in, get this, bacteriology. They didn't know what microbiology was back then.

CP: Well, that must have been more than three years ago.

GG: And—well, I got my degree in 1935.

CP: Nineteen thirty-five in bacteriology?

GG: Yes.

CP: Are you a contemporary of Pasteur?¹

GG: Almost. He was a few years older than me, though.

CP: A few years older.

GG: And I never had the chance to meet him. And I did a year's graduate work in bacteriology. And the only reason I could do it was I was assistant director of music on the campus at the University of Pittsburgh.

CP: Assistant director of music?

GG: Yes.

CP: You are continuing to shock me. I would—I'm constrained to remark that I was recently introduced to a large audience as—that the introducer said—he thought the

¹Louis Pasteur (1822-1895) was a French chemist and microbiologist renowned for his discoveries of the principles of vaccination, microbial fermentation and pasteurization.

audience would enjoy seeing a contemporary of Pasteur, me; or at the least, an epidemiologist as old as dirt. Now. So, I did not know about this music background. Talk to me about that.

GG: Skeeter—

CP: That's a far ways from public health.

GG: May I call you Skeeter?

CP: Please do; nobody else knows my other name.

GG: All right. I was a union musician before I graduated from college, and I played in Duquesne University's band. That's a small school in Pittsburgh; there are three universities, Carnegie Melon—that I knew as Carnegie Tech—and Duquesne and University of Pittsburgh.

CP: Okay.

GG: I played in Duquesne's band when I was still in high school.

CP: You did?

GG: I was a pretty good musician.

CP: What did you play?

GG: Oh, I played mostly trombone; that's where I made the money. (CP laughs) But I enjoyed playing the baritone horn because it's a big, full, mellow tone. Trombone is not a good tone. And I'll tell you, Skeeter: you do this with that slide on a trombone, you don't play fast.

CP: That's right.

GG: They gotta slow down for you. (CP laughs) So—

CP: I did not know of this talent, and I have known you, George, for—I'll have to figure it up—since nineteen fifty-two-ish, three-ish, was my first association with you.

GG: Yeah, I don't think you were here when— I came here in 1950, and I don't think you were here; you were in school then.

CP: That's right. I came in '52. And I never knew about your ability to [play] the baritone horn or the trombone.

GG: And you are old enough that—to know that I have met Benny Goodman², played a dance; for he was in one ballroom, and we were in another one. And the same with—
Who is the clarinet player that played (inaudible)?

CP: Benny Goodman, Benny Goodman.

GG: That first one I met was Benny Goodman. I'll think of the other one later. But that was on account of being a union musician. Anyhow, after working steel mills for several years, they caught me sleeping in the lab at night—out in metallurgical lab—so they put me out in the mill, and they gave me the treatment.

So, I went to another steel mill they were building and worked there several years. And a week before Mrs. Gehres and I were to get married, I quit my job with Carnegie Illinois Steel and went to West Virginia to get in public health work.

CP: You did?

GG: Yeah, and I went from making about \$350 a month to \$100 a month.

²Benny Goodman (1909-1986) was an American jazz and swing musician, clarinetist, and bandleader. Also known as the "King of Swing."

CP: And you went to West Virginia. This was your brother-in-law. Did he hire you on or arrange for your employment?

GG: No, he was over in a town called Romney, which is in the eastern part of the panhandle in West Virginia. And the man that I met at the training center in Morgantown was doctor—he became dean of the School of Public Health—McGavern.

CP: Oh. At North Carolina?

GG: Yeah.

CP: Yes. Yes.

GG: And my next time to see him was when I got my Master's there, which was just before I came here in 1949.

CP: Yes. You came to Florida in '49?

GG: Yeah. But, Skeeter, I'm fortunate. I worked in really, truly rural counties in West Virginia as a sanitarian. Then I was commissioned in the public health service and they activated my commission. And, at one time, had me at Oak Park, Illinois, supervising the sanitarian staff. And then I went overseas and helped to house 25,000 Yugoslav refugees, just like right now, from the Balkan Peninsula.

CP: Oh, man.

GG: And 5,000 Greek refugees in tent cities. And the Greeks were at a place called Moses Well in the Sinai Desert.

CP: Wow!

GG: Now what does Moses Well mean to you?

CP: Something for the Israelite exodus.

GG: Yes. That's where he smote the rock.

CP: Oh, that's where he smote the rock and caused the water to come forth.

GG: Oh, he also said some things there, and it caused him to really travel a whole lot.

CP: Yeah. Forty more years to be exact; that's what happened there.

GG: Sometime, I must read the *Old Testament*.

CP: Yeah, you must. That is— You'll find that in "Numbers", incidentally, along about the eleventh or twelfth chapter, where Moses was tired of the Israelites, of their constant complaining and demanding water. And so he did not do what the lord said to do; he did not speak to the rock, he struck the rock twice. And so he didn't get to go into the Promised Land because of that.

GG: That's right. That was real barren land, and I learned later that I was on the East side of the Suez Canal. So, I can say I have been in Asia.

CP: Oh. Yes.

GG: Isn't that something else?

CP: Yeah. You were here as a sanitarian under the auspices of who? The U.S. Public Health Service?

GG: Yes.

CP: All right.

GG: I first came to Florida about 1947 or '48. And Elizabeth Reed had charge of a program of food handler training.

CP: Yes?

GG: And I came down for two weeks into Polk County—that's in the middle of the state.

CP: (laughs) Okay.

GG: Polk— (laughs) I'm sorry.

CP: No, that's okay. I understand Winter Haven is in the same place. (laughs)

GG: Anyhow, I observed for two weeks and came back, gave Dr. Sowder, Elizabeth Reed, and Dave Lee a quick overview of what I was going to say in my study.

CP: Your report.

GG: Report. And Dave Lee remembered me.

CP: From where?

GG: From meeting—me telling him about the food handler training. See, this was back in the days when the buzzword was sanitary.

CP: Yes.

GG: It's environmental now; environmental health. This is as a buzzword, sanitary. There was a sanitary market and a sanitary landfill. And the Bible here, maybe it was a body of income for the— Do you know what a body of income is?

CP: No, sir.

GG: That's your— You taught me that term.

CP: I did?

GG: Yes.

CP: Well, I've gotten so old I don't remember.

GG: Well, a body of income is (inaudible).

CP: Oh. Okay.

GG: It's a Merck manual to a physician.

CP: Oh, okay.

GG: And our bible is the sanitary code.

CP: Oh, goodness.

GG: And we had this sanitary landfill that everybody condemns today as being not very sanitary, you know.

CP: That's correct. And now, it's not environmentally safe.

GG: Now, the word is environmental, environmentalist, environmental health. In fact that word sanitarian, it's the same thing. And the same principles still apply. It's been very interesting. My best time with the State Board of Health was when Dr. Sowder gave me the training of sanitarians.

CP: That was your job?

GG: Yes.

CP: Now, let me back up a minute though. Okay, you jumped off— You went from the steel mill in Pittsburgh to Morgantown in public health. You went— Did you get some sanitarian training? Or were you just going out—

GG: That's what I got (in?) Morgantown under Dr. McGavern.

CP: And it was— What kind of course was this?

GG: It was one month under a man named Gilbert Kelso.

CP: Gilbert Kelso, that's a good environmental health name.

GG: It is.

CP: Yes it is. He's (inaudible).

GG: And when anybody was to be trained, they came there for a month.

CP: Okay. You had been employed by the health department, though.

GG: No, I was employed by the State—State Health Department.

CP: State Health Department.

GG: State Health Department.

CP: Oh, in West Virginia?

GG: Yeah. And then they sent me to a horribly rural county called Wayne County. That's where the— Somebody in the McCoys lived down in that area.

CP: Wonderful!

GG: The McCoys—Hatfields and the McCoys.

CP: What year is this?

GG: It's 1940.

CP: Nineteen-forty. And you got drafted into the service from there? Well, how did you get into the public health service?

GG: Well—

CP: You got to—

GG: I couldn't stand the competition of being drafted because I'm not intelligent enough

CP: To be direct.

GG: And I thought I could get into the sanitary corps. That's that sanitary again, see? And they were— I went to Columbus, Ohio, and they said, "You're a nice guy. Goodbye." And then, I contacted the public health service and they said, "Fine, we're looking for people like you." So, about three months later, I got a telegram: "Get somebody to swear you in;" who could be a notary public or attorney—it didn't matter—a judge.

And I was sworn in, and the next thing I knew, I was at the National Institutes of Health outside Washington. And the training officer there—there were about sixty of us in the class— All classes of public health workers were there: doctors, nurses, engineers. And he later became surgeon general.

Skeeter, when you get to be in your later eighties, names are the first thing that drain out of that sponge called a brain. It drains it just straight out.

CP: Now what?

GG: He was a real nice fella. And I was sent to Chicago and got training there in food and milk work. And it was when I was in the Chicago area they sent me to a village in Oak Park, where I supervised sanitation. And one day I was at a milk-processing plant— processing plant—in Southern Wisconsin, I got a phone call, "You have been chosen to go overseas."

