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E. Charlton Prather (CP): We are privileged to have with us today, Mr. Jack Wroten, who is a longtime associated with the old state board of health in Florida and its subsequent names and organizations through his retirement about a year ago. Spent all of his time with us in the venereal disease control program, or as they call it in these later days, the sexually transmitted diseases program, as director of that.

But he—well, I'm not sure when he came. But it's a privilege. And, Mr. Wroten, on behalf of the libraries at the University of South Florida and the College of Public Health at the University of South Florida, we just say, thank you, sincerely, for your willingness to take the time to come and review with us and future researchers your experiences with the sexually transmitted disease program of organized public health in Florida.

Anyways, we thank you. What brought you to Florida? May I just kind of open up with that question?

Jack Wroten (JW): Well, that was 1966. April 1966. And I was with CDC [Centers for Disease Control][1]. I was what they call the senior public health advisor in South Carolina,

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1The Centers for Disease Control (CDC) is the leading national public health institute of the United States. The CDC focuses national attention on developing and applying disease control and prevention.

Columbia, for three years—and by the way, I love that program up there. I love the state of South Carolina. And the only reason I left South Carolina, I got a promotion.

So I came down here in April of 1966, and it was interesting because I had to come down to do an interview with Doctor Sowder[2]. Doctor Sowder, then, the state health officer. There was some issue about a health educator position, and they were playing games and so forth. So I had to have the interview with Doctor Sowder.

So anyway, I came down here—and, by the way, you weren't here; you were out of town somewhere. So I came in 1966, went back to Columbia, packed everything up, and I finally got here in July. They postponed my reassignment for a couple of months. So in July, came here, and as a matter of fact, in the old building, which is not, now, the—what's the name of that building, by the way?

CP: Julia Street building[3].

JW: The Julia Street building.

CP: That's where you were housed.

JW: You were there. Doctor—

CP: Sharp.

JW: No, Doctor Sharp had just left. The laboratory director, I'm thinking of.

CP: Doctor Hardy.

JW: Doctor Hardy. Dr. Albert Hardy was there. And Harvey Burnett was the director of what we used to call the VD program. And in that office, right on the corner there, I used to park right across the street, on Pearl Street, and come up the stairs. And there was a

2Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years, beginning in the 1940s. Under his tenure as a Florida state health officer, he developed health departments in each of Florida's counties. Dr. Sowder was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997.

3On March 30, 1912, the Florida State Board of Health moved its executive offices and central laboratory to the intersection of Julia and West Second in Jacksonville, Florida.

basement there. They had the health education section there, and there was a guy by the name of Herbie Barnes down there. He used to do everything by hand.

So I came up the stairs, and we had a little office to the right there. And we had a tremendous staff of seven people there. So the first thing they did, they issued me a 1964 Valiant[4] with no air-conditioning, no radio.

CP: That was verboten in Florida, air-conditioning, at that point.

JW: So anyway, that was my introduction, and everybody was very nice. I got settled, and I found a beautiful place on the beach, Atlantic Beach here, and I loved it. And the big charge from CDC, as well as the State of Florida—and by the way, you know you, of course, were the state epidemiologist at the time—was to do something about the migrant syphilis[5] problem within South Florida, as they exited North Florida, all the way up the eastern coast.

So, in those days we had a state office staff of about seven people. We had a field staff of, I think, about 40 people. We had six districts, and that compares to 15 districts today. And the six districts, for example, the Jacksonville district ran from Jacksonville to Tallahassee.

The West Palm district ran from West Palm all the way over to Collier County in Fort Myers, Naples. And Miami went all the way up to Broward, and Broward was kind of the bedroom community of Dade County at the time. And Tampa went all the way down to Highland. So we have six districts here.

And we had a manager in each of the districts, and, as I said, our primary objective was to eradicate syphilis by 1972. That was the charge. And the migrant syphilis was a big problem.

So, when I first got here, I remember the numbers for primary and secondary syphilis, or infectious syphilis, was about 2,356. That was in 1966. And our big goal was to intensify that program and, what we used to call “blitz”. That is to intensify all the operations of VD control. That is to interview, as rapidly as possible, the infected person and trace their contacts to determine the source and spread of the infection.

4The 1964 Valiant was the second generation of the Valiant model produced from 1962-1966. The car was manufactured by the Plymouth division of the Chrysler Corporation.

5Syphilis is a bacterial infection usually spread through sexual contact. Syphilis develops in stages (primary, secondary, and final) and symptoms vary with each stage.

And we did a great job. And if you look at the rates on—by the way, I've got a chart, and it shows rates from 1948 down to 1999, when I left. So anyway, that was a great introduction. And I loved the place, and I always wanted to live in Florida. Live at the beach. And I got my wishes, and that began my assignment here.

So, it was a great introduction. In those days, by the way, we drove most of the time. That was why I got the state car. And I think we used to fly, there was an airline called National Airlines[6]. And there was an executive director for the state health officer, Doctor Sowder, that had a maximum of 250 dollars travel a month. So we didn't fly too much.

So, we would drive all over the state, and I'd wind up in Miami on a Friday night about six or seven o'clock and drive back to Jacksonville and get home about midnight. That was routine, like, week after week. And in those days, as you remember, there was no Interstate-95 all the way to Miami; there was no Interstate-10. I used to take [Interstate] 92 all the way over through Jefferson County, Monticello into Tallahassee. But those were good days. And we had a lot of esprit de corps in those days.

CP: Speak to that. How did you maintain that esprit de corps?

JW: Well, we had a common goal. Everybody believed in it. As a matter of fact, I, for one, as the senior rep, believed in it so much. I was committed. I remember buying a Florida tag, 1972. So, unfortunately, as time goes by, there are changes, and we did not reach that goal by 1972.

But the one thing we did in 1966, '67, we developed a migrant syphilis project. And we had a team of four people and a supervisor, and their headquarters was Pahokee. And it's not Belle Glade, not West Palm, but Pahokee.

And these people started out in the winter, like right now, January, February, and they began screening migrants along with the cooperation of the crew chiefs and the Department of Agriculture down in Homestead. And those four people, plus the supervisor, worked their way through the migrant stream, all the way out of Florida. And they got to North Florida, down near Putnam County, where they picked potatoes towards the end of the year.

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6 National Airlines was a United States based airline that was known for its network of coast-to-coast-to-coast flights that linked Florida and the Gulf Coast with cities along the East Coast and the West Coast. The airline operated from 1934 to 1980.

And it was a very successful program for about three years. I forget the volume that we screened at—it was thousands of people. I remember, one year, we found 150 cases of primary and secondary syphilis among thousands of people screened for syphilis. And it was a great program because, before that, as I understood it, before I came here, migrants were screened in Florida, and there was no record keeping. And they were screened in South Carolina, Georgia, all they way up the eastern seaboard.

