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E. Charlton Prather: It is truly a pleasure to have with us today Mrs. Mildred Kaufman, former professor of nutrition at the University of North Carolina, and longtime director of nutrition services, nutrition programming for the Florida Public Health System.

She began when the Florida Public Health System was called the Florida State Board of Health, and continued on through at least one of its reorganizations into something called the Division of Health. And moved from a headquarters in Jacksonville to a headquarters in Tallahassee.

It's truly a pleasure that she would come now and review with us her history in public health nutrition. And hopefully give us some pearls about the history of nutrition services in the public health setting at large. She has not been preprogrammed to talk about the history of nutrition programming, but she is a walking encyclopedia of such things, and I hope she can be stimulated to think out loud about these things of great historic interest.

Mrs. Kaufman, truly it's a pleasure to have you here and I am all excited about what you are going to tell us. How did you become or get interested in public health nutrition since there are a lot of very lucrative fields for public, for nutritionists?

Mildred Kaufman: Well, first of all I would like to say, Skeeter, I am delighted to be here. It is a real pleasure to have an opportunity to remember a good bit of one's life and relive it by talking about it and talking about it with you.

CP: Good.

MK: So, thank you very much for asking me; and I am very excited about this project that will help us all to relive public health in Florida, which has really a very enviable history.

CP: It does.

MK: As far as I am concerned, people are always amazed when I tell them that I decided that I was interested in nutrition when I was in the ninth grade.

CP: Yes, I am amazed.

MK: Yes. Not many people start their career thinking when they are in the ninth grade. Actually, I started out being interested in chemistry, but I was interested in the application to the lives of people. I didn't want to work in a laboratory and I decided that very early in life. So, the first field that I was aware of was dietetics and I combed every college catalog that had a program in dietetics¹ that I could find. I grew up in Philadelphia, and I combed the whole East Coast.

CP: Wow.

MK: I started college in 1943, which, of course, was during World War II. At that time, it was hard, first of all, to find a college that you didn't have to go around the calendar year with the accelerated programs. And I didn't want to do that because I had this little plan in my little brain that I would try a different field of dietetics as a summer job every summer.

CP: Ah. That's neat!

¹The branch of knowledge concerned with the diet and its effects on health.

MK: And so that was one criteria that I had. And the other was that in those days if you wanted to study nutrition you had to enroll in a school of home economics. And you had to study, as well as food, nutrition, chemistry, and physiology, which were the things that I was interested in; you also had to take sewing and home management and child development.

I didn't have any objections to child development, I like children, but I sure didn't like to sew. (CP laughs) I wasn't, at that point in my life, too interested in interior decoration. In looking at these colleges I looked to find the one that had the fewest of those, what I called "home-ec-y" courses. I hope I am not hurting anybody's feelings.

CP: It's honest, no.

MK: But I really was interested in nutrition and health and the one that I found was Simmons College in Boston, the only college to which I applied. And I was accepted and I went there—

CP: Good.

MK: —um, planning to major in dietetics. The first year there was general liberal arts, but that was fine. I enjoyed that and got to know a woman by the name of Dr. Elda Robb. And Dr. Robb had been working with public health programs, and although I was in the undergraduate program, they had a graduate program with Harvard School of Public Health in the Simmons School of Social Work.

And that was where I first heard about public health nutrition and immediately decided that was for me. The only thing was that for a few years prior to when I got to Simmons, they allowed undergraduates to major in community nutrition, is what they called it. But there were no jobs for people without a master's degree with a public health emphasis.

And so, Dr. Robb's recommendation was that I go into dietetics, I do a dietetic internship, and then get a few years of work experience, and then go to graduate school. Which is exactly what I did. I was a good little girl and she told me what to do and I did it.

CP: And it's done you well, but go ahead.

MK: I went to Indiana University and did the dietetic internship, and it was like slave labor; I hated it. (CP and MK laugh) And it was all—in those days, it was all—you had a diet manual and you wrote therapeutic diets and that's what you served, and it— there was no opportunity for any creativity or any imagination.

However, I got a wonderful job in dietetics in Philadelphia with a hospital, Women's Medical College. I had a lot of encouragement. I worked there for two years, I had a wonderful opportunity to work with some great physicians in the diabetes clinic and began to work with patients who were living at home and having to cope with their dietary problems at home. And that just cemented my idea that I wanted to work out in the community.

The director of the dietary department, Mrs. Kuvian, was very encouraging for graduate school. She had gotten her master's at Columbia. Columbia had a master's in nutrition and public health. And that was where I went. (CP laughs)

And I got my master's and came out and was offered an opportunity to come back there and develop a nutrition counseling clinic, outpatient clinic. I went back for a short time, and then, I was offered a position as a nutrition consultant with the visiting Nurse Society in Philadelphia. So that was great and I was there for three years. And while I was working there, I met some of the nutritionists with the United States Public Health Service.

CP: Yes.

MK: Through them—that was “networking” nobody knew that term in those days.

