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E. Charlton Prather (CP): Well, Mr. Dodd, let me very formally welcome you to this session and, on behalf of the college of public health and the libraries of the University of South Florida, I say doubly welcome that you would be willing to come. We have today, Mr. Larry Dodd, who came to Florida as a VDI, venereal disease investigator, in 1960, assigned to the Dade County Department of Health.

He was transferred from there rather promptly to a more needful spot, Pensacola, and stayed there a year or two, still as a federal assignee. But then, in ’63 or ’64-ish, accepted the position with the state board of health[1] as the coordinator, director, supervisor of its, for the lack of a better name right now, immunization program.

He’s a graduate of the Citadel in Charleston. He’s never acted like a military type, but was very organized in all of his activities with the state board of health, which I would assume came out of the Citadel. I don’t hold that against him, that he’s a graduate of the Citadel, University of South Florida folks.

But it’s a pleasure to have Mr. Dodd here because he experienced, supervised, and suffered the growing pains of Florida getting into an organized immunization program. We’ve been doing some immunization programming in the form of a birth certificate follow-up program. Through that experience, and through a new act of the federal congress, some special moneys were given for immunization programming.

1The 1969 Reorganization Act consolidated 200 state agencies and boards into 23 departments. The next year the Florida Legislature created the Florida Department of Health and Rehabilitative Services (HRS), and the state board of health was abolished. County health departments were transferred to HRS under the Florida Division of Health.

Mr. Dodd was on the ground floor of all of that. Mr. Dodd, what stimulated you, because I don't think you got an advance in salary, to move you and yourself from Pensacola to Jacksonville, out of venereal disease activities into immunization activities?

Larry Dodd (LD): When they called me about the proposal, I had been in VD [venereal disease] up in South Carolina for a couple of years and then I came down to Florida. So I had about 5 or 6 years in the VD program when this opportunity came along.

And the VD program, in a lot of ways, to me, was like being a police detective that you had to deal with a lot of problems in people's lives and things. The immunization program sounded to me like it was a more positive way to contribute.

So, I decided to take the job, and it was a good opportunity for me. And I never regretted changing, but I still miss some of the things that happened in the VD program.

CP: I'm sure you'd do it anyway. Jacksonville was still on the coast, and you could bring your boat, fish, and tackle here.

LD: At that time, I didn't have a boat. I bought a boat after I came to Jacksonville. I used to wade and fish when I first came here. When I lived in Pensacola, a lot of people over there on the Gulf [of Mexico] wade and fish anyway. They fish in the grass beds, and wading is the way to go.

CP: I remember you were an avid fisherman. Do you still fish a lot?

LD: I haven't wet a line in about two years. One of my sons lives up in Darien, Georgia, and he's a guide on the weekends.

CP: But you haven't let him guide you any.

LD: Not here, lately.

CP: You probably can't afford his fee.

LD: No, I don't think I have to lay a fee, but I had a bad knee for several years.

CP: Oh, too bad.

LD: I had knee surgery three years ago. I've finally got use of my knee and all again. It inhibited me as to what I could do.

CP: Oh, I'm sorry.

LD: Wore a brace and all that kind of thing.

CP: But you came to Jacksonville in '63,'64, as I'm remembering. And when you got here, what was the status of the immunization program?

LD: There was a national drive funded by this Vaccination Assistance Act[2], it was called, to identify the size of the problem. Polio vaccine had been licensed for a couple of years and had been administered to a lot of people, but they didn't know what the coverages were. I think that they realized that other vaccines were on the horizon, being researched at that time.

So, they needed to have mechanisms in place that could identify the target populations and get the vaccine to them in as efficient a manner as possible. At the same time, in Florida and every other state, you're having a crop of newborn babies coming along, and they are the prime targets for all the vaccines, almost.

So, you had to put a plan together that was going to get better coverage in those babies because about 40 to 60 percent would be vaccinated without any special project. The other 60 to 40 percent would need some coaxing and some assistance, so that's what we tried to put in place.

It took quite a while. The main thing that we used for trying to identify the children that weren't being immunized, the babies, was the birth certificate follow-up program. For each birth certificate, a card was generated and sent out to the parents, asking them to

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2Congress passed the Vaccination Assistance Act in 1962 in order to provide financial support to state and local governments for immunization programs and to allow the CDC to run mass vaccination campaigns.

send it back, telling what that the child has started its immunization from the doctor's office.

That, as I said, elicited responses from about 60 percent or 65 percent as the program went on, but it never got above about 75 or 80 percent in most counties. There were some counties that were very conscientious about the program. The nurses in the county health departments did a wonderful job of tracking down the non-reported children.

But, I remember Baker County, especially, used to do a real good job. One of the nurses out there told me she used to—this was in the time of diapers, before the packaged stuff. She told me if she saw some diapers on the line and she didn't know whose they were, she would stop and see if there was a baby there she wasn't aware of.

So, it took a lot of work. I think a big help to the birth certificate follow-up program was when the vaccination requirement law was passed in Florida for admission to kindergarten and school. That caused a lot of problems, too, because that wasn't passed until, I believe, around '67 or something like that.

The time between the beginning of the birth certificate follow-up program and the passage of the Compulsory Immunization Law, as it was called, two other vaccines came along: measles and rubella vaccine, in succession. There were mass programs to vaccinate target populations.

The measles program was aimed at schoolchildren and preschool children in that function. And the rubella program was aimed at junior high children, so that they could prevent the spread of rubella in the soon-to-be, potentially pregnant population because rubella's main damage is to unborn infants.

So, both programs came along, and the coverages were pretty good in both measles and rubella, but they weren't 100 percent. And we kept getting school outbreaks of both diseases.

The Compulsory Immunization Law was passed as a—I believe they thought it was a smallpox requirement law or something. When it was passed, they had all the diseases listed in the law. I don't know who added all those diseases in there. It might've been someone that was sitting across the way from me.

CP: Not necessarily.

LD: But anyway, we never required smallpox in Florida because Dr. Sowder[3], who was the director of health in Florida, said that smallpox is gone in the [United] States, and we don't need to require the vaccine. That was good.