CP: Oh, congratulations!

GG: So, coming to Florida, there I was. I had had ten years' experience in little, large health departments and sanitation; overseas, digging privies, driving in the desert to find

wood left over from the First World War to shore up the pits for our privies in our tent camp. (CP laughs) Oh, that was something else. And the next thing I knew, I was over in Greece.

CP: Yeah. Oh, yeah. Okay.

GG: And that's where I had been heading for; I didn't—really didn't know. And after a short while in Athens—this was just after the Germans left Greece.

CP: Ah. This is '43 now?

GG: Yeah. About '43. We had guerilla-type fighters that they dropped rifles to, and then used themselves some nights, shooting through the windows in the hotel where we were.

CP: Oh, boy.

GG: It was— It wasn't very nice. (CP laughs) And the next thing I knew, I was in a British bomber and they flew me to the island of Crete. I will not say much about the island of Crete, or I will not stop talking for the next four days.

CP: Oh, god. (laughs) You enjoyed it or not enjoy it?

GG: I what?

CP: Did you enjoy it?

GG: Yes.

CP: It was a nice place?

GG: Yes. And I was doing malaria control there. About which I knew nothing.

CP: That's okay. Did you have any malaria?

GG: No.

CP: Well you weren't— You must have done good, then.

GG: But I did get a bottle of quinine, and they would give me Atabrine³.

³Atabrine, also known as Mepacrine, is a drug with several medical applications. It was used extensively during the Second World War by US marines fighting in the Far East to prevent malaria.

CP: All right.

GG: And I'd take the quinine 'till I got the shakes. And then I'd switch over to the Atabrine 'till my eyes got yellow. And then I'd go back to (inaudible). It was something else. Incidentally, Atabrine was first tested in this country, up in Brunswick, Georgia.

CP: That's correct.

GG: Dr. Winchester.

CP: That's correct.

GG: Wimpy.

CP: I didn't know that part. I know Dr. Winchester by name, birthdate.

GG: My wife had a longing for him. He told dirty stories and smoked cigars, and she liked him anyhow. (CP laughs) He had the only Atabrine in the country at one point. Anyhow, after that, I went to North Carolina Chapel Hill and got my Master's.

CP: Yeah. Done (inaudible) overseas in the public health service.

GG: Yeah, and I spent about— Before getting my master's, I went three years training engineers, sanitarians, and physician at a training center in Savannah [Georgia]. And he may have known the health officer there, and also in the other side of the state, Macon.

CP: Yeah, okay.

GG: And we had two training centers. (Claire?) Henderson was the health officer up in Savannah. And he told me—I stopped to see him when I was coming to Florida—he said, “George, when you get down there, head for Dr. George Dame’s office.”

GG: The grand old man of the public health. And in some way, a Georgian (inaudible) about 'em. Incidentally, when I was in Savannah, the epidemiol—you remember demiology—the epidemiologist in Georgia, during the days in the early '40's when there was polio, made a discovery: on US Road Number 1 and on US 17 going North, all of the cases of polio were on the East side of the road.

CP: Oh-ho! Very interesting!

GG: It was interesting to him because he said that, “The tourists from Florida—”

CP: Stop on the right side.

GG: Yeah. (inaudible) were infecting his people there, and he tried to get an embargo on the floor, they wouldn't come through. Oh, these were interesting times. (CP laughs) Now, I don't think that was very good epidemiology, personally. Well, anyhow, I had the excuse of training, so that when I did come to Florida—and this a story in itself. You know why I came to Florida?

CP: To do a study of the sanitary training course in Gainesville.

GG: No, that came later.

CP: Oh, okay.

GG: Dave Lee called me, he was head of sanitary—there's sanitary again—sanitary engineering. And he said, "How 'bout coming to Florida and doing shellfish sanitation; taking charge of that program?" And I said, "I don't know anything about shellfish." He said, "Do you know anybody that does?" I said, "Yeah, Dick Hardison." So, he brought me down here and I went to—I was in sanitary engineering, and among the things I did there was, first, the shellfish.

CP: Now you were—were you employed? Did you come employed? Did you resign the public health service?

GG: I had resigned to go to school and get the master's degree.

CP: Ah, Okay.

GG: And the public health service wanted me to go back overseas and I'd had it.

CP: Oh, you'd had enough of that?

GG: Yeah.

GG: Anyhow, I'm (inaudible) shellfish sanitation. I did most of it in the peninsula and Dick Hardison did the rest of it over in Apalachicola. And I enjoyed it. Then the State Board of Health here had a marvelous reputation and deservedly so. Because, every once in a while, the legislature had some program they wanted to do, and if they didn't know where to put it, it came to us.

CP: Of course.

GG: That was true of the drug and narcotics control; mattress sanitation. That was the one that Dick Hardison and I were put on. And we both took it for a short while, and we offered to resign.

CP: (laughs) You did?

GG: Well, we didn't get master's degrees to— Did you ever see the man in the lab doing the count failure as he goes?

CP: Yeah, I have.

GG: Well, he did that. And they had some weird characters going around later, inspecting the mattress factories. And then they got us later on training for cosmetologists. They are the girls that do your nails, wash your hair, and that kind of stuff, I think. So, we put on some short courses for them. And part of this— I was going over to Gainesville and lecturing from my whole ten years of experience.

CP: Oh, man, oh, man. Yes.

GG: And being overseas, see, I'm— They thought I knew something, that I got away with just lecturing on stuff that I had done in—really, in Georgia. And I saw the training center over there going downhill. It went downhill fast, Skeeter. And about the time I was on this mattress bit, I might pass my boss, the (inaudible) Dr. Sowder. And I was offering to resign. And also I told him of what I'd felt about the training.

Well, about that time, a professor from Chapel Hill came down—he was the professor in administration—and he came down here, and Dr. Sowder knew about the training center. And this man's name was Wright, Dr. Jack Wright. Well, he wanted to talk to me. And we talked. We very early in our relationship discovered that we both liked to play cribbage.

CP: Uh-oh.

GG: So, he and I really liked this, because cribbage players are not all bad.

CP: (laughs) Oh, they aren't? Well, I appreciate knowing that.

GG: And he agreed with me entirely in my feelings about the training. So, Dr. Sowder said, "George, why don't you take over the sanitarian training?" And Dr. Frank (Hall?) was a character over there running its training center. And he bragged that he was the only one-legged engineer doctor in the whole country, maybe in the whole world. (CP laughs)

And he degraded, really, the sanitarian training by getting these trainees there and then using them to build privies' septic tanks. So, that instead of giving their time 100% training, there was this 30% or whatever it was that they were timed, where they would build privies and—

CP: Literally hammering and sawing boards and nailing nails?

GG: Yeah, and heavy concrete.

CP: Oh, really?

GG: The septic tanks. Yeah. Then we— See, most people don't know that back in the depression days, the WPA—that's Works Progress Administration—was going out and picking up anybody they could, didn't matter who it was, and giving them a job under the WPA where they were out doing some form of labor that didn't require skill.

And one of the big things in that was, these counties—and this was usually within the bounds of a single county. Well, I had 200 of them in a small county in West Virginia. And we had them down here. One man who ended up as the sanitarian over in Quincy. I can't remember the name of the county.

CP: Gadsden.

GG: Gadsden. Been there for years and years and came from south Florida there. He never did quit building privies and septic tanks. He still would have been in the WPA days of the '30's. (CP laughs) Yeah. These people— Well, he was good at his (inaudible) and he knew what he was doing. And perhaps I needed it in the county or he wouldn't have done it.

Anyhow, Dr. Frank Hall, he was pretty good at diverting the men into this building thing and the health officers had sent sanitarians for training; they didn't want to quit. Well, Dr. Frank Hall is worth ten of your hours. He did a magnificent job for a while. He built a whole new concept in approaching public health that the clinic facility was rebuilt. Because that would— He knew that the health departments were going into care as well as preventive medicine. And he trained for it.

GG: Well, anyhow, I had a great, great time training sanitarians. And this was back when the sanitary code was our bible.

CP: Now, help me with the transition from Dr. Hall to a State Board of Health focus tactic? Was his school totally phased out?

GG: No.

CP: Did he and Sowder come to blows?

GG: No.

CP: Okay.

GG: There was a little politics involved in this between Dr. Hall and Dr. Sowder. And he, I think, underestimated the—I would say appreciated Dr. Sowder.

GG: And they brought the sanitarian training over here because it was the only training, really, that had good acceptance in the state. The nurse training was mostly on but sometimes off. The clerical training they tried to do never went over at all. And the handful of positions went through the training there left feeling that they really hadn't got training.

CP: Oh, too bad.

GG: So, it just kind of withered away, and the only part that was viable came here.

CP: Okay.

GG: And—

CP: Could you tell me what year, for the record?

GG: About 1954.

CP: Okay.

GG: First class I had, we were in the laboratory building that's now known as the Hanson building. And it had been government—federal government money—and I had my training, everything—audio-visual aids, books, articles, everything—in a bookcase with four casters.