As a matter of fact, when I worked in Pennsylvania, I was screening migrants in Coudersport, near the New York state line. And, lo and behold, there's a bunch of Florida migrants there. And they were screened over and over and over. It was a very duplicate process. So, anyway that was a good program.

And because of that, we were out—there were no office hours from 8 to 5. We worked when we could. We worked nights, and we had a good time. And there was one common goal and people committed, and they believed in it. And it was a really feel-good program.

And, a lot of those people back then have gone on to great things. For example, you probably remember a guy by the name of Joe Garcia. Do you remember him? I talked to Joe the other day.

Joe is now retired. He retired. He went on to the Public Health Service Commissioned Corps[7]. He retired as what they call a Navy captain so but Joe was the coordinator of that program. You remember him?

CP: Yes. Yes, I do remember him.

JW: Because I was talking to Joe the other day. He said, "Tell Doctor Prather, hello, and remind him of the time that he loaned his car to [me], and he said, 'Joe, put some mileage on that car. I want to get a new one.'"

CP: Well, as I remember, I didn't get a new one.

7The United States Public Health Service Commissioned Corps (PHSCC) is the federal uniformed service of the US Public Health service. The PHSCC allocates its officers to other US military services with the goal of promoting the health of the nation.

JW: So anyway, that went on from 1967, ’68 and we essentially blitzed areas like Tampa. And I remember Tampa, Fort Pierce. Fort Pierce was a particular problem. So we did a lot of work down there in Tampa, Fort Pierce. And of course, Dade County was always a problem. So we had some good times. And that went on until 1970, ’71, ’72.

In 1972, for the first time in the history of the program, from the federal level, we got funds. We got new funds to develop a gonorrhea[8] screening program. Prior to then, as you remember, screening by culture was very, very minimal. In fact, prior to 1972, there was like, 50,000 cultures taken.

So, we developed this program. I think we got about a million, 1.5 million dollars. We put a lot of money into the laboratory. We put staff in all the branch laboratories, and we developed supplies for media, transportation, and then we kicked off the program.

CP: Let me interrupt, Mr. Wroten. How come our goal in syphilis eradication among the migrants was not reached in ’72? I’m sure you all analyzed that. And I’m not trying to be critical. But just remember, what was the problem?

JW: Well, the problem was that, all of a sudden, in ’72, while we were projecting this goal all the way back to 1961—and by the way, in 1961 there was an international symposium. John Kennedy, the president at the time, he endorsed this program, so the entire country—it’s not just Florida—the entire country was out to eradicate syphilis. And Florida was on the main front, and we were committed, as I said.

And then, in ’72, the Congress provided 16 million dollars for the development of a gonorrhea-screening program for asymptomatic females. Which was greatly needed. So we got off into that priority.

And then, unfortunately, while you’re working on, as you well know, with limited funds again—and by the way, prior to the 16 million dollars—this is for the entire country, now—there was only 6 million dollars for syphilis eradication, up until that point. So the 6 million combined to the 22 million. You know, 16 million plus the 6 million wasn’t a lot of money to do both syphilis eradication, as we were doing, with a lot of blitzing, and the development of the gonorrhea-screening program.

So, we did develop one great gonorrhea-screening program. I remember one of the main people during those days was Dr. Schneider[9], with the support of the laboratory. And by the way, that’s when, I think, for the first time, maybe in the history of this program, that

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8Gonorrhea is a sexually transmitted bacterial infection that, if untreated, can cause infertility.

the old VD program—now the STD program—became a significant partner with the laboratory. We supported them. We understood, they understood.

Mildred Jefferies, the microbiologist at the time, was just great. She and I went out and did training all over the state. And, in those days, we did—remember the Transgrow[10] bottles? You know, how you used to grow the medium in the Transgrow bottles? We did that for a couple of years.

So, we went from 50,000 cultures prior to 1972 to about 400,000 in ’73, ’74. And that progressed all the way to this date. In fact, when I left in 2000, I think we were doing like 350,000.

So, if you look at the trend line for gonorrhea, from that point in the early ’70s, until about ’75 when it peaked, about 65,000 cases, they started to go down. And if you look at the trend since then, you’ll see a clear downward trend.

And, to this day, you see some fluctuations in there, but we really made an impact like 65,000 cases at that time to, when I left, I think we reported about 20,000 cases. Not to say that’s still not a problem because with a very short incubation period, gonorrhea can go right back up.

But I think not enough money to do both programs, that was a problem, and too many priorities. And then compounded by those problems, what came along in 1976 was a problem called PPNG, penicillinase-producing *Neisseria gonorrhoeae*[11].

And I remember you telling me, even before that, there was something in Southeast Asia called the “Black Clap.” I remember you saying that. And I said, “What in the world is he talking about?” Well, we got our first imported case from Southeast Asia in Tampa in 1976. And that was the beginning.

I remember we documented every case. That was the first case, ’77, ’78, no cases. We put out alerts. We had an article in the [Florida Medical Association] journal, we did a lot of promotion, and tried to get the physicians involved and the military involved in about

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9There is an interview on file between Dr. Prather and Dr. Nathan Schneider as a part of the USF College of Public Health Oral History Project.

10Transgrow is a medium used for the cultivation and transport and study of certain microorganisms, such as the *Neisseria* genus, which causes gonorrhea.

11*Neisseria gonorrhoeae* is the bacteria responsible for the sexually transmitted infection gonorrhea. Penicillinase-producing *Neisseria gonorrhoeae* (PPNG) is a strain of the gonorrhea bacteria that is resistant to penicillin.

then in ’79, ’80. And then it really took off to the extent that in Miami at one point in time about 50 percent of the gonorrhea was PPNG.

And, also at the same time, CDC was interested in developing a program called gonococcal pelvic inflammatory disease[12] program. And that required a lot of labor and working with hospital emergency rooms. We did that. Did a great job, especially at Jackson Memorial in Miami. But all of those kinds of things, along with trying to eradicate syphilis, and it was just impossible.

So, we went through the ’70s. It was a big turmoil. And it was interesting times, but, unfortunately, syphilis fluctuated. I remember we tried to get back on syphilis in 1975, ’76 with a lot of blitzes, and we did a job there. But the most important thing about reducing syphilis is continuity of those kind of things because if you don’t do that, then, you get problems.

CP: Let me back up to ask for our listeners’ sake. PPNG, which you told us what that stood for, but how come that’s significant? Penicillinase-producing *Neisseria gonorrhoeae*, or PPNG, why is that important?

JW: Because, in those days, penicillin was the primary drug of choice, and therefore, we could not use penicillin anymore.

CP: And penicillinase was a substance that neutralized penicillin.