So, the school law helped us further reduce the potential for outbreaks. It took five or six years of hard work to get the population all vaccinated and the school laws fairly well enforced in all the counties.

Some of the counties were resistant to enforcing school laws. School boards were resistant. Doctors were resistant to signing the papers. The feds that funded the program wanted chapter and verse on every child's immunization in the whole state.

So, it did. It caused a lot of problems over the years. But through time, we eventually got good levels in the children in school and good levels in the babies, now. And, as a result, you hardly hear of any outbreaks of those vaccine-preventable diseases that you have now, even though you've got an extended schedule, now, that takes about two years, from birth to about two years of age, before a child is completely immunized. And then he has boosters again before he goes to school.

CP: I recently read from authoritative sources that Florida's coverage is better than any state in the nation.

LD: Really?

CP: Yeah, our school entrance and sixth-grader immunization levels are number one in the nation. You started all of that, Mr. Dodd.

LD: Well, I didn't start it all. There were people here before me, and there have been a lot of people after me.

CP: Well, I'm very proud of that right now.

3Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years. His dedication to Florida's health began in the 1940s, when he served as a venereal disease control officer with the US Public Health Service. 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.

LD: I thought we did a pretty good job here.

CP: How did you overcome the resistance on the part of the county health officers?

LD: I spent a lot of time in their offices and on the road and tried to provide help to them sometimes and tried to argue with them sometimes and did argue with them sometimes. I was told, after I left one guy's office, that he broke his coffee cup against the wall. I don't know if that's a true story or not.

CP: You're just glad he kicked you out of there.

LD: He was glad that I went downstairs, that's right.

CP: Can you put your finger on why there was a resistance?

LD: No. We had talked about doing a certain type of program and providing some assistance and all. They hadn't lived up, I didn't think, to their end of the bargain. I had brought it to his attention. After I left, he, I think, became a little agitated and was a little bit upset with me. So, it blew over. I wasn't barred from these counties or anything.

I know sometimes, probably, people did want to bar me from their counties. But that never happened, that I know of. Sometimes they wouldn't be around when I came in town.

CP: This just shows that you did a good job, that nobody ever strung you up, as I would —

LD: No, that's right. When you're baking a cake, you've got to break a few eggs sometimes.

CP: Good point. I like that analogy.

LD: But we did a lot of programs in Florida. And one program that was really a trial, because it was a very controversial program, was the infamous swine flu program.

CP: I hadn't thought about that in years. Tell us about that.

LD: Yeah. I guess I spent the better part of two years with swine flu and—

CP: Let me back up. Our viewers probably have no idea what you're talking about. Give us a little bit of swine flu history, whereas we'll have some vocabulary to listen with.

LD: Okay. Influenza is a disease that changes every year or so. Now that you've got jet aircraft and travel all over the world, the virus that initiates—people have heard of Asian influenza and those kind of things—it travels around the world real fast now. If a plane has a couple of flu cases on it, it'll bring flu to the next country it goes to.

CP: Very quickly, too.

LD: And to some of the countries that the people that are on that plane are going to because it gets into the system and everything else. So the swine flu program, they had isolated a virus at Fort Dix[4], New Jersey, in an Army company. I think two isolations from two of the troopers. The virus looked like the same virus that caused the influenza worldwide epidemic in World War I and right after World War I.

CP: The 1918 pandemic[5].

LD: The 1918 pandemic, I guess they call it. And so, they were fearful of what might happen in the US if this truly was this virus. It was called swine flu because it was believed that the virus, somehow, replicated through the intestinal tracts of swine. I think that's the reason, anyway.

CP: That's the way I remember it.

LD: And so, Congress was sold on the idea, and a ton of money was appropriated, and we geared up.

4Fort Dix is the common name for the Army Support Activity of Joint Base McGuire-Dix-Lakehurst, located near Trenton, New Jersey.

5The 1918 flu pandemic infected about 500 million people around the world and resulted in about 50 million deaths, making it one of the most devastating epidemics in human history.

CP: For getting a swine flu vaccine.

LD: Yeah, to all of the elderly population that was targets and many people below the elderly age. I don't know how many millions of doses we gave and, to complicate matters, they had two types of vaccines, monovalent and bivalent.

One had one type of influenza virus in it. The other one had two types in it. Different ages got different types of vaccines, so, you had to have two screening lines and two shooting lines and everything else.

CP: And you were using the jet injector guns.

LD: A lot of times we used jet injectors. Those things are not used hardly anywhere in the world, anymore, I don't believe.

CP: I don't think so either. I'm not sure why. I want to come back to that.

LD: Yeah, I don't know why.

CP: At the moment, I've got to make an editorial insert. You commented that the swine flu was limited to the elderly. I, myself, am privileged to have received the first dose of swine flu vaccine given in Florida, with a lot of TV cameras looking. Now, you just told me I was selected because I was older. I appreciate that.

LD: No, I said some other people other than the elderly got [the] swine flu vaccine. I believe that that's what I said.

CP: Do you remember that day because of all the resistance on a lot of people that, You're going to give us that swine flu, because the word on the street is the flu vaccine causes flu? I had my flu vaccine yesterday, and today I have come down with the flu. So there was a lot of worry, then, that the swine flu was going to turn us all into hogs.

LD: Yeah. There were a lot of good stories with the swine flu program, I'll tell you.

CP: Go ahead. Two things I want you to follow up on. Talk a little bit about the jet injectors, and what was the objective. What's become of them? And then I want you to go back, if you will, to the swine flu campaign because that really consumed public health for a many month period.

LD: Yeah. The jet injector is an air-powered, for want of a better term, gun that has a little diamond-tipped nozzle on the front of it. Each time the plunger is pulled back on the gun, mechanically or by electricity—there are both types. Hand-powered, some of them had foot pumps. Some of them you crank, and some of them were electric powered.

Each time you pull the plunger back, a dose of vaccine comes down into the chamber. You press the nozzle against the arm and pull the trigger, and it injects a dose of vaccine, premeasured, into the flesh—

CP: Without a needle.