And when government inspectors were coming, the maintenance men here had to go and quick, break some seam connections that went to a building to the north of the Hanson building. That was illegal. And they got me out of there and sent me to the library to train the sanitarians because the Hanson building was a laboratory building.

CP: Oh. And shall not be used for anything else.

GG: You remember that?

CP: Yes, I remember that. (CP and GG laugh)

GG: And when they built the Hanson building, I'll never forget the laboratory girls going out—outside the—I guess it was the south (inaudible); maybe the west (inaudible)—I forget directions. Where they were digging— There'd been an old dump here, evidently, went back to the time of the great fire in Jacksonville.

And they were getting bottles. And all around us in the Hanson building had these aged bottles in 'em. It was something. (CP laughs) Now where was I? Well, anyhow, I graduated from the wheel cart to a building—over in the oldest building. It was built in 1912. I don't know if they ever—

CP: The Julia Street building.

GG: Julia Street Building. And we were over there, as I remember, when they put in air conditioning, and the walls in that building were so thick they could barely get through them for the ducting.

GG: And we were around the corner from the state limnologist. Tell me what you think a limnologist is.

CP: He's the guy that knows all the little animal (cues?) in the fresh water systems.

GG: And his name was Bill Beck.

CP: Great.

GG: Bill Beck married to Beth Beck.

CP: That's correct. Still is.

GG: Yes. And Beth Beck, and I can't remember the physician's name, were over in Tallahassee and I think they were made with Rockefeller money.

CP: That was Dr. Boyd.

GG: Dr. Boyd. And at— When World War II came around, the US Army and Navy found they were going to be sending a lot of troops in where malaria controlled the population.

Malaria has had more effect on the population of this earth than any other disease, I'd say.

CP: I think in terms of distribution—the dynamics of population distributions—you're probably correct.

GG: All right. So, here, nobody seemed to know anything about malaria control. So, they were sending people down, and Dr. Boyd and Beth Beck were training them to train the workers to prevent malaria from infecting troops. Mostly troops rather than natives.

CP: Yeah. Mosquito Control in War Areas. Program for Mosquito Control in War Areas. Which is where Dr. Mulrennan got his start with the State Public Health System.

GG: Dr. Mulrennan was a man that— He ran his ship.

CP: Yes, he did. He was ship shape.

GG: Oh, boy, he was something! He was also a wealthy man.

CP: He was wealthy in terms of brain. I don't see (inaudible).

GG: (inaudible). I'm sorry. He's the only man that I ever knew of who received an honorary doctorate of science degree.

CP: He did. He did. We all have to be proud of that.

GG: And he knew Florida. And in his program of malaria control, by counties, he knew the—bent the politics in that county so that sometimes it was done by the Health Department, sometimes by a malaria control unit; sometimes it got state money and local money; and sometimes he got city money and county money. And they never had two that were alike.

CP: That's correct. They still don't.

GG: (laughs) Yeah. Well, see I— We're still in the growing stages of the county health unit expansion in the United States which was mostly in the South. I don't know if you realize that.

CP: Yes, I do. And he bought it through Rockefeller money, too.

GG: Yeah.

CP: That was the students.

GG: And this whole thing in Florida always intrigued me, because there was this mixing of state money with county money and sometimes city money. So, that trying to keep everybody happy, moneywise, came back to George Dame. (CP laughs)

CP: That's right.

GG: And Dr. Dame had a formula. Dr. Dame was (inaudible), the only man in the whole world that understood him. (CP laughs) Did you know he—oh, I know you knew this—he was hyperglycemic.

CP: Yes, I did know that.

GG: And I would be in conferring with Dr. Dame. I was under him for a while.

CP: Oh, you were?

GG: Yeah, I was—

CP: (inaudible)?

GG: Yeah. That was in the interim before I got into training. I'd be in there, talking with him, and I'd see him getting nervous and jittery. And he'd reach for the secret button. And his secretary was just one of the finest women I ever knew; she would come in with a little bottle of grape juice. He'd drink the grape juice and then he'd settle down again. (CP laughs)

And the most miserable, awful-looking man I ever saw in my life was Dr. George Dame when he fell down the steps over in the Pearl Street building.

CP: Oh. I don't think I knew about that.

GG: Well, he's leaving one night. And he lost his balance, and he ran faster and faster down the steps.

CP: And there was about fifteen, twenty steps.

GG: And his face looked like fifteen or twenty people had been hitting him with a club. He looked terrible and was hospitalized for a short while. But I liked Dr. Dame a great deal.

CP: Everybody did, George.

GG: Yeah. He was a grand man.

CP: He really was.

GG: And there were a lot of other Dames that worked in public health here.

CP: He had two sons.

GG: Two sons.

CP: Both made their mark in Florida public health. One's still employed at Polk County as you mentioned. George.

GG: John. George.

CP: John.

GG: John.

CP: John is still— He's director of environmental health.

GG: And then he had a nephew that worked down in Key West and also in West Florida. Keith, I think it was; Keith Dame. I'm not sure. Then there was Fleming Dame—the sanitarian who's named after his father in Fort Pierce; he was judge down there—came with the department. He was—he was a retired marine, and Mrs. Dane had three nieces who were nurses.

CP: Oh, man. Now, I didn't know all of that.

GG: Most people didn't.

CP: Yeah. (laughs)

GG: But— There was nothing wrong with it because it was not taking care of the family, really. The people that got (inaudible) their work. Dr. Dame never did anything for them. They made their own way.

CP: It would be their own way.

GG: And—

CP: You've got me confused though. I'm trying to keep a thread of your transit. You injected, "Oh, I worked under Dr. Dame for a while." I need you to get back to that. How did that happen? Now, you were employed by—

GG: Well, that's when Doc—

CP: You were—

GG: (inaudible).

CP: You were employed with (Dave?) Lee. You went to Dr. Sowder, and Dr. Sowder established a sanitary training activity that he made you head of.

GG: But he didn't—

CP: Were you under Dame? Were you under Sowder?

GG: No, I was under Dr. Dame and a real personable doctor in Dr. Dame's crew—local health service. I can't remember his name.

CP: (affirmative murmurs) Oh, in the local health service—

GG: It was this period when he put me with local health service, and I think he expected me to go into the new nursing home program.

CP: Oh. Dr. Sowder did?

GG: Yeah. I think he did.

GG: But—

CP: What was he gonna do with the training program?

GG: Well, I don't know.

CP: Okay.

GG: There were two people that started a nursing health—nursing home program. Vern Rip, a nursing consultant. And did you know that Claudius Walker on that was a Carnegie hero medal awardee?

CP: No, I did not.

GG: Well, he may be the only Carnegie hero medal awardee you ever knew.

CP: I think he is. Is he still living?

GG: No. He died.

CP: Okay.

GG: Claudius was a beachcomber down in Miami Beach. And a couple got caught in a run-out. And Claudius was a good swimmer. And he stripped down—this term won't mean much to most people—BVDs.

CP: Yeah. I know what a BVD⁴ is.

GG: (inaudible) this man's underwear, then. He swam out and he saved the man, but he was unable to save the woman. She drowned. And somebody put his name in and he was awarded this medal about—about this big. It looked to me like it was bronze in a little velvet case. There was a cash award, I think, of a thousand dollars that came with it.

⁴BVD was a brand of underwear, originally both women's and men's. The company was founded in 1876 and named for the three founders of a New York City firm, Bradley, Voorhees & Day. Fruit of the Loom now produces them solely for men, thus "BVDs" has become a nickname of sorts for men's brief-style underwear.

CP: Wow.

GG: And Claudius used that money to go to the University of Florida to get a degree. Claudius Walker had me when I first came in and drove me around the state. Dave Lee had inoculated me about the sick. And he was a real—real funny person for us to have here. And most— We were at his house one night, and I saw the medal.

And I said, “What is that, Claude?” “That’s the Carnegie Hero Medal.” “May I have a look? May I touch it?” “Oh, sure.” And I picked it up and looked at it. And I said, “Isn’t that fine?” He said, “It doesn’t even make a good paperweight.” (CP laughs) That was Claudius. You know, I get talkin’ about these people and I forget where I was.

CP: Yeah, I was trying to—

GG: (inaudible) He and Fern (Brit?), this nurse, would get up at ten o’clock at night, and they would dress and they would go around to nursing homes to make sure there was a nurse on duty at nighttime. Well, when I was approached on going into this, I had visions of Claude and Fern, and I decided I didn’t want to get up at ten at night and go to bed at six in the morning—this kind of thing.

Fern was a great bridge player. She was also kind of well-to-do because she had a marriage that a lot of money came with it. And Fern was getting ready to retire. I passed the word around that she’s retiring ’cause she’s pregnant. (CP laughs) I kid; she was seventy. (CP laughs) And so, on the day of her retirement, we had this little coffee brewed—had coffee in the Hanson building every morning about seven o’clock.

CP: In the division of a blind coffee shop.

GG: Yup.

CP: Okay.

GG: And (Truitt Berbs?)—

CP: That's the name of the supervisor, right?