JW: Right. Right. And then penicillin, of course, we couldn’t use, so there was another drug in those days called spectinomycin, which was very expensive. And I remember saying, talking to the news media, talking to CDC, Florida needs—if we had half a million dollars a year, we could go to spectinomycin, the first drug of choice, and deal with it, as opposed to getting out there and doing intensifying work, one-on-one interviews with all the cases of PPNG.

When you do that, you’re talking about a disease that has an incubation period of maybe a couple hours to a couple of days. And it essentially outran us. So, we did that, unfortunately for about four or five years. And syphilis just kept like that with a blitz here and a blitz there.

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12 Gonococcal pelvic inflammatory disease (PID) refers it the acute infection of the upper genital structures in women, such as the uterus and ovaries. Gonococcal PID is caused by a *Neisseria gonorrhoeaa* infection.

CP: When you had a problem with syphilis, you focused on it, but otherwise, you were preoccupied with PPNG stuff?

JW: Too many priorities. You asked what the problem was: too many priorities. And there is no doubt, if we had had the money, had the continuity to focus on syphilis in those days, in the late ’60s, throughout the ’70s, syphilis would have never have become pandemic in this country in the ’80s. It would have never become a pandemic. But, unfortunately, when you’re dealing with the Congress—you know, money doesn’t solve all the problems, but money is important for continuity’s sake.

CP: Yes, it is. Fascinating.

JW: But I’ve got a chart here that kind of shows that picture.

CP: Let’s look at it.

JW: You want to look at the chart?

CP: Yeah. Let’s look at it. And our camera will—

Conversation outside of interview

JW: All right, I don’t know if you can see this or not.

CP: Yeah. Tell us about these statistical variations. What was the trend?

JW: Well, if you look at the chart—and this is a chart that shows reported cases of infectious syphilis in Florida from 1948 to 1999. By the way, that’s before you came here.

CP: Forty-eight is, yes. I appreciate your noticing that, thank you.

JW: And the trend line from 1948 for Florida shows about 5,000 cases of infectious syphilis, or primary and secondary syphilis. And, as you can see, there was an all-out program from that point right after the war, all the way down to the early ’50s. And, if

you look at the trend line, you'll see, around 1952, '53, the Congress of the United States, in their wisdom, they thought that we had done the job.

So, guess what? Guess what? The budget at that time was, for the country, was 17 million dollars, and they cut the budget essentially in half. So, guess what? Syphilis started to fluctuate and go back up. And then, by 1961, that's when they had the international symposium in Washington, and they provided the new program, called Syphilis Eradication by 1972.

And, again, if you look at the chart, you'll see that syphilis goes up. Obviously, when you apply intensive epidemiology and case finding, you will see, it gets worse before it gets better. So, from 1965 to 1966, the trend line in Florida goes down. It goes down from like, 2,356 cases in 1965, '66 to about 1,900 cases in 1970 so a definite downward trend.

Had we had the resources, and the continuity of funding, and the continuity of personnel, it would have continued to go down. I am convinced. But then came along gonorrhea screening. The mixture of that, with the blitz around the state for syphilis, and the gonococcal PID program, the PPNG, and then, it just started to go off the wall from the early '80s.

And then, in the early '80s, in Florida, especially in Florida, along South Florida in '95, became this problem called crack cocaine. And I began to talk to people out in the field, and they said, You know, we've got patients coming here, and they're just out of their minds. They don't know who they've had sex with. And it's just impossible to get people to name their sex partners.

So, the crack epidemic just absolutely fueled the syphilis epidemic. And then, from that point, syphilis went completely—the trend line, straight up, in 1988. Let me back up a minute. It was so bad in 1983, '84, we talked to CDC, and we decided that we would blitz Miami for everything: PPNG, PID, syphilis.

And we had all the help from CDC, from September of '83 until June of '84, and CDC provided us over 100, what they called, public health advisors, rotating every two weeks into Miami. And we did reduce syphilis during that time. Unfortunately, when it was over with, they took away everybody, and we were left with like seven or eight people down there. So, it started to go up again.

And it finally peaked in 1988 with over 8,000 cases of infectious syphilis. Now if you add this so-called potentially infectious syphilis, like early latent cases, you're looking at

15,000 cases. And that is a tremendous rate. And that's something we just could not deal with. So, we're running from pillar to post, all over the state, trying to put out the fire.

But the unfortunate thing about the trend line is, way back in the '50s, it could have been dealt with. Way back in the early '70s, it could have been dealt with. And, finally, in 1988 and throughout the '90s, syphilis went down to an all time low, all the way down to—well, the chart shows '99. I think we had, like, 324 cases in '99.

Now, I understand it's starting to go up again a little bit, particularly in South Florida. So, it's a story about—we should have done something years ago but the old cliché, history just kept repeating itself over and over and over.

CP: So I'm sensing, Mr. Wroten, that there's a direct correlation between funding and syphilis rates. As funding goes up, syphilis goes down, and vice versa.

JW: There's a direct correlation between that. The most important thing is continuity of funding, along with continuity of personnel. And unfortunately, in Florida—and Florida is not unique in this, but I think in my experience, the real problem has been the low salary levels for people doing this job. This is a tough job.

These people are called disease intervention specialists over the years, and it's really a tough job. And the starting salary is not sufficient, and the potential in the growth is really not there. So you get what you pay for, unfortunately, but had we had more support in the early '50s, and the '60s, and the '70s, this would have never happened. I'm convinced of that. But it's been very interesting. It's down now. I understand it's going up.

But, now, the CDC, several years ago, before I left, inaugurated a program for syphilis elimination, not syphilis eradication, syphilis elimination. I don't believe you can ever eradicate syphilis without a vaccine, and a vaccine is way off, but you can eliminate syphilis, that is, you can eliminate the source of the spread of the infection.

So that's the big program right now, with the division of STD at CDC. And I think, throughout the country, I think they're focused, and I think they're doing a pretty good job.

Now, one thing I've got to put in here. One of the most significant programs that came along that really kind of disrupted a lot of things in STD, as well as TB, and probably AIDS was the inception of a program called the HIV-STD-TB program in 1993. And, you

probably remember—what happened is the lieutenant governor and HRS[13], at the time, they were looking for more—it was a funding problem. They were looking for more FTEs[14], I understand, and, at the same time, looking for more space.

So, unfortunately, they looked at our programs, and they thought it would be a good idea to combine the programs. To take away, essentially, in my opinion the identification of a program called STD and tuberculosis.

CP: And the espirit de corps of the workers.

JW: So, those were combined, and they were combined in a hurry. And, I mean like one morning it happened, nobody knew. And, that afternoon, we had a charge to develop the program. I was involved with that. You know, being a good soldier, we went forward, a lot of us. We believed in it. And we tried to tell ourselves, This is going to work.

But when you're working with the AIDS program, the so-called 500-pound gorilla, guess what? STD and TB are not going to be priorities. It kind of reminds me of when we had this department called HRS. Guess what? Health was not one of the big priorities, right?