LD: Without a needle.

CP: Just shoots it right through the skin due to pressure.

LD: Just gives a shot. It's a very efficient way to give vaccine because you can load a 100 dose vial on the jet injector, and you have 100 doses before you have to reload. You don't have to be changing needles and picking up and everything.

So, we gave many, many doses of vaccine, both measles, rubella, and swine flu vaccine, with jet injectors. The jet injectors are not used today because a lot of people feel like it's just a lot easier to use good old syringes, I guess. It's mostly disposable syringes.

CP: But there was no real problem, from a personal point of view, with a jet injector? That is, if I received a dose, it was okay?

LD: If the operator was careful and did it correctly, there was no problem at all. But sometimes, the operators, they were trained for a short period of the day. They were accustomed to giving doses of vaccine with needles and everything, but you just trained the nursing staff and the health department.

Sometimes operators didn't completely understand the way the jet injector operated, and then they had problems with them sometimes. If you held a jet injector on the side when you were loading the vaccine out of the vial, it had to be held this way, so that the vaccine would flow down into the chamber.

If you held them on the side as the vial got loaded, the level-end of the vial got loaded, you might not get but a half a dose or you might get air. Sometimes, we would find Nurse X is or Operator X is getting 150 doses out of every 50 dose vial. So, you see, you've got to watch those kinds of things.

Early on in the campaign, we realized these things were going on, and everybody had to adjust. It's just like when—anything you go at, you've got problems to start with, and you have to make changes on the fly and corrections on the fly to make sure you're doing it the way it should be done.

CP: I'm curious. The state owned a fair number of jet injector guns. What ever happened to them?

LD: The last I saw them, they were somewhere in this building, I think.

CP: Really? Yeah, for our viewers, we're in the state laboratory building in Jacksonville. That's where we physically are right now.

LD: I used to, when I left Florida, I went up to CDC [Centers for Disease Control][6] and worked in immunization up there. There were multiple numbers of jet injectors in storage up there, as well.

CP: Yes, they owned the most. Our first ones, we borrowed from them. They loaned them, but we ultimately bought a number.

LD: As a matter of fact, one time, when I was up there, I had had some contact with some people that were doing a vaccination program in Eritrea.

6The Centers for Disease Control (CDC) is the leading national public health institute of the United States. The goal of the CDC is to protect public health and safety through the control and prevention of disease, injury, and disability. The CDC focuses national attention on developing and applying disease control and prevention.

CP: Where is that?

LD: That's in North Africa. Between Somalia and Ethiopia. They were having a civil war up there, between Ethiopia and Eritrea. There were some guys in from New York who were going to Eritrea to give some vaccines. We got them a donation of some jet injectors and put them in first-class shape before they left. So, they were used all over.

CP: Let's go back to swine flu. Share with me some of your memories of the swine flu campaign, because I remember that swine-influenza-type did not become a problem, did not spread out of those original cases in New Jersey.

LD: There were never any other cases. The longer the campaign went on, the more acceptable the vaccine was to most people. But there was still a background of people that didn't think they needed the vaccine.

CP: This just goes to prove, statistically, that if we had not given the vaccine, then there would've been widespread outbreaks of swine flu. Is that a reasonable conclusion?

LD: I don't know. There might've been. We might've just gave a lot of vaccines to people that weren't going to get swine flu. But the one thing that had demonstrated to me—and I had some thoughts about that back there three or four months ago, when they were talking about anthrax and the possible recurrence of smallpox through terrorist spread. The swine flu program proved that the US can gear up in a short period of time and give a lot of vaccines.

CP: I had not connected those two facts.

LD: That is a good result of that program.

CP: Yeah. There was a national commitment, and it was done.

LD: It was done.

CP: It was done. Yes, it was. In a period of something less than two months, as I recall.

LD: The first vaccine was given from—I think the first meetings were in May or June. The first vaccine was given in October.

CP: Impressive. You were a part of that.

LD: Yes sir. I spent many months on the road. The newspaper down in Lake Wales, what is the name of that newspaper that's sort of infamous?

CP: *Ledger*?

LD: No, not Lake Wales—not a legitimate newspaper. The other one. The scandal sheet.

CP: Oh, I can't remember.

LD: The one where they had the anthrax the other day. They had my home phone number during the swine flu program. And they woke me up one time at three o'clock in the morning with some rumor about swine flu and swine flu vaccine. It was a lot of fun.

CP: Thank you for representing the interests of the state, Larry, even at 3:00 a.m. in the morning.

LD: I'm sure you've had calls a time or two in the middle of the night that you didn't want, either.

CP: Yes, I have, but never from you. I don't recall ever getting a call from you.

LD: No, no. I don't think I ever called you.

CP: I would've accepted yours. I want to flip back to the birth certificate follow-up program. There's been a lot of criticism of it, in that it was profoundly expensive with minimal results. What do you think?

LD: Well, I always felt like it was a positive program. I realize that as the publicity about the need for vaccines and the education level of the population improved after the

immunization program had started for four or five years, that you could probably have gotten 75 percent of the babies immunized without much activity other than just having a morning and go to the doctor or the clinic.

To my way of thinking, the amount of money we spent on birth follow-up was not that much because we had budget constraints here, in and out of the program. We were always able to find enough money for post regents and praying up the cards and all. The expensive part was running down the 5 or 10 percent that didn't start their shots like they should.

The other thing that could've been done, and we used to encourage them to do it, was to go back through their records. We used to encourage them to go back to their records and see who started and didn't complete. That would've took a lot more man-hours than following up birth certificates.

If they had followed birth certificates and kept after them, they would've gotten this. But a lot of people thought it was personnel-intensive for this last few people that—after all, there was no disease around.

CP: That's right. You didn't have the motivating factor.

LD: So, now, I don't think they do birth follow-ups anymore.

CP: That's my impression.

LD: Another thing that I liked about it and most health officers liked about it was that it was good publicity for the health department. You're sending a personal note to every new mother with the health officer's name on it, saying, "We're concerned about your baby."