GG: I can remember names better than my (inaudible)—

CP: You are doing good. I would have never thought of (Truitt?) right off the top of my own hat.

GG: Well, anyhow, when I went in there the last morning that she was gonna be here, She stood up and she had a pillow under her dress; and she looked at me and she says, "Daddy." (CP and GG laughs) It's about that tall. Oh. We had some good ones (inaudible) there. (CP laughs)

I really didn't want to go into nursing program—nursing homes. And it was a very hard thing. I am a great fan on the things that this organization has done and how they go on about it and how much pleasure I had in the twenty-six years I worked here.

CP: Marvelous. That's good testimony.

GG: Nursing homes. Give it to the State Board of Health. Pick two people to do it. One place— One point in time they had a railroad car and the railroad moved around. Railroads moved and parked here and parked there; and it had schools in it—incidentally, one thing that I never agreed with.

You're a doctor, you guys were food handlers, every cotton-picking one of 'em had to have a chest x-ray for tuberculosis and serology done to make sure they did not have the venereal disease syphilis. And you'd used our sanitary word with food to go out looking for people—

CP: With TB and syphilis?

GG: Syphilis and tuberculosis.

CP: Now, we doctors didn't do that. That was the State Board of Health and their policy-making prerogatives that said that.

GG: Well, you have a good point there, because there was only one doctor on that board.

CP: Usually, that's right. But he was chairman, though.

GG: You mean I'm gonna have to change my opinion about—? (CP laughs)

CP: No, it was a good case finding, and you probably know the history of that better than anybody at it, though, for syphilis—the food down there's—and syphilis began 1942 or '43. And the recommendation of public health service is a part of the war effort. Do you remember? This is not my day before the camera, but I just wanted to supply that, you know, too many recruits into the (military?) early. Early in the draft, you were being rejected because of syphilis. Because of (inaudible) rock.

So, all stops were pulled for case filing as a part of the Second World War effort. And it lasted on, but for the record and for your sake, it is true that we moved on as a case-finding effort for TB and syphilis. And TB—that's the chest x-ray—TB can be transmitted by food, but there is not a single case on record where syphilis was transmitted by food.

GG: I hadn't remembered that tuberculosis could be.

CP: It could be. It can be through too much sputum in the wrong place. So, you connect the case with tuberculosis but I remind you that in the early sixties, the game in 1965, the state epidemiologist—again, to agitate the board before it becomes a legitimacy. Of that, there was just something morally wrong.

And besides, our case finding by '65 had dropped to almost zero, both for syphilis and tuberculosis, through this means, because the fact that this had gotten into the negative in here. And the state epidemiologist got poo-poo'd, he might—could have gotten fired over even bringing the proposition to vote because it was a money-maker for the county health units.

GG: Yeah, (inaudible); that was the final thing in—

CP: And, just for the record, I hope you'll remember who's heading the (inaudible) at that time. You'll have to tell that I've never called you the State epidemiology—

GG: That it was you.

CP: It was I who got into a lot of trouble because it's a money thing—so I'm agreeing. Now then, you go ahead. I just want the record straight.

GG: Well, we tried an awful lot of stuff in the old sanitary days in food handling. And some of it was real way out. For instance, I was in West Virginia and somebody had the idea that toilet seats in restaurants were the places where some diseases were transmitted. So, a good thing to do would be to build ultraviolet radiators into the seats.

CP: Oh, yes, I remember those.

GG: And they—

CP: Somebody did a good sales job with getting them (inaudible).

GG: Yeah. Well, I was in on the beginning of it in West Virginia. And I had this special light meter that had a little piece of glass on top and the ultraviolet would hit it. It would fluoresce, and then I'd get a light meter reading.

CP: Wait a minute. You were testing the adequacy?

GG: Yeah, to make sure there was ultraviolet. Those tubes only lasted about a year. And then it was nice, warm, blue light. (CP and GG laugh)

brief pause in recording

CP: Do you know the history of that? That was a farce on the American public. But (inaudible) is that manufacturer that made a fortune out of it.

GG: Well, we tried another one too. Do you ever see the urinals for females?

CP: No, I—I don't frequent female restrooms.

GG: Okay. Well—

CP: You was the sanitarian (probably?)?

GG: Yeah. They tried that. And then there was the business of hav—in the restrooms, always having two doors. The vestibule.

CP: Yes. This was for boys and girls? It's still true (inaudible).

GG: (inaudible) restroom, and there was—and there was a lot of activity and trying to have an air stream on outside doors. Air blowing up or blowing down so the flies wouldn't come in. And you— When you look back, we were working trying to kill flies and today you gotta try to find a fly to kill.

CP: That's correct.

GG: Ain't that wonderful?

CP: Yes, it is. Yes, it is. And I hadn't thought of that, but you're right.

GG: Well, it was like working with the oysters, you know? Oysters are the only food— animal food—that man eats where the animal is still alive.

CP: And in its (inaudible) guts, feathers, and everything. I don't like to think of that. I don't eat live oysters.

GG: You don't?

CP: No, sir, they gotta be cooked.

GG: How right you are. (CP and GG laugh) Anyhow, Skeeter, things do a lot of changing but I have great respect for this agency that I came with. I think it had the best laboratory system in the country, except, perhaps, for New York City.

CP: Did you have much track or use with the laboratory? As part of your employment? Certainly with the oysters, you did, but you had to bring samples back, didn't they?

GG: We had our own oyster laboratory.

CP: Oh, excuse me.

GG: Over in Appalachia Cove.

CP: Was it supervised by the lab or by engineering?

GG: Engineering. That was Dick (Carson?)'s lab. And the lab man, I don't know, they shot across the bow of this boat once. (inaudible) went over there, and (he quit?). And met with the—Mrs. Swanson's Food; this was somebody that sells these TV dinners. And, oh, yum. But the laboratory system there was so complex that I may be the only one who can recall all of it, really.

Now— We have the medical laboratory that started in Jacksonville. Next thing we know, there's one over in Tallahassee, in a tuberculosis hospital, where the benches were so close to each other, they had to—they'd only hire skinny girls. (CP laughs)

CP: Okay.

GG: That's right.

CP: Well, I didn't know that.

GG: Where the electricity and the wiring was so bad that they turned off all our refrigerators and any other lights they could find, to turn on the ultraviolet radiation for microscopy.

CP: Wow!

GG: Because if the voltage went down, then you got the wrong frequency of ultraviolet.

CP: Why couldn't they fix that?

GG: I don't know.

CP: Why didn't they fix that?

GG: I don't know, but I ran across that one.

CP: Well, a good sanitarian would have raised the devil with power—the powers that be about it.

GG: Well, I didn't— This was a late thing I did. You know, I spent six months doing a study in the laboratories.

CP: Now, I want to know that. What were you studying?

GG: I had spent six months traveling around to try to find out things. I worked out a formula for pricing things.

CP: Now who were you working for now? This still engineering?

GG: No, I'm in planning now. That's the last thing I was in.

CP: Oh, you were in planning?

GG: Yeah.

CP: Now about what year was it that we had a formal planning—?

GG: This was in the seventies, maybe '72, '75.

CP: Okay. We had a formal planning (inaudible) at that time.

GG: Yup.

CP: And y'all's business was to plan for the—?

GG: I was called a planner. And they didn't know what to do with me. Fact is, they say just (inaudible) solution. Remember, Bob Browning, when he had that job in planning, came up with this system of following migrants by using ZIP codes?

CP: Yes.

GG: I got a five-dollar bill for you if you tell me what ZIP is the acronym for.

CP: You can keep your five-dollar bill.

GG: I would anyhow. The ZIP comes from Post Office Zone Improvement Program.

CP: Zone Improvement Program. I did not know that. I thank you for telling me that.

GG: Well, I think everybody should know that. For instance—

CP: Zone Improvement Program.

GG: Right. There are only two mammals—species of mammals that experience the phenomenon of menopause. What are they?

CP: Two species of mammals.

GG: Mammals.

CP: Females and the larger apes.

GG: Nope.

CP: Oh.

GG: That's a good guess though. You're not going to believe this, Skeeter: it's the pilot whale.

CP: Oh, really?

GG: I don't charge for these pieces of trivia.

CP: You don't charge for that?

GG: No.

CP: The pilot whale. Okay. Okay. Now I (inaudible). Now you're in planning and you've done a study in the laboratories and you were trying to do a cost (synopsis?).

GG: That was part of the—I was looking at it to see what was good and what could be changed.

CP: Okay.

GG: It took me six months.

CP: Is this from a procedural point of view? This is not technical laboratory?

GG: No, not in their techniques; but the part of the technique where this laboratory wanted pipets with blue printing on 'em, and this one wanted red, and this one wanted black. And then they got a new laboratory. Somebody there that—where they had the black ones wanted the red ones. Well, all the red ones were stored down (inaudible)—or what's the name of that one down there [in] Palm Beach?

CP: Uh. Yeah. Lantana.