CP: No, it wasn't.

JW: You had to stand in line. And if you weren't at the table, you didn't get fed. So it went through from 1993 until 1997, we went through those years. And I've got to tell you, it's like every morning in Tallahassee, every morning, you could anticipate there was going to be an AIDS issue, not necessarily an STD issue or TB issue. Oh, there were issues, but, guess what got dealt with pronto?

So, we lived in those programs until the end of '96. Fortunately, in '96, after all those years—and you know better than anybody else because of all of your support and lobbying over the years—then, finally, the legislature, in their great wisdom, they approved the Department of Health in January 1997.

13HRS, the Florida Department of Health and Rehabilitative Services, was created by the Florida Legislature in 1969 to replace the Florida State Board of Health. In 1969, HRS was reconstructed into two entities: The Florida Department of Health and the Florida Department of Children and families.

14FTEs, or full-time equivalents, are units that indicate the workload of an employed person. These are used as a standardized system of measurement in professional and educational contexts. For example, an FTE of 1.0 represents one full-time worker, while and FTE of 0.5 represents half of one full-time employee's workload.

Well, I personally saw that coming, so I took it upon myself to ask some of my bosses, like Dr. Crockett and Dr. Hunter, if we could go out and begin—this is like, late ’96—if we could go out in the field and start talking about reorganizing these 15 districts where they had work across the board.

And I went out and visited all 15 districts, and we got some bind with most of them and some of them we didn’t. But, eventually, what happened is, the programs were separated. I went to see Dr. Howell[15] and presented that to him; he approved it. And in early ’97, we became the bureau of STD, the bureau of TB, and the bureau of AIDS.

And, in my opinion, I think that’s one of the greatest things that we did all those years, because otherwise those programs—and especially TB. TB really suffered because what happened in TB, they took away a lot of their FTEs, including their chief. In STD, they took away the chief position and a few FTEs.

And all three programs, really, could have done much, much better during those four years, but it was an experiment, if you will. There were some positive things that came out of it. But I know personally that, if we had been more identified as individual programs, we could have been more productive during those days. So, the new department kind of set a new standard, and we were very proud of that.

CP: And it’s beginning to show. It’s beginning to show. Let me return to gonorrhea, though, before we get too far away. You mentioned PID earlier, as a part of the thrust of a refocus on gonorrhea in about 1972.

JW: About 1975, ’76.

CP: Okay. Address yourself to acceptance of the—did a lot of screening in emergency rooms of women with PID. Was it difficult to get the medical society to accept this? The medical community?

JW: It wasn’t difficult to get the support of the medical society and the people in the ER rooms. The problem was, as a busy, busy ER room anywhere in the country, as you well know as a doctor, we had to go in there and do everything. They didn’t have the staff. So

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15Doctor James T. Howell is an accomplished public health physician in Florida, serving in various positions throughout the Florida public health system, including that of State Health Officer and Secretary of the Florida Department of Health. An interview with Dr. Howell is available in Digital Initiatives and Services’ USF College of Public Health Oral History Project.

we had to essentially go in there and set up shop. We stationed people at major hospital like Jackson Memorial, and it was just so time consuming.

I mean the history, the record keeping, tracking down people, tracking down patients, and plus the fact that CDC felt like it was very important to interview all these patients. Well, to interview a patient who is sick, very difficult, when you're talking about trying to elicit sex partners. So it was just too labor intensive. It worked in spots around the state for a couple of years, and then it was over.

CP: I wanted to recall this problem there for future folks who are trying to develop a program. There are some significant lessons here: one, resource; two, commitment of staff, and how does one go about getting a command of staff committed to a certain goal; and then, thirdly, there's a lot corollary that must cooperate attitude for the success of the program. In this case, they're the emergency room folks in the hospitals, which are also short handed.

There's a reason I'm trying to emphasize that. For future program planners, there's a number of ingredients that have to be taken into account, and the practical anthropologist could be very useful if they could be incorporated as part of the team, sociologists and anthropologists, early. This cross-fertilization of resources, the experiential resources of a number of disciplines come to play. And it seems to me, for them to incorporate those on the ground floor will help with success when you get to the penthouse, so to speak. I don't mean to lecture. I wanted to make a point for future researchers.

JW: I agree. I agree. I think, again, it's back to money and personnel. And when you go back to 1975, '76, we're still trying to put out fires for syphilis. You know, while somebody was assigned to Jackson Memorial Hospital and doing PID with all the work, they were on their own. There were syphilis cases out there, and somebody had to take care of it, I mean, syphilis does spread. And, again, remember, this was prior to the beginning of the big epidemic.

So we're out there trying to do, again, too many things with very little money. But there's no question, if you had the staff, and you had the money to put people into ER rooms to do more of this gonococcal PID or whatever, it just makes good sense because hospitals —

It's like the hospital here in Jacksonville. They've got a big problem right now with money, so they need all the help they can get. And if the health departments or the health professionals, with their support in the hospital ER room, can do PID or social work or whatever, that's great. So, I agree with you.

CP: Yes, it's helpful. Your experience has been astronomical. You mentioned the HIV stuff and you talked about the administrative arrangements around TB, VD, and HIV, too. HIV came along in '89, '87, '86?

JW: I remember it well. In 1985, the very first test. I think the first test they labeled, was it HTLV[16]?

CP: That's correct.

JW: That was the test. And we were charged, as a state health department, with getting out there and organizing conferences around the state, and this was my responsibility. So, we organized all these conferences from Miami to Pensacola to let people know about the new test. And it was a very, very slow process. People were really worried. They were skeptical.

For example, something called partner notification. I remember certain people saying, Now, wait a minute. How in the world are you going to do partner notification? I said, "Well, this is a big problem with—I mean, HIV happens to be an STD. I mean it seems natural to do partner notification." And there was one health officer who said, "No, he ain't going to do that in my county."

So, we went out there, and we started testing. We did some HIV testing in STD clinics in Dade and Broward. And we found 20 percent of the patients were infected. So there's no question. The next thing you do, you organize a program called—in those days, we called it partner notification.

So we began to do this, not in a great organized, statewide fashion, but we started doing it in Dade County and Broward County, and before you know it, throughout the state. And then by 19—that was, like, 1987, '88, '89, it was full blown. And that became the STD program's big priority, number one priority. And we had a great program in those days and ran that program all the way up until to this point. And there's no question that partner notification for HIV is critical, critical.

CP: Yeah. How about your resources? Did you get an infusion of resources when you changed your priorities?

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16 The human T-lymphotropic virus, or HTLV, is a family of human retroviruses that are known to cause a type of cancer called adult T-cell leukemia/lymphoma and a demyelinating disease called HTLV-1.

JW: Absolutely. Absolutely. The most important thing that happened after the four-year program called HIV-STD-TB—and by the way, during those years, we worked very closely with CDC. They had at that time, and they still do I think, a center. They have centers up there. A center for HIV-STD-TB. So we went up—

CP: Were they modeled after you or them?