CP: That should've paid some nice dividends.

LD: That should've paid some dividends, too.

CP: There's an editorial statement in the *Washington Post* within the last few weeks: "The organization of the public health system is disorganized." That's not the exact title, but an

editorial statement written by a professor of public health at the school of public health, University of Alabama [at] Birmingham.

Which he makes the point that public health has failed to keep its best foot forward. That it has failed to keep the public informed about the public's health. As a consequence, the public has no idea of public health, statistically speaking. He took on the public health official-dom.

He said, "Get your best foot out there because the public's personal health is suffering, statistically in this nation, because you, the public health folks, have not kept honor about public health issues." Can you speak to that?

LD: I think that's probably a good thing. It's amazing. This business with the terrorism, the anthrax, and the possible smallpox return, you start hearing the reports that are coming out from people. You see, no one takes the time to explain to these reporters exactly what they're dealing with.

It would take, really, a diabolical person to reintroduce smallpox. But there's plenty of diabolical people, as demonstrated by the airplane flights and the tall buildings [September 11th, 2001 terrorist attacks]. But it takes a little bit more than just saying smallpox might be around.

I don't think they could introduce it without—and there are ways to vaccinate around cases, called ring vaccination, that you can severely limit smallpox and restrict it in a hurry. That was what was used worldwide in the last year or two of the smallpox eradication program. When they found one case, they vaccinated around it.

One thing that needs to be done by the public health people, now, is to make sure that every hospital, every school, every airport has a plan as to what they're going to do if somebody introduces smallpox or bacterial pneumonia like they're worrying about there in the Northeast, right now.

CP: It's my impression that, in most of those places—I don't know about individual schools—but I think the Jacksonville policy in the football stadium here and several places all over this nation have a specific plan. I can report that to you because that is a fact. If they don't have it on paper now, it's in the process of being put on paper.

The state health department, within recent weeks, developed a three-day—no, not a three day, it was a one-day—tabletop exercise[7] that mayors in similar-leveled groups, similar level persons, from all over the state, gathered in at the governor's request and had a tabletop exercise that borders around smallpox.

Interestingly, just for your knowledge and for the knowledge of our readers [listeners and viewers], it was placed in the Coliseum in Jacksonville[8], incidentally. It was fascinating reading these scenarios and hearing about the results that the people who can cause things to happen in all of the cities were impressed. There was a commitment to go home and do it, regardless.

The folks in the public health department put it together. It was so realistic. I thought I was reading a news account of an actual happening when I was invited to read the scenario. I felt good about it. The follow-up is that the cities have gone home and really gotten on to it and to have a plan. Everybody knows.

LD: You've got to have your ducks in a row, as they say, and you better be ready if it comes.

CP: Did you not participate in smallpox eradication, in the final efforts? Did you go to Bangladesh, for example?

LD: No. I heard on the grapevine they were requesting the assistance of public health advisors like myself to go and assist in different countries. I had been put on the list to go to India, which was one of the last countries that had smallpox. This, I guess, was about the time that the school law was being enforced.

Someone at the state level told the feds, "We don't think we can let him go because we need him here." I always held that against both the state and the feds. I held it against the feds for not pushing for it, and the state for saying no. I don't know who said that or why, but I always held it against them because that's one of the countries I've never gotten to go to.

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7 A tabletop exercise is a meeting between officials to discuss a simulated emergency situation in order to review and discuss the actions they would have to take if the emergency occurred. Many organizations use this technique to test their emergency plans in an informal, low stress environment.

8 In 2003, the Jacksonville Coliseum, a multi-purpose arena, was demolished and replaced with the Jacksonville Veterans Memorial Arena.

After I left here and went to work at CDC [Center for Disease Control], I did get to travel extensively. I traveled all over this country, the US, but I also went to Indonesia. I spent five months in Sudan, one time. After I retired from CDC, I went to Africa for five or six years. Two different countries there, Uganda and Ghana.

CP: After you retired from CDC? How did you go, as a civilian employee?

LD: No, I worked for the Carter Center[9] in Atlanta that had some funding. So, I had some good trips, but I never got to go to India.

CP: Too bad.

LD: But I got over it.

CP: Well, probably not too good because you're still holding it against them—

LD: No, I'm not holding it against them, but I always wanted to go to India. I never did. I met a lot of Indians when I lived in Africa because a lot of Indians have relocated. Pakistanis, too, have relocated in Africa. Things are not always good in their countries, either. So they have to move around, too, and a lot of them settle down in Africa. Uganda had a lot of Indians living there.

CP: Let me come back to measles. Refocus your attention to measles and the beginning. You commented [that] polio vaccination programming was on the wane when you arrived. Your first, really, attention to mass programming was measles.

How did you go about that? Talk to us about mass programming and getting a lot of people immunized very quickly.

LD: The target population, as I remember, was from about 12 months of age, or 15 months later on, to 12 years of age or 10 years of age, something like that. So that means you had to vaccinate the preschoolers plus the first 5 or 6 grades of school.

9The Carter Center is a nonprofit, nongovernmental organization founded in 1982 by former President Jimmy Carter. It works to improve the quality of life for people around the world through public health programming, human rights advocating, eradication of infectious diseases, and other humanitarian efforts.

CP: Oh man. That's a large population.

LD: So the way we did most of it, with measles, was to hold mass Sunday campaigns modeled on the same program they used—

CP: Saving on Sunday.

LD: Saving on Sunday. Same kinds of programs as they used for polio. In some counties, it was well-accepted, and we had mass coverage and good coverage levels. Duval [County] had one of the best programs when we finally got one here. We had to battle with some of the power structure here in Duval County for a long time to get them to let us do a campaign.

Finally, they had a few cases that had demonstrated they may have an outbreak on the way if they didn't do something about it. It was so successful, in fact, that we ran out of vaccine on Sundays. We had to get more vaccine down here on Monday and start shooting again on Tuesday. We shot all the rest of the next week to get all the children immunized.