GG: Lantana. Had all the red ones in Pensacola; I had all the black ones. And then you went to Miami and you found drawers of all colors. It was a— That's the type of thing I found. I found them over in the Tallahassee laboratory. They had a little laboratory line there, where they looked for the—I think it was dissolved oxygen as part of the environmental health program. And if the waters were so heavily polluted, one measure is the dissolved oxygen in the water.

And the thing was literally put together with hairpins and tape. And there was one down in Bradenton that they weren't using. And this is something I discovered. And the county health department down there said, "We're going to use it. Okay. Use it in Tallahassee, give us the old one." That was sure nice; that was Jack (Neal?) that did that. Yeah. That's some of the stuff I discovered with the labs.

CP: Now get— Bring me from, right there from, being the training officer for sanitarians to being a planner dealing with laboratories? Is this almost done, this transition? How long did you train sanitarians? How long were you [in] engineering (inaudible) to health services?

GG: I wish I kept a diary.

CP: Oh. So do I, George. I wish I had kept one.

GG: They established the planning office here. And it was after the training that I did that it was dying on the vine.

CP: The training had to be—?

GG: Yeah.

CP: Oh. Well, who's training sanitarians then? Where'd that go to? We don't train sanitarians?

GG: Not to my knowledge (inaudible).

CP: With just our guys off the street slash just out of college, so you (inaudible) a sanitarian or you an environmental health specialist?

GG: Well it's a little better than that. They must have degrees now.

CP: In environmental health?

GG: Yup.

CP: Oh.

GG: And some have graduate degrees. And I only knew one man who went to school to study to be a sanitarian. That was Kenneth Manuel.

CP: Oh, really?

GG: Ken is a real nice guy.

He started going to the Sandbar here every day at lunch. He would get one of these cans of Metrecal, or something they call it, that you take it and it only had, like, 600 calories or 800. He was taking one of those every day and putting on weight. He couldn't figure it out. He was drinking it on top of his regular meals.

CP: Of course.

GG: That was a good one. Anyhow, yeah. They had two very good men in planning. They came up with wonderful ideas. One is Bob Browning. Bob Browning came up using that ZIP code to keep track of (transients?). (inaudible) What do you call these people that are stoop labor in the fields?

CP: I don't know.

GG: (inaudible) I always looked down on them. And Bob Browning said, "You know," he said, "they earned their way." He said, "They don't look for handouts. They move to where they can work. Why you look down on 'em?" And I said, "I just quit."

CP: Good.

GG: Then there was another one in there, Jerry, in Palm Beach County; handsome young man.

CP: He is. His name was Jerry Conger.

GG: Jerry Conger. I forget what Jerry left behind; it was something very good. And then I followed Jerry, I think. And I only left a couple small things behind.

CP: When you left there? (inaudible) the lab study?

GG: Yeah, that was real good. I think that— I (gave them this?) the only picture of the medic—of the laboratory (system?) (inaudible).

You know, John Mulrennan had three laboratories. All right, he had one here for identification; he had one down in Vero Beach where they looked for natural ways to control mosquitoes; and one over in Panama City where they compounded the (inaudible) and all that stuff they sprayed to kill the mosquitoes. All right, there are three laboratories there. Do you remember we talked about a state limnologist?

CP: Yes.

GG: Well, then next to the limnologist there was the guy that counted the feathers in the pillows.

CP: In the (inaudible) program?

GG: Yeah. Yeah. All right. That's five labs. There was a radiological lab down in Polk County; radiology lab. Let me keep thinking. We had a laboratory in Tampa that—with that lady from Pittsburgh.

CP: By the name of Wellings.

GG: What was her name?

CP: Laura May.

GG: Laura May Wellings. Yeah. And had that one down there.

CP: And it was (inaudible) to do what? What was it doing?

GG: That was encephalitis.

CP: Encephalitis, yes.

GG: She was in the old tuberculosis hospital there. Sometime I have to tell you about— This was kind of known right when I'm talking with you because they had a tornado down in Tampa.

CP: Oh, they did?

GG: Yeah. And Dr. Sowder called me, "George?" "Yes?" "Would you come up here, please?" "Well, what am I getting chewed out for this time?" He says, "You and your sanitarian trainees are going down to Tampa."

CP: Oh, you got some learning to do down there.

GG: “Why?” “You’re going down to help those poor people who are suffering from the tornado”, or cyclone. No, it’s tornado. And I said, “Yes.” He said, “I’ve all ready arranged that you will have rooms at the tuberculosis hospital.” And I said, “That’s closed.” He said, “Yeah, but there are no open rooms in the dormitory for the medical personnel for you.” So we each had our private room.

And we made a nice appearance—nice shiny-faced young men. There were about twenty or thirty houses that were destroyed or moved. There were so many workers down there helping them that we got in their way. Fact is, we— Everybody got in the way with these milk trucks that were bringing in milk cartons with water. I suspect they still have bottles up and down there. Well, he did that twice to me you know, when I had training.

CP: Sowder did?

GG: Yeah.

CP: Where else did he send you?

GG: “George, come to my office.” “Okay.” He said, “I want you to take the trainees down to Immokalee.”

CP: Immokalee, that’s a good place to go.

GG: Immokalee is in the 'Glades down near Fort Meyers, and flat land and all kinds of produce and migrant workers. "Well, doctor, they're not very well versed in that," I said. "I think I can give you a better plan." "Fine, come back in ten minutes." I came back about an hour later, really.

It was about using Max (McMullen?) from Tampa, a consultant in sanitation. "Take a group from Tampa and St. Pete down there and leave my training alone." "George, that has merit but my plan's better. Get them down there tomorrow." "Okay." (CP laughs) We were down there three months.

CP: What in the world were you doing?

GG: That's a good question. The first thing that we did was get the names of all the migrants, a list, and then we divided it by five.

CP: There were five of you?

GG: No, there were five working days in a week.

CP: Oh, okay.

GG: And we had all these crews out working. So, you'd be on crew one (inaudible), and I'm on crew two; somebody over there might be on crew three. And they would meet in the morning. And we had trucks in the Department of Roads, I think it was, and not

[Department of] Transportation like it used to be, and shovels. Skeeter, every house down there or apartment in the (inaudible) housing, we'd carry out to the dump a truck load of trash, garbage, and wine bottles.

CP: How did those happen? Were there people living in 'em when you—?

GG: Yeah. They were in back and piled up behind the houses. See, Immokalee was not an incorporated place. And the migrants were only there about four or five months, if that long. And it was pretty bad. For instance, when we first—this was the first thing that we started to do. Now we had mostly men, but we had about thirty women. I guess we had 150 or 200 men, I forgot.

And we had \$30,000 given to us by a very, very generous governor by the name of Leroy Collins. So, we got 30,000 silver dollars and paid with silver dollars. Now, do you want to know why?

CP: Yep.

GG: You don't make mistakes counting silver dollars.

CP: Oh.

GG: You do if it's paper.

CP: Yes, you do.

GG: And secondly, and we never admitted this because it was a failure, he tried to find silver dollars and we couldn't find them. Of course, the liquor store man would never open his safe for us. And down at the dog track down there, they wouldn't—they wouldn't admit that they got any silver dollars.

And we found one in a variety store and they were keeping it as a souvenir. And the lady who bought it bought the universal salve for an infant. What was the universal salve?

CP: (sighs) Vaseline.

GG: You're close, Vick's Salve.

CP: Vick's salve, all right.

GG: But it was interesting. There would come a knock on my door, maybe one in the morning. "Yeah?" "I've got a truck load of clothes for the migrants." "Well, wait 'till tomorrow." "Nope, I wanted to give it to you now." "Dump them out on the—in front of the motel there, I'll get them down to the place."

They knock on the door. "What?" "A got a load of fish for you." "What kind of fish?" "I don't know, but the food fish that came in down in Fort Lauderdale and Miami for the

deep sea fishing (inaudible) that—whatever you call it, salt water fishing.” If they caught any food fish, they would send it up here for the migrants. And first day, there must have been thirty TV cameramen there.

And they were telling migrants to move here and move there. And the sheriff gave us this big deputy, about 300 pounds and bulging out of his uniform. And we had one of the sanitarian bosses for one of the crews gave him a broken pool cue and gave it to him; he gave it to the sheriff’s man and we just—

Things were so chaotic because of news people that I got the deputy, and I says, “If you got to hit them on the head, do it.” And boy, he whooped ’em back. And I asked him to quiet ’em because, see, I’m really the (straw boss?) there because it’s still around my sanitarian trainees.

CP: Yeah, what was your objective in being there? What were you there for?

GG: A baby WDA [Workforce Development Authority], to help out the people.

CP: Help the people clean up.

GG: Anything you wanted to do. Give them clothes, give them food, give them work so they have some money so they can get things that aren’t being given to them. Keep them busy, out of trouble, and improve the community.

CP: Ah, okay great. When was this now? Can you give me an approximate date?

GG: Yeah, it was about 1950, about 1962. Because our daughter wrote me a letter and she says, “Why did Dr. Sowder put you in Immokalee on my birthday?” (CP laughs) Oh, boy, that (inaudible) me, Skeeter.