JW: Well, I don't know. I mean we came first. And then, anyway, we went up there several times and met with those people, and they were supporting us from what we were doing. They were pleased with our programs.

And, then lo and behold, around 1988, we got an infusion of money. For the first time in the history of the so-called NCD [Non-Communicable Disease] program, we got money. Most of it came through the HIV funds. And HIV funds provided us with additional funds to support what we call field staff—the disease intervention specialists [DIS]. So from that point we had about 35 or 40 federal signees doing DIS work. We went from that point to about 120.

CP: Wow. This is from, I think you said, 33, when you arrived.

JW: Well, that was a combination of state and federal, when I came here, about 40. But we had a tremendous increase in federal personnel. It went to 120. I remember talking to Dr. Howell in Palm Beach. And I think, at that time, we had about four or five federal signees down there. I said, "Doctor Howell, we're going to give you another 10." He couldn't believe it.

Now, the reason for this is because we became a training center, a national training center, which opened in Broward County. And the idea was to place all these federal signees—these were brand new people, trainees—in Broward County and Fort Lauderdale in our training center.

And, by the way, this is a tremendous training center. We had a nice facility: combined laboratory, pharmacy, clinic, 18,000 square feet, located in Lauderhill. And all of the new people came there for training. And then—

CP: This is from nation wide?

JW: These are all people coming, right, into Florida, and they were trained there. And then, after the training, they were headquartered in those three counties down there: Dade, Broward, and Palm Beach. So, we kept those people from 1988 until about 1994, ’95, and then we began to lose them through transfers and so forth. But also, at the same time, we got this new money from the AIDS program to develop state positions.

So, while the federal signees went from about 40 to 120, the state personnel went from about—I think we had about, maybe, about 50 or 60 that went to, I remember, 67 new positions. So, we had a tremendous, a very significant increase in DIS personnel. So, at that time we were able to do HIV partner notification.

And while syphilis was going down, we were able to do intensified syphilis epidemiology, as well as the gonorrhea screening activities, education. And from the 1990’s throughout, we had enough personnel to do the job on syphilis as well as HIV and others.

CP: As far as you know, is this still so? It was so in 2000, when you left.

JW: When I left, we were hurting on personnel for syphilis. But, at that time, the CDC developed a program called Syphilis Elimination, and they developed new positions for states such as Florida, which had high rates in places like Miami. So, I remember receiving several additional personnel to serve in positions for surveillance and case finding and supervision.

So, that infusion, back in ’98, for 67 new positions for the AIDS program and 120 federal personnel, was a tremendous, tremendous input. At the same time, in 1988, we developed another training center over in Tampa, in conjunction with the University of South Florida College of Medicine, for nurses and physicians, which, by the way, before I left, became a southeastern training center. So, that was great.

So, we had two training centers: one on the East Coast, one on the West Coast, to train DIS on the East Coast, what we call the DIS Training Center, and on the West Coast, to train nurses and doctors.

CP: Clinicians in all of the venereal diseases and HIV?

JW: Right. Tremendous program, and we were very, very fortunate to get some good staff support from University of South Florida and a physician that you know, Dr. John Tony. And John was just—he was a name from the very beginning, and I assume he's still there. And he's just a tremendous clinician and teacher with regard to STDs and especially HIV and also tuberculosis.

So, we made out. We did great. So, interesting. But, if the Congress hadn't cut that budget back in 1953, history would've been different, wouldn't it?

CP: Yes, it would have been. We do remember.

JW: History is very interesting. You've got to learn from history. Otherwise, you do the same thing again, right?

CP: Yes, we would. I remember sitting with Doctor Brown—

JW: Dr. William J. Brown?

CP: William J.

JW: I've got a picture of you guys.

CP: Some time about that immediately after Congress had acted, he predicted all that came to pass. And now, he's out looking back on it. That's so sad. Oh, man. Well, it's a fascinating story. Let's prognosticate a little bit. What do you see for the future? Are we ever going to control syphilis?

JW: Oh, I think so. I think, again, you're not going to eradicate it. I don't think I'll ever see the day where there won't be any syphilis cases, but, I remember before I left, it was getting down to, you know—the rate was like, less than two per 100,000 population. It's a matter of how low can you go?

But if you can eliminate—"eliminate," is the word, not "eradicate". In '72, it was "eradicate," and that was a mistake. But if you can eliminate the source in your county, if you can focus on that, then I think you can certainly keep syphilis down. But the problem with syphilis, if you shift personnel to another priority and you take away from that—I've

always said that one case, one case of infectious syphilis represents a potential epidemic. I mean, I've seen and you've seen one case going to a bunch of cases.

CP: Almost overnight, right under your nose.

JW: Right. So, yeah, I think CDC is on the right track. I think Florida is on the right track. They've got a good staff, got some good direction. But I call it, you know, to reduce it down to an irreducible minimum of cases, whatever that is. You know, if it's 100 cases a year, so be it.

CP: Speak to gonorrhea. Where do you see it?

JW: Well, gonorrhea was entirely different from syphilis because of the incubation period. With syphilis, you have an average incubation period of about 21 days. So that gives the—

CP: It gives you 21 days to do something.

JW: It gives you the opportunity to identify people that have been exposed. And the most important procedure for that process is to find people who have been recently exposed and bring those people to examination and treat those people as if they had syphilis. When you do enough of that, you abort the syphilis.

CP: The potential for spread. Yes, you will.

JW: So, that's sort of the key.

CP: Well, with gonorrhea you got about four to forty hours.

JW: The most important thing for gonorrhea is screening programs in high-risk areas: in juvenile detention centers, jails—and, by the way, the one big priority that came up—well, of course we've been doing this for years in Florida, but it became more of a national issue—was jail screening. And we had developed a number of jail programs around the state.

And so, jail screening—in fact, right here in Duval County—has been doing a good job. Juvenile detention centers, as I said. But screening primarily to detect the asymptomatic carrier, which can be primarily female but also male. But unfortunately, people think gonorrhea is a joke. I mean, so what? So what? Big deal, you know.

The problem is, if left untreated it's going to cause some serious problems, particularly in the female with pelvic inflammatory disease. So, but I think the screening program is still very viable, and it's one of the keys to controlling the disease.

CP: Not eradication, to control.

JW: Not eradication, no.

CP: I gather strongly that you have enjoyed your career.

JW: Well, before I came to Florida I spent nine years in other states. And, yeah, it's been very rewarding. The most important thing in, not just this program, but it's the people you work with, the people you meet. And I had the opportunity, and really the pleasure, of working with a lot of good people as a CDC employee. And CDC, for example, we have a society called the Watsonian Society[17], and we're still in touch with all of those people who are retired and still active.