But that was the most successful program we had anywhere, in terms of coverage. I think we vaccinated probably 110 percent of the target population because kids from Baker [County] and Nassau [County] and St. Johns [County] and everywhere else—

CP: And Georgia.

LD: Yeah, and Georgia even, came down.

CP: Yeah, I think that's okay, though. I hope you didn't mind that.

LD: No, no, no. That was great. But, yeah, that was a fun time—

CP: The logistics. Talk a little about the logistics of doing one of these things, Larry, because none of our current folks have had an opportunity to even address the question.

LD: You start with a series of meetings. You form some committees to handle the advertising, the location selections, the publicity, and all the posters and timing and everything that you're going to use, contacting the media, [and] making sure you get the proper coverage in the radio and in the papers.

One county, we were a fairly large county in Florida. We were getting ready to do a program, and a friend of mine—we used to ask guys to come down from other states to come down and help us on the weekend.

He says, "What program that you're going to have this weekend? It seems like it's the biggest secret in the county." That's because we didn't have any coverage in the newspapers or on the radio. The promotion committee had completely flopped—

CP: Dropped the ball.

LD: Dropped the ball, yeah. He was right. We got about 50 percent coverage, and we had to do it again a couple of years later. You have to put a lot of work into the planning and organizing of the committee. You have to train all the people. We're using jet injectors, so everyone that was going to be doing vaccines had to be brought onboard.

You have to have a doctor that's knowledgeable about all the questions people are going to ask about measles or whatever disease it is you're vaccinating on. You've got to have some medical people there to answer questions. It's got to be endorsed by the local medical society. If you don't, you don't have chance. Most of the doctors in the state were upfront in helping us.

So, it takes a lot of planning and a lot of work. It usually takes a couple of months to get everything organized before you do it. Sometimes, if you've got an outbreak, you can do it faster, and you have to do it faster.

We did some of them like that too. Organized and started shooting within a few days. We thought we had a polio case down in Fort Meyers one time. We found out about that on a Monday, and I think we were giving vaccine the following Sunday. You didn't have to sell polio. All you had to do was say that polio was around, and the people came out.

So, we had really good coverage on that. You can organize in a hurry, once you know what all the bases that you need to cover are.

CP: I worry that we may be losing that institutional knowledge, now.

LD: The only way you can keep it, is to do it. You can tell people how to do it, but unless they've been involved in it—and it's a lot of work.

CP: Yes, it is.

LD: There are a lot of long hours.

CP: Yes, there is. There's a lot of being away from home.

LD: That's true. I spent many months away from home, especially during swine flu. I was gone all the time.

CP: What were you doing? How come you had to be away from home during swine?

LD: The program just didn't go well unless you were around.

CP: Unless you had a ramrod there and then.

LD: We hired over 100 work-hired people. We had teams. So you had to go around and make sure that they were getting paid, and they were doing what they should've done.

A lot of them had—this was in the years of Vietnam, and you know what a lot of those younger people were into in those days. Had to stay on top of them pretty good. So, we had a lot of reasons to stay on the road.

CP: Yeah. I seem to recall you were trading cars every year because of the mileage you were putting on your car.

LD: I did a lot of traveling.

Pause in Recording

CP: —state to the accuracy of the immunization records in those early days, as I'm remembering, which, out of that, grew the state immunization law, school entrance immunization law and, out of that, has grown some other things. But can you reflect back on a lot of that?

LD: The gaps in the coverages and the new vaccines that came along added to this problem because you extended the vaccination schedule from the first year of life on into the second year of life for measles, rubella, and then mumps. Now you've got Pneumovax[10] and other things that they give children.

So you need to be able to follow these children for a long time. As was mentioned earlier, the cost of vaccination follow-up on newborns, on every newborn, is prohibited, especially now. So several—maybe 10, 12 years ago—ways were found to do it a little bit better.

Florida was the first state to have a compulsory immunization law for getting into school. There was a lot of resistance, early on, to the law because of the amount of paperwork that was involved and the amount of stress on the doctor's office, having to provide all these records for these children in August, just before they go to school.

So one of the features of the way the law was enforced in Florida was you could only get the certificate of immunization from the doctor's office or from a health department. The doctor's offices were supposed to only sign these if the children had all the vaccine they needed. They would sign them, and the children would bring them to school.

Well, it turns out that the controls in that system were not really good. As demonstrated later on, by the time some of these children got to junior high school, you started to have new measles outbreaks in the junior high school where you thought you had 100 percent coverage.

This wasn't true because some of the records were not the real thing that were being used to get children in the school. The schools didn't enforce all the time. In other words, children were allowed to stay in school that didn't have all of their shots.

10Pneumovax is the brand name for the pneumococcal polysaccharide vaccine, which protects adults against 23 strains of *the streptococcus pneumonia* bacteria. These bacteria cause diseases such as meningitis, pneumonia, and septicemia.

Since states got money from the feds, the feds were pushing the states to get the date of vaccination for every child from the beginning, when they entered school. They had to have dates for all of those different vaccines, in other words, seven or eight dates they'd have to have on the piece of paper.

Gradually, the need for this was demonstrated by the outbreaks, later on, after school inference and lack of enforcement by the school people. What you were able to do, then, was to get the doctors to agree to fill in all the dates and the clinics to fill in all the dates on the card that went to the school.

You get the schools not to let them in if they didn't have all the dates. That finally happened. Now, you've got a system where you've got, in school, probably from kindergarten through 12th grade, everybody's record has a valid immunization history on it.

Just like the overseas travel document that you carry if you travel into a country with your passport. It's got everything you ever had and the dates on it. But we didn't have that in Florida, early on, until we started finding outbreaks after supposedly all the children were immunized.

CP: What sort of reaction did you get from medical societies and county health departments since—

LD: Well, they—

CP: They eat crow?

LD: No, no, they didn't eat crow. I guess they said—because I was not in Florida anymore when they started getting dates. I was here when they were fighting the dates and fighting, even, keeping children out of school. Even school boards didn't see the need for it.

CP: No, that's an error on somebody's part. We didn't educate them.