Anyhow, we ended up down there taking care of the people, keeping them busy. We built a child center that was really a nursing station from the county health department and also a day care center. We repaired the— There was a little park there, and we repaired the playground equipment; and we named it Sowder Park, and the driveway around it we named it (Miniature?) Drive.

CP: (CP laughs) (inaudible) Did you have nurses with you? Did you have them—?

GG: They came down a little later. There was all ready a health department there.

CP: That’d be Collier County, Collier County Health Department, in Immokalee.

GG: No. Immokalee is the county where—

CP: Fort Meyers.

GG: Fort Meyers.

CP: Okay, Lee County.

GG: Lee County.

CP: All right.

GG: I think.

CP: Okie doke.

GG: It was quite an experience. I had to leave some trainees down there to supervise the building and things. And anyhow, they (inaudible) me. They came, the State Board of Health, "Hey, what's this two boxes of Whitman's Sampler?" (CP laughs) Well—

CP: That's a candy.

GG: "These two lady teachers worked the whole weekend in one teacher's trailer with me helping them to get the names of all the migrants. And I bought each one of them a box of

candy.” “Oh, that’s okay. What’s this? One pair of trousers for a trainee?” Well, I said, “He got dog bit.” “Well, how could he get dog bit?”

“Well,” I said, “All of the houses down there are built up on concrete blocks or rods or something and there was a female had puppies under there and he was looking under. And while he was looking under, the mother went around the back where he—and bit him where the most flesh was.” “Well, what did you do?”

“Well I took him down to the clinic, got his pants down and underwear down, and got the nurse to dress the wounds.” “What did he say?” “He was terribly embarrassed.” “Okay, we’ll pay the eight dollars,” or whatever it was. And there were about fifteen items there like that, that just didn’t belong in any expense vouchers.

CP: For a state expenditure voucher.

GG: Yeah. Yeah. And down there, we ate steak every night for a dollar and a half in the—

CP: Did you use your silver dollars to pay for that?

GG: No, no. Only migrants had that. And we used to climb—we had a big barrel there, a metal barrel. And we would drum on the barrel so we could hear them. Just for the fun of it. There were four young Mennonite people down there, young people. We never did find out what they did. And we felt sorry for them. You’d be surprised how often we bought their meals.

You'd be surprised how often my crew leaders, the trainees, would send up and get doughnuts for these men that are cleaning out a ditch. Call (inaudible) and he'd give each one a doughnut. Well, food arrived one day from Leroy Collins.

CP: Oh, he was there to (seek?), all right.

GG: He had about three cars.

CP: This is the governor of Florida.

GG: This is the governor of Florida and his wife.

CP: And his wife?

GG: And two state troopers, of course. And they said, "George, you tell them what to see and show them around." "Okay." Well, he needed to shave and he was a nice man. His wife was nice, too. She called him Lee; I remember this much.

And we started, and I said, "Now the men are busy cleaning out ditches." I said, "They (inaudible) filled up and we're getting some of the water moved out so that people aren't walking on water." And there they were, leaning on their shovels eating doughnuts. (CP laughs)

CP: Well, have to take a break (inaudible).

GG: “Boy, you sure do know how to treat these people.” I said, “No.” I said, “It’s these people from health departments that are supposed to be training and they’re working with crews.” And I took ’em out to the garbage dump and here, there were some—one crew of ours. My sanitarian and a crew of about ten men were pulling out pieces of wood out of the garbage (inaudible). “Why are you doing that?”

And I said, “Mr. Governor, we didn’t know that when it gets cold down here there’s no heat in their homes. So, they build a bonfire and they go out and sleep around the bonfire. And then we picked up all their wood and put it in the garbage dump.” I think that reached him.

And we had one Indian woman that would take her children over to a little stream and bathe them every morning. We didn’t know what to do with women. Dr. Sowder said, “Get them to white wash shacks.” So, we white washed a whole bunch of shacks all around. And the women did it. It was—it was a wonderful experience.

CP: You bought all the stuff and paid them a salary to do the painting?

GG: Yeah, we—we paid them whatever the prevailing wage was in the field. If it was seven dollars, we would give them six. But a man only does one day of work a week.

CP: For you?

GG: There were so many that we had to break them up into five days and we'd have, maybe, if there were 300 of them, we had 100 a day. We had lists that were posted all over town. And very often we had to read the names and look for a name when a man didn't come up and ask when he was working; he was illiterate.

CP: Yeah, the crops had failed? There was no work in the fields?

GG: That's right. I was talking to one of the farmers down there, and I said, "You're a pretty big farm here." He said, "It's not a farm." And I said, "Well you're a farmer." "Nope, I'm a planner." I said, "What's the difference?" He says, "I buy seedlings and plant them; they get frozen. I buy more seedlings, plant them, and they get frozen. All I do is plant." And there was this series of freezes.

And it was a very interesting thing because a newspaperman from Tampa discovered this, and he started writing articles and embarrassing the governor and the legislature. And he embarrassed them enough that the Governor said, "Dr. Sowder, you get into it." Dr. Sowder said, "George," and, "George send your eight or nine sanitarians, we're going."

That was—that was something that was different because first time I went through Immokalee was about '48 before I was working for the state. I actually saw a roulette wheel out on the street there.

CP: You did?

GG: Yeah.

CP: And they were gambling their money?

GG: I guess so.

CP: At least they had their wheel.

GG: And that's what we call a windshield survey. We drive and do surveying.

CP: Yes, yes. And you were there doing such a survey? In '48?

GG: No.

CP: No?

GG: I was doing that study in Polk County on the food handler training.

CP: Oh. All right. I'm having a hard time keeping up with where you are, when, and who you're doing it for or who you doing it to.

GG: Well, you know, when you're eighty-five, you find it hard to get a good chronology, too.

CP: Oh. Well, I don't mean to criticize.

GG: No, I'm good. It makes you work harder. (CP and GG laugh)

CP: (inaudible) It's somewhere. Those— Sanitary training kind of fizzled out, and then what did you do? Are you still with engineering? Are you—?

GG: No. Back then I was—when that— See, the sanitarian training was really under local health services. And after that, I think, for a short while, I was a consultant to the counties. That might've come then, and then they put me in the planning office.

CP: Oh, you were standing environmental health consultant—sanitarian consultant? To the counties?

GG: I had two—two sentences, six or eight months or a year, of traveling the counties. And then I went with the planning office. And I honestly don't think anybody that ever worked here enjoyed the work as much as I did.

CP: Really?

GG: Really.

CP: I don't know. Now, I enjoyed mine.

GG: I think you always seemed happy and I never (inaudible).

CP: I was. I was. I thoroughly enjoyed mine. So, maybe me and you together had more enjoyment of our work and job than most everybody else put together.

GG: You were really your own boss.

CP: I was, kind of.

GG: That's nice.

CP: I was, kind of. I—I had to play up. Tow up to the line a number of folks.

GG: And you had some delightful physicians that came here from the Centers for Disease Control.

CP: Yes. Yes. (You too old to?) remember any of them?

GG: Stan (Music?).

CP: Stan (Music?). Yeah. Yup.

GG: Marvelous man.

CP: What do you remember about him?

GG: Right.

CP: Did you and he have a long track together?

GG: Oh, we had a lot of fun together. He was personable; he laughed at my jokes. And he, I don't know, I think he liked everybody.

CP: I think so, too.

GG: And it just happened that he knew me. I don't think he knew much better than anybody else.

CP: And he is now with Merck.

GG: Merck?

CP: The Merck Pharmaceutical Corporation for your interest. When he was tired of the public health service.

GG: When he was over in Bangladesh working on that eradication of scarlet or—

CP: Smallpox.

GG: Smallpox.

CP: Yes.

GG: He had contacted me ahead of time. I don't know if you knew it or not, but he had some fine equipment to play music.

CP: Oh, man, he did. Yes.

GG: And one of the parts of it that would go out often is the pick up on the end of the arm.

CP: Oh. The whistle

GG: And I would— He'd let me know that he wanted an RCA number 14A. I'd go to an electronics house here because I could buy wholesale. That's one thing about being a licensed—licensed amateur. And I'd buy it and then I would send it wrapped and packed to some address in Washington, and it would be put in a diplomatic pouch because if it went by regular mail, it never got to him.

CP: Never got to him. Yeah, (I'll bet?).

GG: And I must have done this, I think, three times. Oh, I liked Stan—

CP: He was—he is fine. He is fine. And I've talked to him within the last month.

GG: When I had— When I got back from overseas, I was with Malaria Control in War Areas, MC—MCWA. It became the CDC [Communicable Disease Center] and the head of it was an engineer named Mark Hollis⁵.

CP: That's correct.

GG: Oh, I used to see—I liked him. He was not only my boss, but he liked to play bridge when we were (inaudible). We had some good times. Anyhow, the head of the Publix Markets here, who recently retired, was named Mark Hollis.

CP: He was like a chairman of the board.

GG: Yup.

CP: The Mark Hollis that you were referring to is the nephew of Dr. Mark Hollis.

GG: I didn't know he was a nephew.