And you probably remember Bill Watson. Bill Watson was one of the first of these people called a DIS, that was hired way back in, like, 1948. So, it's been a great family. I've worked in states like, all over Georgia, and Arkansas, and Maryland, Pennsylvania, Pittsburg, and, finally, Florida. So, yeah, it's been a great career.

And you meet a lot of people throughout the country, and very bright people, the best of the best. I mean, just a great organization. I've always said that CDC especially has always been one of the most prestigious organizations in the federal government.

And finally, the Florida Department of Health has come along. When I left, when I retired, I think one of the things I said with a group of people up there was, "The most rewarding thing for me is to see the Florida Department of Health back as the Florida Department of Health." In all due respect to those 25 years of HRS—

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17 The Watsonian Society was formed in 1985 as an organization to foster and continue professional relationships among public health workers.

CP: Of experimentation and very expensive experimentation.

JW: Well, of course, you and your position as a state health officer during those days, you know about it firsthand. But it was not a good move. But, despite all that, we did some good things, did some good things. People in public health, they tend to stick together and stay together. They're committed people.

CP: What advice do you have for students? Say, a student of public health, in the graduate college of public health in Tampa Bay, who really don't know exactly where he's going with all of this education he's getting. Do you have any advice for students?

JW: Well, I think that, nowadays, you've got to pursue more than a bachelor [degree]. I think the college of public health in Tampa has a great program for MPH, master of public health, and beyond. I think that is almost a prerequisite if you want to work in public health at any level. And it's a great school. And of course, there are great schools throughout the country. But I know Dr. Mahan did a great job down there.

But anybody interested in public health, it's a wide-open field, especially in this day, with the potential of bioterrorism. If people want to become involved with a national objective like that, public health is going to be right there on as a first line of defense. And it can be very exciting, and I would encourage anybody interested in that to pursue it. But to get the basics, the MPH and even beyond.

CP: Yes, get the basic education and then move from that. All right, so you're encouraging the graduate student. I noticed you've brought a lot of artifacts with you, Mr. Wroten. Tell us what they are.

JW: Well, I've brought about a number of pictures here, and books and other paraphernalia. And some of the pictures include you, Dr. Prather, running back a few years. And the first little book here is a book called [*Epidemic!: The Story of Disease Detectives]* by Jules Archer.

And this is about 25 years ago, when Mr. Archer interviewed me for the VD program, as well as a number of people from CDC. But at the time, I didn't realize it that Mr. Archer was such an author; he has written 40 books.

And just kind of going through this book this morning, and I found a chapter in here on the deadly drums of Haiti. And if you remember that in 1972, a number of people from CDC went down there, and they found anthrax on some of the material that made the drums. So, I brought this book for you, so I'm going to give it to you and let you take it with you.

CP: I have not read it. I should like very much to read it, but I'll be glad to return it. And I know Jules. He's historically accurate. I've read several of his books, but I was not even aware of this one. I thank you. I want to read it. Thank you, Mr. Wroten, and I will.

JW: Okay. I've got another old magazine here. This is a journal, the *Florida Pharmaceutical Journal*, April 1971. And they had a conference, their annual conference at the old Jack Tar Fort Harrison Hotel in Clearwater. Remember that place? We used to have some FPHA meetings there.

So, I was invited to go down there and talk about, at that time, the VD control program in Florida—going through some of the workshops, here: here's a picture of me and another person—and the people that sponsored this project were the Trojan company of New Jersey. Yeah, and I can remember now, 1971, and here I am in VD control, and I am promoting the use of condoms.

CP: Oh-ho, in '71?

JW: Seventy-one.

CP: Oh, man.

JW: And it was a hard sell. I remember talking to a statewide gay magazine staff, encouraging them to promote the use of condoms. And, quite frankly, they thought it was a joke. They laughed at me. But, anyway, I thought that was interesting. That was 1971, and that was a few years before the outbreak of HIV and AIDS.

CP: When condoms became a household word, synonymous with AIDS.

JW: So, that was the beginning of the Trojan. I've got some other pictures here. Let's go through it very quickly. And here's a picture that you will remember from 1968.

CP: Sixty-eight.

JW: This is a picture of a staff meeting of all of our staff, the VD staff in Ocala, Florida, at the health department, the Marion County Health Department, right across the street from the 7-Eleven store. And you probably remember some of these people.

CP: I suspect that I do. How come you look so young, though, Jack?

JW: Well, it was a few years ago.

CP: I recognize a number of faces. Roger. Yeah, that's good. We'll show this for posterity on tape in due course, Mr. Wroten. There's one lady here. Was she a—

JW: She was the, what we call the epi clerk. Vicky Bartelotta. You probably remember her.

CP: Oh, I do. I do. I do.

JW: You know, I blew this picture up and went up to a retirement party last summer at CDC and presented that to one of the CDC retirees who worked in Florida at that time. And I remember one person from the audience asked me, he says, "Mr. Wroten, how come there's only one female in there?" I said, "Well, you know this was 1968, and unfortunately, we were not hiring females in the program at that time. But things have changed."

Here's some more pictures, here. This is before my time here, actually. This probably goes back to the 1940s, when Dr. Sowder was interested in the promotion of VD control in Florida. And they put out some health campaigns.

Here's one for the old Florida State Board of Health. And it says, "No quack ever cured gonorrhea. See a good doctor. Avoid self-treatment. Florida State Board of Health." And here's another that says, "Good cheer and good health. Help fight venereal diseases. What about you? Jacksonville Civilian Health Committee."

CP: That's old.

JW: That is old. That was back during the war.

CP: Yeah, that is. Wow.

JW: And here is one: "Atlantic Coastline Railroad Company[18], standard railroad of the south health campaign. The company is cooperating with the Florida State Board of Health and the United States Public Health Service in an educational, legal, and medical campaign for the eradication of venereal diseases, gonorrhea, and syphilis.

"We're asking our employees, and other industrial concerns are doing throughout the country, for their cooperation and assistance in wiping out this most deadly scourge, which is not only causing industrial inefficiency, but much sickness, suffering, death, and disruption of homes. Free lectures."

CP: Do you have any idea of the date of this?

JW: This is during the war.

CP: Okay.

JW: And here's one; this is from the Florida State Board of Health. And had I only been consulted—and the typing is so small, I can't read it.

CP: Oh, man. Yeah, I can't either. Porter's Bazaar.

JW: I remember Dr. Sowder saying he was one of the first people in Florida, probably the United States, to have a campaign against VD during that time. It was like 1941 when he went to Pensacola, and they had a program in the red light district. Remember that?

CP: Yes. Yes, I do. He was sent here to do something by the public health service.

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18 Atlantic Coast Line Railroad is a former railroad company that operated from 1900-1967. The railroad served primarily the Southeast with most of its lines located in Florida. The company transported large numbers of Florida-bound tourists in the first half of the 20th century.