LD: Yeah. You asked me why I traveled all the time at swine flu. Well, I did the same thing during measles and all because you had school boards, health departments, and medical societies that didn't think that they needed to do all these extra things to make

sure these children were immunized because everybody knew how those diseases were a thing of the past.

Well, the minute you relax, a population will build up, and you've still got introductions from other places. Finally, they have achieved a pretty good level of compliance all over the country.

I think records are available now in almost all schools. They've got every child's dates of immunization on it, so that now, the people that work for the immunization program can go to a couple of grade levels, like the first grade or kindergarten, something like that, and pull a sample of those and see what the coverage is and pull a sample in the upper grade, like junior high or sixth grade or middle school, and see what those levels are. You've got a good idea of the coverage, on an ongoing basis.

CP: That's what they do these days?

LD: I guess that's what they do these days. I think that's what most states do. I've been, as I said, I've been out of immunizations since '89. I retired from the CDC in '89.

CP: I've been away since '87, Larry, so I'm even colder than you are. But that's the reason we need to record all of this.

LD: I had something else to do with vaccination programs for the country, though, when I was at CDC. I also was in charge of the vaccine stockpiles. You mentioned vaccine stockpiles here, recently.

CP: Yes, we have. Smallpox, for example.

LD: I've actually seen the smallpox stockpile itself.

CP: You've actually seen it?

LD: Yes sir. Well, this was 10 or 12 years ago, I saw it. I know where it was stored, and I know there were a lot of doses there. Smallpox, you really don't need to use all that vaccine for everybody that they say for one dose. You can probably get five doses out of every one of those one doses.

So we've got a fair amount of the smallpox vaccine in stockpile, I would guess, now, and they're getting ready to add some more. I don't know how long it takes to make it. Another time, when I was at CDC, we had a problem with the pertussis component of diphtheria, tetanus, and pertussis vaccine.

CP: The three-in-one vaccine, yes.

LD: For a year, we monitored every lot of vaccine that was produced by the manufacturers in this country. From the time it was—inception in the different components, because it starts out as three components and it's put together, until it went through all the testing procedures, which is also supervised by the Food and Drug Administration[11].

We monitored every lot, every week, and reported to some officials as to what the status of these lots were. Some would come off a test and fail, so then it'd have to go on back on retest and this kind of thing. Sometimes, you really had to ration vaccine into the states.

We also coordinated everything with the American Academy of Pediatrics[12]. We used to meet with them in Chicago sometimes to talk about what was on the horizon and what was coming down the line. It took about a year to get pertussis vaccine and DTP[13] back in adequate supply.

We also had a fire, one time, at the only supplier in the country of measles vaccine. It burnt the equipment that they use to make the measles vaccine. It's a dried vaccine. So the drying part, freeze-dried things, is what caused the fire. Fortunately, we had a stockpile. So we borrowed from that stockpile until they could get back on line with the vaccine.

CP: And you were right in the middle of all that?

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11 The Food and Drug Administration (FDA) is a federal agency of the US Department of Health and Human Services. It is responsible for protecting public health through the regulation of food and drug safety.

12 The American Academy of Pediatrics is a professional association of pediatricians that seeks to address and improve pediatric healthcare standards.

13 DPT (also DTP and DTwP) refers to a combination of vaccines against the three infectious diseases diphtheria, pertussis, and tetanus.

LD: I was in the middle of all that, yes sir. No states, I don't think, went without any vaccine during that time. We had a real good system. If it hadn't been for the stockpiles, though, we would have been in trouble a couple of times.

So, it hadn't all been fly by the seat of your pants. Some people have planned, in the past, to take care of what's coming down the road, maybe.

CP: I wanted to go back to these school-based records. What was the reaction of the medical societies, school boards, and health departments, when hearing junior high would have an outbreak of measles that the record shows was adequately immunized?

LD: They just said, Well, if you all want to come ahead and vaccinate them, then get organized. Get them organized, right. When can we have the vaccination team here?

CP: They were not embarrassed that they had—

LD: I don't think so. I think, down the road, they probably thought about it, and it contributed to the system that we've got now. But it wasn't just one place. This wasn't an exclusive problem in one school. It happened in several schools and several counties over years, both for measles and rubella.

CP: That was primed, primed because they hadn't taken the problem: I, being the physician, and I, being the school board, and I, being the health department.

LD: Most people did it the right way, but there's always that 10 percent that isn't seeing the service, and that 10 percent is what can cause you some big problems.

Pause in Recording

LD: —a susceptible population out there.

CP: And it did. It did cause—

LD: It caused the 90 percent that already had the adequate vaccination to be revaccinated.

CP: You obviously had a great career.

LD: I've had to have a good time with it, I'll tell you.

CP: I sense that you enjoyed it.

LD: Oh, I did.

CP: You really enjoyed your immunization days. If you had it all to do over again, would you have left VD?

LD: Oh yeah.

CP: You'd still have left VD?

LD: Yeah, I think so. There's a difference, and—

CP: Yes, you said there's more of a contribution in immunization than the police activity of the VDI, you said at the outset. The highlight for me, just right off the top of your head, the highlights of the immunization program during your—

LD: I think the number one thing was that the vaccination assistance act caused the states to start looking at their immunization levels seriously. That led to the school compulsory immunization law, which forced people to get their children vaccinated if they had been missed in this thing. I think they're getting good levels all the way down now.

CP: That's right. It's kind of routine, now.

LD: It's kind of routine, now.

CP: Everybody knows their kid's got to be vaccinated before he can get to school.

LD: That's right.

CP: In Leon County, where I live, the county health department, before school started this year, held a series of special immunization clinics all over the county for kids to bring their immunization status up to speed.

LD: Yeah, you hear a lot more about it, now, than you did in the early days. When you did a campaign, you heard about it, but you didn't hear about it in between. When I first started in public health up in South Carolina, a lot of clinics were open on Saturday. They gave shots and other things.

Of course, I worked in VD up there, and we used to have VD clinics on Saturday. They were a lot more accessible to people that had to work and all of that. But I think Saturday clinics are a thing of the past.