⁵Dr. Mark D. Hollis (1908-1998), who first brought awareness to air and water pollution in the 1940s, helped to set up the MCWA and was its director when it became the Communicable Disease Center in 1942.

CP: Yup. He was the nephew of Dr. Mark and then Mark Hollis is the chairman of the board and owner of Publix groceries.

GG: I didn't know he was Dr. Mark Hollis, the engineer.

CP: It's his nephew. That's the owner—the owner of Publix. Yeah, that's just for your information. And just for your other information, I was privileged to talk to Dr. Mark Hollis within the month of his death, because I had been in correspondence with him for a period of about a year, trying to get him to come sit in that chair, of course. (inaudible)

GG: He'd have had some wonderful stories.

CP: I know it. I (inaudible) but he was never in the physical condition. The videographer and I—we actually made plans to go to Lakeland to his house and he was never in the physical condition for us to come.

GG: They, in their malaria control activities— Most people don't know that they control the level of water up in the Tennessee Valley in Florida.

CP: The malaria control guys did.

GG: As a preventative measure.

CP: Yes, keep the mosquitoes—a way to control the mosquitoes.

GG: And do you know who is— I better not get into that because I can't remember his name.

CP: Now I— I'm glad you told me though, that you had this personal track with Dr. Mark Hollis.

GG: Oh, yeah.

CP: In public health circles and communicable disease circles because of his—he kind of set the policy for the ways—the way the CDC operated until HDW came into being and they got margin (inaudible) a lot.

GG: Yeah, and it went from engineering control to physician control. There was a doctor of science there in the interim though, the redheaded man. I can't remember his name.

CP: I should but I don't.

GG: Well, they had this laboratory on one of the islands at Savannah, was the reason Mark came there so often. And everybody liked Claire Henderson (inaudible). But anyhow, I want to get back to the laboratories.

CP: Okay. Please do.

GG: Because I think that Florida and Dr. Sowder giving people their heads to do things, is (inaudible) of directors here.

CP: Yes. That was the— That was a[n] earmark of his administrative philosophy: get good people and let them do their thing.

GG: Yeah. The head of the laboratory down in Vero Beach predicted, and predicted right, that the state center down there and the work they were doing with water level control would mean that birds would be moving in. Nobody had ever thought of that but him. And the things they did down there— They did brain operations on mosquitoes.

CP: I know it, I know it, I know it. And they also de-sexed them, too. They would do phallectomies⁶ on mosquitoes.

GG: Yes, there's a dirty story in that.

CP: (laughs) I wouldn't doubt it.

⁶Phallectomy: to surgically remove the penis.

GG: And among the things they had down there, they had some kind of a hawk. They had a puma or mountain—what do call them?

CP: You mean a mountain lion? (inaudible) mountain lion, a puma.

GG: Puma. They had a puma down there. You know why?

CP: Why?

GG: To collect their urine.

CP: Oh. And why did they want the urine from a puma?

GG: It's hard to believe. If you put that urine out, it attracts small mammals. I think it was to get the leftovers; and the instinct to go where that big cat had been.

CP: Oh. And the big cat, he'd kill something and, "I'm going to get me the rest of it."

GG: Yeah. So whatever the small mammals are, of course you start with skunk. I don't think armadillos though.

CP: Okay. I don't know.

GG: Oh, they discovered a lot of things, like— They had to build a real high—real, real high cages for the mosquitoes to get them to mate because they couple to mate and they lose altitude. Then they— Down in the ground level, they had a room about forty-by-forty full of bats. You remember that.

CP: Yeah.

GG: And trying to get bats to eat mosquitoes. That was a grand failure. (CP laughs) They — Most everything they did was a failure when you think about it, Skeeter. Nobody has come up with a natural way to kill mosquitoes.

CP: That is true. That is true, George. I (inaudible) I'd categorize it as a failure because their contributions to our understanding the biorhythms of mosquitoes is astronomical.

GG: It is, but nobody has found the practical way to use it.

CP: Natural predator of mosquitoes.

GG: And it could have meant so much to the world on account of malaria. And it was very interesting. I got one for you. I was always a student of the annual report. That was a —

CP: *The Board of Health Annual Report?*

GG: Yeah. That was a textbook.

CP: It is. Yes, it is and it was. It's still a textbook.

GG: Well, the years around, maybe, 1955; I don't know. I'm studying at labs, looking on rabies. It said, so many dogs and so many cats and some other mammals. And the last thing was one iguana.

CP: One iguana. Yup. (CP laughs) This is intriguing me.

GG: So I got—I asked Beth Yong.

CP: Yes. In the laboratory.

GG: And she was—she was the one— This man came in with brown wrapping paper around something and says, “Check that animal for rabies.” “What is it?” She opened it up and here’s this fat iguana, like a big sausage or something different. “Well, we don’t test iguanas for rabies.” “Well, this iguana bit my daughter and I want to know.”

“Well, sir, to our knowledge, no iguana has ever carried rabies.” He said, “Young lady, you work for the state in a state lab, and I am county commissioner, and this lab’s sitting on county ground. Would you mind checking that for me?” She said, “I’d be happy to.” (CP and GG laugh)

CP: And it was positive?

GG: No.

CP: Oh, all right. Excuse me.

GG: And I would think that’s the only time in history that a tax-supported laboratory ever checked an iguana.

brief gap in recording

I just can’t tell you how impressed I had been with what I’ve seen of all the laboratories. There were so many— Sanitary engineering had one built on the back of a truck.

CP: What for?

GG: I don't think they ever really knew 'cause they've already moved it. It was left over World War II stuff.

CP: And they had the opportunity down in the lab, so they had all that but they didn't know what to do with it.

GG: Skeeter, I don't know if you remember or not, but here in Jacksonville, when I became a sanitarian engineer, we ran a (blue?) building down in the shipyard.

CP: Yes. I remember that.

GG: And it was hot.

CP: Yeah, that thing was[n't?] air-conditioned.

GG: That's right. And we had to keep the windows open and we had this one room, and you always knocked before you went in because the whole typing pool was in there. And these—these women got hot just like everybody else, and they wanted to be warned so they could adjust their skirts and what have you.

And then there were these engines that went by on two sides. Oh, noisy. And that's where we started and entomology was down there too. Then they moved their stuff to 1010 Adams, West Adams; East Adams, I guess. (inaudible) Bill Lovett, William Lovett; the William Lovett stores was named for him. He owned a steamship line, and a lot of people don't know it: he owned downtown Daytona Beach, the land.

And rented it to people to build on. And he told me this and I said, "I don't believe you." "No", he said, "I do. I own downtown. And don't kid yourself, that's a rough business because if these people don't pay their taxes and the county or city takes over, they not only take over that building, they're taking the land, too. (inaudible) pick it up."

And (inaudible) all the time. But that— We were in this building, and it didn't have air conditioning but it had some great big fans. They must have been four feet across, battery, eight of them.

CP: Oh, man. (affirmative murmurs)

GG: Now, entomology and engineering were upstairs and then there was chronic diseases and—I don't know what else—nutrition downstairs. And we would have to go around and tell all of these—usually, mostly—women doing clerical work, "We're going to do it, ma'am." "Okay," and they'd grab their chairs because when we started the fans, they screeched. Oh, they were noisy. I don't know if you remember that.

CP: No. And I knew about that but I was never in those buildings. I'm aware of where you were, the history of that. What would you consider the highlight of your career in the Florida health system?

GG: What was the highlight? The snake bite study.

CP: Oh. Tell us about that.

GG: Well—

CP: Is this while you were in planning or in sanitary engineering?

GG: Plan—no, no. I was— I forgot. I was in this— I know now where I spent that time after training. One of the things they put me with was accident prevention. We laid a big, fat egg with that one.

CP: Oh, accident prevention. Okay. Snakebites are accidents.

GG: They— Well, first thing that came my way in accident prevention was Phil (Dykstra?) from the National Safety Council was (inaudible) to me, “Help.” Well, I had never heard of the National Safety Council, but I knew that the president of it was the brother of the best journalist who was in the Pacific theater in World War II.

“What do you want?” Well, in King County—that’s Seattle, Oregon—one of the commissioners—King County commissioner’s children, a daughter, ran through a sliding glass door that fractured into these pieces of glass that are like scimitars and was killed. And he wanted something done.

CP: Sliding glass doors?

GG: Well, he went to the National Safety Council, among other places I suspect. Phil (Dykstra?) got it. And Phil came to see if we could help because, in a tropical climate like this, subtropical climate like we're in, there are a lot of sliding glass doors. Dr. Sowder sat in on it and says, "Fine, what do you want to do?" "Well, we don't know." (CP laughs)

"Well, let's do a pilot study." "Okay." "Let's do a pilot study in Dade County because that's where the most of the sliding glass doors are." "Fine. What are you gonna study?" "Well, why people run into it." And I put up my hand and I said, "Because they keep them clean."

"Oh, come on, George." "No, we have a niece that was down at Homestead Air Force Base, and they had glass all around in the base housing, and they actually made the glass dirty so the children wouldn't run into it. When they were going to have an inspection, the inspector always let them know so they could clean the glass so he would pass them, then they'd dirty it again. That's all I know."