JW: Right. He was with the public health service?

CP: That's right. That was the reason he came. The Navy was concerned about the amount of syphilis among Navy recruits, and Sowder was sent there by the public health service to do something about that. And he did, by the way.

JW: Here's a picture of you and representative from the state legislature, Elaine Gordon[19], and me. And I think this was a conference we had in Miami Beach. This must have been 1970. I'm not sure if it was '72 or '70—no, it's probably '74.

CP: Okay. What were we doing? Oh, giving her an award.

JW: We gave her an award.

CP: And there you are. Yeah. And you almost—

JW: And you look much younger there, Doctor Prather.

CP: You looked much younger, yourself. Neat. Neat, neat, neat, neat.

JW: And this is 1974 because Cliff Cole was there, and he came in around 1974, '75, Doctor Cole.

CP: That's right, he did. And that's Elaine Gordon, there, at the table, is it not?

JW: Right, right. She was a great supporter of the program during those days.

CP: She surely was.

JW: And here is you with one of our investigators, Tommy Chandler.

19Elaine Gordon served in the Florida Legislature for 22 years, leading the HRS committee for many years.

CP: I remember Tommy. He was from Orlando.

JW: No, Tommy Chandler is—he worked in Orlando, but he lives here. Tommy is a former football player with the Chicago Bears.

CP: He was big.

JW: He was big.

CP: He was big. Yeah, he's neat. I remember him very well. Thanks for reminding me of him.

JW: And there's you at the podium.

CP: Oh, why are you bringing all these pictures of—hey, I've got on white shoes, Jack.

JW: Yeah, those are white bucks.

CP: Oh, man. Aren't I—

JW: That was the style.

CP: I must have been with the VD boys, dressed so.

JW: That's one of our blitzes in Fort Pierce with a Red Cross truck on a Saturday night.

CP: Where did you get the Red Cross trailer?

JW: We borrowed that from the Red Cross people down in West Palm Beach.

CP: Oh, right here at cozy corner, and you were doing blitz; you were taking blood samples.

JW: And there's a picture of one of our DIS with Lawton Chiles, Governor Chiles. That's Richard Aitken, who now runs the community health center in Immokalee. And he was one of my DIS in Fort Meyers for years.

CP: Very good. Well, and Governor Chiles helped the baby supporters.

JW: Right. Here's a good picture of you.

CP: Oh, man.

JW: That's the blitz there. Now, there's something I didn't talk about that you were involved in directly. In 1975, '76, we had a little promotional program, educational program using Frisbees.

CP: Oh yes. I remember the Frisbees.

JW: And, if you remember, we had a Frisbee and a matchbook and a t-shirt and a hat, and we bought these things for promoting a program throughout Florida. And, primarily, what we did during the spring break for the college kids, we had promotional programs at the beaches like Daytona, Fort Lauderdale, Panama City, and so forth.

And I remember, it was before Easter, about 1975, '76. I was in Miami, and there was a lady from NBC who called me, and she wanted to set up an interview because she was impressed. She saw an airplane riding, flying down the beach with a banner that says, "Prevent VD and other STDs." And her name was Judy Woodruff. And Judy is now one of the CNN correspondents.

So, we talked. We interviewed, and we got on the nightly news because of this program. So we purchased 10,000 of these Frisbees from a place in California called Wham-O[20]. In my judgment, this was one of the greatest promotional programs we ever had. People were interested and especially the kids, but, unfortunately, you know the rest of the story.

20Wham-O is a US toy company with its headquarters in California. They are known for many types of popular toys for children, including: the Hula Hoop, Frisbee, Slip 'N Slide, Super Ball, Trac-Ball, Silly String, Hacky Sack, and Boogie Board.

And the rest of the story is that—and I wasn't there, of course, Dr. Prather was—but one day over in Tallahassee there was a state representative, who, by the way, was from Jacksonville—I don't remember the guy's name, but he was an entomologist. He ran a pest control program here. And Dr. Prather walked into the meeting and the representative threw a Frisbee, one of these Frisbees.

CP: As soon as I got into the room, the first thing I saw was a Frisbee headed for my head.

JW: And then, shortly thereafter, I got a call from one of the staff people, and he asked me, "How much money have you spent on this program?" I said, "Ten thousand dollars for 10,000 Frisbees. That's not bad." And to make a long story short, Elaine Gordon was a part of that committee.

And they took a vote, right? And the vote was, if we lost, they were going to make us give back the money, and the vote was in our favor, three to two. But, that was the end of the Frisbee campaign. And there was an article in the paper throughout the state that says something like, "Health department using toys—"

CP: —to promote venereal diseases.

JW: Yeah.

CP: To promote venereal diseases.

JW: Very misleading.

CP: Yes, I remember those.

JW: But that was a shame. And there's another picture of that same meeting, there. There's one of the great microbiologists from the old state board of health, Mildred Jeffries.

CP: Oh, it is, it is, it is. I just love her to death.

JW: Well, you talk about your white shoes; look at that suit I've got on.

CP: Oh, dear. I saw a picture of that earlier, and I wanted to comment—

JW: It's a gangster suit.

CP: It's very appropriate; that hair slicked back and those long sideburns, coupled with this suit. It really fits you into the Miami mafia group very nicely.

JW: There's old Tommy, Tommy Chandler. There's Nathan Schneider.

CP: Ah, yes. The former director of laboratories.

JW: There's a great picture.

CP: Yes. Cliff Co. That's a motley looking crew there you got there, Jack. Doctor Cole and me.

JW: There's an old World War II—

CP: A prostitute's stamp.

JW: And I talked about the syphilis blitz, the intensified program whereby we'd go out into the field and interview people infected with syphilis and trace their contacts. In 1975, we had a very successful program in Tampa, and these are the people that made it possible. That's the staff of 1975.

CP: Oh, a blitz group.

JW: That's the staff of '75. And you probably remember some of those people, and you were the state health officer, then, as a matter of fact.

CP: I see my old buddy Tommy. And I recognize a number of faces here, but I can't put the names to them.

JW: And here's a picture of Elaine Gordon—she was a state representative from Miami—and you and me at a statewide STD conference in 1974, I believe, or '75. And we presented Ms. Gordon with a letter, or commendation, of appreciation for her work, on behalf of our program. It's a very nice picture.

CP: She was truly a friend of public health and an activist for public health legislation. Thanks for her.

JW: And here's a picture of three young people beside a swimming pool showing one of our Frisbees. And I mentioned the Frisbee campaign of 1975, '76, '77 until such time that the one committee over in Tallahassee and the legislature kind of took it away from us.

They thought that we were promoting toys but, unfortunately, that was too bad because this was a very, very effective campaign. It only cost us 10,000 dollars for 10,000 Frisbees plus a lot of other stuff. We gained national attention, but, anyway, that was all history.