CP: We didn't have very many in Florida. Did we not, during my day?

LD: I don't think they ever had any, that I remember.

CP: Now, when I first joined public health, fresh out of college, our work week was five and a half days. We worked Saturday mornings, routinely. That was just what we did. And most of the health departments—not most, all of the health departments—did a half a day on Saturdays, too.

LD: Any of these public health programs like this that are aimed at specific populations, though, or specific groups, you have to have a baseline of what you're dealing with. Where the problems are? How much of a problem is it? Without that basic knowledge, you cannot address it properly.

Even when I went to Africa, I worked on totally different kinds of programs, parasite programs. Unless you knew, specifically, every village that was infected, you could not adequately address the program, the decisions. So, one of the first things I did, the first couple of years I worked in Africa, was to travel around and identify every village with cases.

CP: Which required surveying. You had to do clinical examinations.

LD: Yes. We went to virtually every village in those countries where I worked and got an actual list of the villages. Sometimes—

CP: And their rate of infections?

LD: We didn't know the total rate of infection. If there had been a case there, it was called an infected village. It's been looked at from different perspectives now, imported cases and exported cases and things like that, especially when you've got a border involved. Anything you do in public health, you've got to have those basic knowledges, those baselines in public health. If you don't know that—

CP: If you don't know where you started, how in the world can you know when—

LD: The old saying in epidemiology is: We're Santa. Make a list.

CP: That's right. That's the first thing you do in epidemiology, make a list.

LD: Make a list, then, you know who's got it, who might have it, and who might be potentially infected.

CP: Immunization programming started that way.

LD: That's exactly what you did.

CP: You would make a list, but we varied the quality of that list over time.

LD: That's right. We found better ways to do it, I guess.

CP: That's been highly successful, been highly successful in Florida. I'm sorry I don't have the number, but I recently had the number to see the frequency of the immunizable diseases. You don't see them in Florida. You don't see those diseases. I think that is so great, and it's because of people like you that we don't have them today, Larry. I thank you.

LD: Well, I hope we have contributed over the years. I think we did some good things.

CP: It started badly. We had a long way to go when we got started.

LD: Yeah, I know. It sure did.

CP: What have we left out of the fascinating story of immunization programming in Florida?

LD: I don't know. I think we just hit some high points is all we've done. There's a lot of them.

CP: Now, if I were a student, say of public health, and I wanted to do something in immunization programming and I were to see your tape, which I were to get very quickly, where could I go for some reading stuff? Would it be annual reports of the state board of health or—where would you recommend I find something in writing or could?

LD: I don't know. It's been so long since I saw an annual report.

CP: They are very infrequent. That's the reason.

LD: I know we used to have national immunization conferences. The proceedings from those used to contain individual papers that were presented at the conference every year. There's some fine detail in those, including slides and graphs, charts, frequencies, attack rates, everything.

CP: So I could get those, probably, through a call to the CDC and get access to them—

LD: Yeah, you can call the CDC immunization program and get those. I presented papers a couple of times at those national conferences. One of them [was] on [the] Florida immunization law. It had plenty of detail about how effective we were at raising immunization levels due to that law.

So I would recommend that you do that. If you're a student, and you want the details about immunization, where it came from and where it may be now, then you need to get

the proceedings from the national immunization conferences. They still have them every year, I believe.

CP: Oh okay. That would certainly be a good beginning. In Florida, I was sitting here trying to think, was there ever a *Health Notes*[14] or a monograph put out on immunization, if you recall?

LD: I think there was, but I don't know where it is. We used to publish weekly statistics. I don't know where those copies would be either.

CP: Where are those that were done?

LD: I don't know. But we had a listing by county of coverage levels.

CP: They may in the archives of the state library system. For any student, you might want to start there, I would suggest, or even the immunization program of the state health department in Tallahassee.

LD: Maybe they have them, yeah. But I know, from a national level, if you want an idea of the variety of approaches that were tried around the country because what they did, usually, at those national conferences is, if somebody had done a real outstanding job at approaching one type of program or had a new idea that somebody else hasn't tried or somebody wanted to hear about, that's what they presented there. You can get a broad overview of what was tried, what worked, and what didn't work.

CP: Looking at those over time would give you a pattern of where we started and what we've had to do to get where we are. Probably, you could establish that. I'll bet somebody has done that. I bet CDC has had a writer to summarize all of that process.

LD: I don't know.

CP: Oh, I'm just thinking from their point of view.

LD: But I know those monographs from the proceedings from the national conferences would be available, I'm pretty sure they would.

14*Florida Health Notes* are a monthly publication of the Florida State Board of Health. They have been published, since 1892, as an educational periodical for laymen, physicians and public health professionals.

CP: Okay. Well, I hope your tape will stimulate somebody, a historian of some sort, to try to write all this down for our—

LD: It brought back a few memories, I'll tell you that, this discussion this morning.

CP: Good. Good, good, good, good. As an aside from gearing you up, I'm constrained to remark that, for your time, I've already—speaking of Fort Myers and a measles case there, I think you said measles had caused you great frustration all of a sudden. Me too, you know. That was one of my nighttime calls.

I had a phone call, one night, from the health officer of Lee County, Fort Myers, who said that he was calling to tell me he'd just had a call from one of his local physicians, who had told him that he has in his office a case of smallpox.

You talked about things getting fired up quick. This was about nine o'clock at night. And we mounted, we mounted and—we decided that night, between the health officer and me, to be safe—

LD: You talking about Joe Lawrence[15]?

CP: Yeah, Joe Lawrence. He can get very emotional pretty quick, if you remember. I love him to death, but he called newspapers. We agreed he'd call newspapers that night and said there was a possible case of smallpox, and the folks who were in certain cities might want to consider getting a smallpox vaccine.

I called the CDC that night to get some vaccine flown in because we didn't have them here. We sent up a very special courier of a smallpox vaccine, that night. That night, we would go to Fort Myers and called CDC to get some more. Smallpox immunizations were started the next morning. About 4,000 doses were given that one day.