"Well, you know more than all the rest of us put together." So, we went down there and worked out a survey thing about what time of day it was; the child, female, male, and all that kind of stuff. And what the lighting conditions were; were there any things pasted on the glass; was the glass really clean. Anything we could think of. And we— This was to be a pilot.

So, we ran off the forms, took them down there, and any—and we got the hospitals to agree that when they had an emergency room treatment of one of those, they would see the health department was notified. We did that later with the snakebite study. All right.

The first one that they went out to see, the head of sanitation down in there, John (Eckhoff?), took one other man and they went out and checked.

And there was a child in a home [who] ran through a sliding glass door out onto a patio. They called for an ambulance. The ambulance came, the child was in the house and one of—they just had a stretcher. And one of the men who was carrying it, and he walks through the other sliding glass door. And he had to (inaudible) also going back to the hospital. We knew we had a winner on that one.

So, for about a year, we collected this data and we might have had maybe sixty. So, we didn't know how to go about it, and (Dykstra?) said, "We need to get the big glass manufacturers in on it." And at this point in the history of use of glass in homes, everybody that made these sliding glass doors had his own pet aluminum extrusions, which are the hollowed-out things that—u-shaped—that they put a (inaudible) stick in and put the glass in. Well, people— Most people don't know it, but glass is not a solid. It's a liquid.

CP: I'll just have to accept that on face value.

GG: Glass flows and if you have a sheet of glass that's perhaps eight feet high and you have it there for, let's say, three years, and you take a micrometer and measure it, it's thicker at the bottom than it is at the top.

CP: Oh, That's a useful, interesting, little pearl.

GG: That's trivia. But it's useful at times, believe me. Also in making a glass door, there's a problem with the coefficient of expansion and contraction with the aluminum extrusion

that you have in the glass. So, they have to be designed to take care of that. Well, there was no standardization—just like septic tanks; anything will work as a septic tank— But because health officials got together and standardized the design, people got them cheaper because they were all alike.

All right, we've got the same thing with glass doors. Well, standardized, oh boy, they went up in the air. And we said, "We've got to do something, and we've got to change the kind of glass that's in 'em." Now, they were beginning to listen because you have— Whatever piece of glass you buy, you can't cut if it's shatterproof. Because once you cut the skin on shatterproof, it breaks up and crumbles up in the—you go like this, and it's dust and you didn't cut yourself.

And they didn't want the extra expense of shatterproof glass which is nothing but a— And (inaudible) glass that means it was heat treated so that it hits a different state of movement and breakage, and no tensions within it like in regular window glass. Well, we finally persuaded them to do that. And the sliding glass doors on all homes now has a standard glass and also standard size. And the same thing is true of the use of glass in showers now. Of course, now, it's twenty-five, thirty years ago. And it was a real success.

CP: Good. Let me interrupt you to ask to give me some—give me some words about the snakes thing, the snakebite study. Go ahead and (inaudible) for a bit.

GG: That was something that I'll never forget. And I have some material for you.

CP: Oh, you even brought some stuff.

GG: Well, one of the ways it ended up was Dr. Sowder called me on the phone one day. He said, “George, can I have that article you wrote about snake bites?” And I said, “Certainly.” He said, “People are asking me for it.” And he says, “I don’t even know what’s in it.”

Well, it was (inaudible) for Journal of the Medical Association, and they don’t accept anything except from physicians. And I asked Dr. Sowder if he would co-author it. “Oh, sure.” I never even sent him a copy but I—I’m junior officer; somebody should have known that I wrote it. Anyhow—

CP: I’m sure everybody did.

GG: They were writing in from all over the world for this thing.

CP: Oh, marvelous.

GG: India, Africa. A doctor down in Orlando, Dr. Newton McCullough, an orthopedic physician and instructor in the medical school in Gainesville, taught anatomy, came here and said, “Dr. Sowder (inaudible) to me in an accident prevention.” Dr. McCullough, who I call Newt as everybody else did, he had this book and the pages had come out with about thirty illustrations that he had of children—these were black (inaudible)—who had suffered a venomous snake bite, and the tissue—

The enzymes in the venom of practically all snakes has an effect of starting digestion the moment that venom goes into the flesh. And I don’t—I’ve forgotten the term of what the flesh, it dies, it sloughs off.

CP: Necrotic?

GG: Yes, necrosis. These were profusely illustrated and Dr. McCullough said, “There’s something the matter. We need to treat them better.” And he and Joe (Genaro?), a man from Gainesville, wanted to do something. So, they came here and fortunately Dr. Sowder asked the Florida Medical Association for help, and they set up a committee to study it.

Well, I was the gopher and I went around to all of the hospitals—or at least in each county, one hospital—and left cards for them in the emergency room for the chief surgeon, who’s in charge of many emergency rooms and always knew it would handle snake bite. I don’t know why. And they would notify us (in the capes?). Well, I would immediately—I like this—do the epidemiology.

CP: There you go. All right.

GG: Boy, girl, ten, twelve years old; what was it all about and everything. And, Skeeter, you wouldn’t believe the letters that I got from families saying how much they appreciated somebody trying to find better treatment for snakebites.

Now some of them’d bring tears to my eyes. Well then after I got this together and found that it was a venomous snake, then I would give it to the chairman of the committee and he would get the records. And he kept all medical records for study. And the rest of us weren’t supposed to see them.

CP: Yeah. It’s supposed to be confidential.

GG: And after about—collecting these statistics for about four years, we won. Now, I say “we” because I’m a member of that committee too. Why? We got a new way of introducing the polyvalent anti-venom, the—

CP: Anti-venom, that’s a good word. (inaudible)

GG: What it is, it’s the shot that you give the patient that is horse serum and had been administered at the site of the bite. And veterinarians— It’s pretty smart; doctors talk to veterinarians too. Smaller the mass of the body, the more anti-venom you give them. If your fox terrier gets bit, nine vials of anti-venom; if it’s a Saint Bernard, one; that kind of treatment. So, we got that part into it.

Next, instead of treating at the bite site, give the anti-venom intravenously. So, the first thing I think they do is they put some (volute?) anti-venom in against the eye. And if there’s a big reaction there, (inaudible) get it in the whole body. Then if you didn’t get the reaction in the eye, you give ’em a few drops intravenously. And [if] they don’t go into any kind of a coma or anything or show any reaction, then you start to—

CP: Overdose it.

GG: Yeah. We had one boy down in Orlando, got seventeen vials of the anti-venom.

CP: Tell me what year this went on.

GG: This ran from about 1960 to '68. In that period.

CP: And that study changed the management, the clinical medical management, of the snake bite in Florida.

GG: Oh, yes.

CP: And kind of set the standard nationally on the management of snakebites.

GG: Yes.

CP: First comprehensive study.

GG: Yes.

CP: I'm putting words in your mouth, but all those were true.

GG: Oh, we were— The whole world was writing us for reprints of these articles, *Snakebite Symposium*. That was one issue of it. And— There were other interesting things, Skeeter. First, the administration of the anti-venom proved to be correct. Two, we knew it was correct because when they started to do it experimentally, they decided to do it that way. The necrosis disappeared. Third, the amount of anti-venom is in opposition to the weight of the patient.

CP: It has to do with the relative ratio of the amount of venom per body weight.

GG: Next, we got some good identification photographs.

CP: On the snakes.

GG: Yes. We sat on this one for a long time as the committee, because we didn't like the quality of what we had available for identification. The venomous snakes not only in Florida; this is the nation because there aren't that many, really. And last, we got coral snake anti-venom. All right, now that's a story in itself.

CP: And I'm not going to let you tell it because we've run out of time.

GG: Have we been talking two hours?

CP: And let me, though, express towards you the true, true, true pleasure it's been to sit here and listen to you reminisce about your experiences in the State Board of Health. And

the complimentary things you've had to say about the public health organization in Florida. And the College of Public Health does thank you sincerely for recording what I consider a very significant chapter in Florida's public health history.

GG: Gee, somebody else that you talk to, put in their mouths: Dave Lee came up with an idea about 1953. We're going to check all of the surface waters and ground waters for pollution, and whatever it is, for that point, in the state, we're not going to let it get any worse. We're going to hold pollution where it is now.

CP: All right.

GG: It worked.

CP: Yes. Yes, it did.

GG: About federal government, when President Truman wanted to make Key West his summer home and—I don't know. I guess it was the Navy came like this, "Help." "What?" "Well, he's going to go bathing down there and we don't know what the pollution is. Can you tell us?" "Yeah, I'm up to it."

We just sent (inaudible) in the sewers, toilets, and everything. And where the sewers went out in the Gulf, there was this nice green color. And we got the Navy to fly photo planes over— They were the most beautiful photographs you ever saw. (laughs)

CP: George, on behalf of the University of South Florida, College of Public Health and myself, I just thank you sincerely for coming by and sharing with us these fascinating and great stories. And I must tell the audience that today is February the twenty-second, the year 2000, and I am Skeeter Prather.

End of Interview