CP: Yeah, that committee directed that we stop and desist and threatened to take away venereal disease money. Very nice picture.

JW: And here's a picture of me receiving some kind of award from Dr. Stephen King (sic). Dr. Stephen King was a federal assignee, on assignment to Florida, as the state health officer for something like 1983, '84 for a couple of years. Along with Dr. Witty (sic), who was, at that time, the division director of preventable diseases. And that was taken in the old Wynwood complex.

CP: Oh, oh, very good. It's good to have a picture of Doctor King. And we'd want to remember Doctor Witty, too. I see this is in Doctor Witty's office, too.

JW: Doctor Witty's office, which later became my office.

CP: By virtue of the name on the wall over there.

JW: Right. And I mentioned Syphilis Eradication by 1972, which unfortunately got sidetracked. And then, about four or five years ago, the CDC and the states, including Florida, promoted a program called Syphilis Elimination. So we got onboard, and we developed a program in Florida, which is now up and running very well, I understand.

And this is one of our promotional campaigns in Miami. And we designed a billboard, billboards in Miami, and the message was, "Syphilis is back, get tested, eliminate syphilis. Florida Department of Health."

CP: Was this limited? This program, at that time—

JW: This is primarily—the program was statewide, but the emphasis was in South Florida because that's where the, especially in Miami, that's where the problem was at that time.

CP: That's where the load of syphilis was.

JW: Right, right.

CP: Yes, very nice billboard. All right. And you brought a—

JW: But speaking of syphilis, let me just show you one more thing, here. One thing I didn't show. And that is, with the up and down of the syphilis trend line over the past 50 years, one thing was very disturbing, the fact that this could've been eliminated or at least reduced greatly and stabilized back in the '50s and the '60s. This is a picture of congenital syphilis.

CP: Oh, congenital syphilis. Yes, that's the sad one.

JW: And you know that congenital syphilis kills—kills the babies. Stillbirths. See what happened? This is the epidemic here. And the number reached over 600 cases of congenital syphilis in—and that was like 1989, '90.

CP: That's in modern times.

JW: That's in modern times. Fortunately, it has come way down, but that should've never, never happened, never happened.

CP: Yeah, syphilis, historically, has been the major cause of stillbirths. I'm glad to see that it's down.

JW: So, since then, there's been a great program to combine with prenatal work in hospitals and private physicians' offices and our county health departments, to promote testing in all of the clinics that deal with pregnant women or potentially pregnant women.

CP: That's a sad affair for an obstetrical delivery room because of great numbers of congenital syphilis. You recognize it at birth, you know? And that is truly a sad moment in the delivery room, to deliver a baby that's obviously syphilitic when it comes out of the womb. Oh, no.

JW: And the sad thing is that congenital syphilis can be prevented. I mean, to the extent, almost in like the 28th week of pregnancy with a female.

CP: Early testing, right. You brought another picture, a big picture. I want you to talk about that.

JW: Well, this is one of the last pictures I just kind of—

CP: Woah, you can't stand up.

JW: I can't—I can't stand up?

CP: You can't stand up. Bring that around.

JW: This is a picture of the years that we had the old program called the Bureau of Disease Intervention. And these are the people involved with the program. And if you remember these people here: Ed Fever then the, at that time, was the deputy secretary of HRS and later became the secretary of HRS; Landis Crockett, who was the division director for disease control; Tom Laberdie, who is now the chief of the AIDS program; and remember this guy here?

CP: Yes, I do. I'm having trouble with the name right now, but I recognize the face.

JW: State epidemiologist.

CP: Spence Leeb.

JW: Spencer Leeb. Spencer is a great epidemiologist. And there's Spencer right there. This is our group here, and this is me. Do you know what that is?

CP: That is the Olympic torch.

JW: That's the cauldron.

CP: How did you get that?

JW: See this guy right here? His mother worked for me, and he was in the Olympics in 1996 in Atlanta, in judo. So I sponsored this cauldron. She ran the cauldron down the streets of Tallahassee. So anyway, she gave me the cauldron.

CP: You got to—

JW: Right. And this is some of the other staff here. We had a lot of fun those days. And here's my old TB trailer down here. Remember, it was not STD all; it was TB, STD, and AIDS. This is Chris Cortez here, who was our writer.

CP: I remember him. Very nice. Very nice collage.

JW: Nice memories.

CP: Yes. We sure want to see that. All right, Mr. Wroten, what have we left out?

JW: Well, I don't know. We talked about a lot of things in a short time, here. I think as far as I'm concerned, the most important thing—I remember the good people that I worked with over the years, especially you.

I remember when I first came here, Dr. Prather. One of the first things you told me, he said, "I'll be here 80 years," you know how you used to exaggerate or still do?

CP: Me? Really? Exaggerate? I don't exaggerate.

JW: Anyway, I stayed in Florida for 30, 35—34 and a half years, and I'm very proud of that. I love Florida and also the other states I've worked in. So, my entire career spans 43 years.

CP: That's a long time.

JW: Plus, the military. So, I've got great memories of people. We did some great things. Yeah, if certain things had been available back in the '50s and the '60s, we could've done that. If somebody had pieced—30 years ago we could've been a piece of the—anyway, that's all history. But the bottom line is we need to learn from history and not do it again.

CP: That's exactly what we're going here.

JW: So, I would hope that the people involved with these programs today would remember history and focus on the things that you can do best. And it's kind of like playing tennis: keep your eye on the ball. If you don't keep your eye on the ball, you spray things.

CP: Yeah. You're right. The people involved in keeping your eye on the ball, trying to stimulate to purpose, have well-stated goals, recognizing that you're going to have to waver a little bit toward that goal, but never lose sight of the goal. Do not be washed as the waves of the sea, back and forth, without a sense of direction.

I think you demonstrate that, Jack, very, very well. And you're leaving—or you are in the process of leaving, just, the nicest legacy and heritage for program administration and program goal setting. And I personally thank you for that.

JW: Well, I appreciate the opportunity. It's been great. As I say, you were, way back when, one of my role models and still are. And there's been some great people over the years, and you and I know most of them. And so one thing you can't take away is good old memories, right?

CP: That's right. You can't get my memories.

JW: So, I wish the new department of health the best, and I hope they get involved and do a good job. I'm sure they will.

CP: Yes, and you and I will help them the best we can. Well, Jack, on behalf of the library of the University of South Florida and the dean of the College of Public Health and the entire college, I just thank you so much, and sincerely, for coming by and sharing with us what has been a marvelous career.

And to see your continuing enthusiasm for those who are taking over from you is refreshing to me. You're leaving with no bitterness, but only hope for those who are taking over the reins. And you and I will watch them with great interest and encourage them on. I just thank you so much, Jack, for coming. It is February 12, 2002, and I am Skeeter Prather. All right, with that—

JW: Thank you very much.

End of Interview