Partial to the call of the CDC, I had never seen a real case of smallpox myself. A preliminary Dr. Lawrence didn't know a whole lot about the case at the time he was calling me.

15Dr. Lawrence was the longest standing health officer in Lee County. He was granted a Florida Public Health Association's Meritorious Award in 1977 for his work in disease prevention.

But I went to Fort Myers myself the next morning, too. I asked Lanier, Dr. Lanier, the night of the call, to send somebody who knew something about smallpox, the case of smallpox.

I had come to Fort Myers to look at this case. But it did the upshot within the 24 hours. This man was an elderly gentleman who had not been out of a three block area of Fort Myers in years and years and years, this elderly gentleman. So everything runs, and it was not smallpox. The appropriate stuff was done, and it was proven to be chicken pox in the 81 or 80, 79-year-old man.

LD: It was a very case of chicken pox.

CP: Yeah. So we gave a lot of vaccine, and [the] public anxiety was overwhelming, as you can imagine.

LD: I saw a case of secondary syphilis one time. Secondary syphilis is, for the tape, when the first stage has gone away. The initial lesion has gone away by itself, and then, several weeks later, a general rash breaks out all over the body. This particular person had not lesions. She had pustules all over her body and was running an extremely high temperature.

The way we had come across her, she was named as a contact. We found her in this condition when we went there. But I would've sworn that smallpox couldn't be any worse than that disease, that case. She had a blood test that the dilutions went off the scale. After a treatment for syphilis—those lesions were a dark deal positive for syphilis in the lab. She had treatment for syphilis, and within three or four days, she was getting well.

CP: After that single dose of penicillin? Amazing. Well, any closing comments?

LD: No. As I said earlier, I enjoyed my time, and I've enjoyed my career in Florida. Since I left Florida, I enjoyed it as well. I got to travel—

CP: Even if you didn't get to go to India?

LD: Even though I didn't get to go to India. I did get to go to El Salvador.

CP: That's a fair piece from India, if I know my geography.

LD: Well, I went down to El Salvador during the problems down there for a short trip.

CP: What was going on when you were down there?

LD: What we were doing down there wasn't immunization, that I went on. I went to evaluate how they could deliver any kind of service to refugees because the guerrilla activity in the countryside around the towns—at night, the guerrillas control the countryside, so a lot of people moved in closer to town.

The people in the towns were stressed already because, in the third world, nobody's got enough or very few people have enough. They were stressed. AID[16] was trying to figure out how they could provide some assistance to these refugees. Basic medicine and stuff like that.

I went down as one of the evaluators. We traveled around in the country, saw some of the refugee areas, tried to figure out how we could design some programs to provide relief down there, and drafted up a report when we came back. They had several follow-up visits by other—

CP: Evaluators.

LD: Yes. I think they finally did some good service down there.

CP: Good, good. I guess you were part of that, too.

LD: Yeah. But El Salvador was an interesting place.

CP: During those days.

LD: My first and only helicopter ride.

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16 AID, or USAID, is the acronym for the US Agency for International Development, a government agency responsible for administering civilian foreign aid.

CP: Looking out the open door.

LD: Landed in a graveyard.

CP: Did that bother you?

LD: No, no, no. On top of the mountains.

CP: It's better than no landing at all?

LD: Yeah, right. We had a good time down there. It was interesting.

CP: You've obviously had a good career, Larry.

LD: Yeah. I've had a lot of good times.

CP: Yeah, you have. I could tell. I could almost be envious, you seem so happy remembering, but I won't be. I had a good career, too.

LD: It's always good to go, and it's always good to come back. Sometimes I still miss the late afternoons out in the desert somewhere. When I was over in Africa and stuff, I spent a lot of times in the drier areas.

CP: I don't think I'd miss a late afternoon in a dry desert.

LD: It's a nice place. You learn to think a lot of it. You see some interesting things. I saw, one time, during the rainy season—you know that salmon come up the rivers in Alaska and other places and they jump?

CP: Yes.

LD: We went down to visit this place, and we had to cross this whole river during the rainy season. There was normally hardly any water in this little creek. It wasn't as wide as this room.

This particular morning, we went down there. There were several of the local tribesmen in the water, catching these little fish about this long. These fish were jumping phenomenal heights to get up that stream. They looked like salmon jumping, except they were jumping five times as high for than those salmon could jump.

I don't know what they were. They were loading up with them because they said they were good turkey feed. These particular local tribesmen had some turkeys, and they wanted to feed the turkeys the fish, so they were catching them in a sieve of some sort.

CP: They would hold a basket, and the fish would jump into it?

LD: No, no, no. They were catching them with something like a sieve or something. They said, When the rainy season came, these fish came from wherever they were and started upstream. But I've never been able to find anything about a fish like that. I guess I need to ask somebody down at Marineland or something, if Marineland was still here.

CP: Yeah, they might not know. They're very ocean-oriented.

LD: Yeah, but those fish were something else. The height of their jumps was just—and none of them were longer than my finger.

CP: They were—well, can't help you.

LD: No, I thought, being the fisherman that you are, you might've seen some of those. But I think they're probably native to that particular area of Uganda.

CP: Yeah, I do have a friend who goes back and forth from Uganda now, for a separately different reason. I will ask him to get the best identity for these fish. Do you remember the creek?

LD: No, I don't remember.

CP: What was the closest town to where you were?

LD: Let's see. What was the name of that town? We used to land in the main street. Used to go up there by air most of the time, in a small plane. We used to land in the main street. Kotoko? I believe it was called Kotoko. It was in northern Uganda, northeast Uganda, on the border with Kenya.

CP: All right. I shall ask my friend and neighbor. He might know such things, but he's not a fisherman. Well, Mr. Dodd, on behalf of the University of South Florida, especially the college of public health, I thank you sincerely for coming by and sharing with us this very exciting career you had in immunization programming of Florida.

I thank you for your contributions to the current immunization, slash, health status of us for years. We are all partial to that. We just thank you so much, Larry. I am Skeeter Prather. Thanks.

End of Interview