CP: Nope. (CP and MK laugh)

MK: But through some of the nutritionists I met who were with the US Public Health Service, who were with the Chronic Disease Program, I was offered the opportunity to go to work with a diabetes field research and training unit in Boston. So, at a fairly young age, I became a federal nutrition consultant.

CP: Hot dog!

MK: Yeah, it was a really hot dog. (CP laughs) Anyway, I didn't realize the person who I was replacing was a very, very well-known nutritionist who had done a tremendous amount of work with diabetes patient education and with the food exchange lists that were used to teach diabetics.

And, as a matter of fact, I had worked with Marion Scarborough, who was here in Florida and had worked with the diabetes unit of the public health service that was affiliated with the Florida State Board of Health.

CP: Oh, marvelous.

MK: But I didn't know Marion in those days, but just heard many good things about her. However, I went to Boston and I got this job and I realized that my predecessor had left because the program was on the downhill curve.

CP: Uh-oh.

MK: And so, I was there for a year and a half. And we did a lot of diabetes patient education at Boston City Hospital, which was very interesting, and we did professional education programs for teams that would come physicians, nurses, nutritionists, health educators, social workers; who would come for these one-week courses. So, that was very good.

But toward the end of the year that I was there, one of the physicians came from Washington and offered me a transfer to Washington while most of the rest of the people were ripped.

CP: Whoops!

MK: So, he offered me the opportunity to work in the nursing home program, which was just beginning, this was 1958. I said, "Well, I've never been in a nursing home, but I'll try it." And he said, "Well, we are all learning."

So, I went to Washington, and I worked for a while on the nursing home program and then I was transferred Indiana State Board of Health for two years to really learn how to work with the nursing homes. While I was gone, they replaced me with somebody who had worked in a nursing home program in Ohio. (CP laughs)

So, when I came back, I came back to the Diabetes and Arthritis Program. And I learned internal politics, Washington style.

CP: Oh, man.

MK: And it was really something that, at that time in my life, I didn't want to learn.

CP: But it hasn't changed.

MK: No, it hasn't changed, but I was there for four years and I decided that that was not the place for me. Meanwhile, Mary Brice Deaver was the director for nutrition here in Florida, and she had been offered an opportunity to go with HEW [US Health, Education and Welfare] as a nutrition consultant in maternal and child health.

So, she was leaving and she called me up and asked me if I would be interested in coming to Florida. I was not disinterested because my parents had retired and moved to Daytona Beach. However, when she told me the salary it was about two-thirds of what I was getting as a commissioned officer in the public health service. And so, I said, "Well, I would be interested, but I don't think I would be interested."

CP: I can't afford the cut in lifestyle.

MK: Well, it sounded like a step backwards. So, I pursued my efforts there in Washington. And it was a very good experience, because we were consultants to state health departments. I was

working with programming and chronic disease, particularly diabetes, which I had had a lot of experience in from way back in the BNA(?) and with—

CP: Boston.

MK: —the diabetes field research and training unit, and also way back at Women’s Medical College, so it all kind of put things together.

However, there were a lot of things about working in Washington that I didn’t like. And then—oh, well this is very relevant to Florida. In 1964, there was Hurricane Dora.

CP: Yes.

MK: And I had come to visit my folks for Labor Day weekend. I was supposed to go home on Tuesday morning. My father called me out of bed and said, “We changed your flight from an evening flight to a morning flight, because there is a storm coming and you probably won’t be able to get out of here tonight. I rushed and packed and had breakfast and he took me to the airport. And I didn’t stop to think that I was leaving them behind.

CP: Whoops!

MK: When I got off the plane in Washington I was walking out of the north terminal and I saw a headline on the newspaper, “Eye of Dora Headed to Daytona Beach.” And I thought, Why did I come home? Why didn’t I stay home and help them?

So, I called as soon as I got home and they were getting ready, so people were picking them up and taking them to Ocala, so that was fine.

CP: Yeah.

MK: But that made me start to think, They are getting older and they need somebody nearby. And I wasn't too happy with my job, so I called Mary Brice up. And she had since moved to Dallas, but she was still working with Dr. Sowder to try to recruit somebody.

And she said, "Well, there is some good news, they are getting the salaries up and it might be possible for you to come in at the top of the range." Well, the top of the range was pretty close to what I was getting.

CP: Oh, really? That surprises me.

MK: Yeah, it wasn't bad, when they got it up. So, I came down for an interview and I met with Dr. Sowder and Dr. Malcolm Ford², and we had a very good interview, and I was offered the position.

And I decided that the personal reasons for wanting to come to Florida were more important than money. So, that is when I first came. Florida's nutrition program, despite the fact that the salaries were terrible, was really a very highly respected nutrition program at that time.

CP: I am pleased to hear that.

MK: Public health nutrition services had really begun by the impetus of the money from Title V of the Social Security Act, Maternal and Child Health money and that was passed in 1935. Florida started a nutrition program in 1942, with two really fine women: Vera Walker and Marge (Marjorie) Morrison, later Marge Morrison Donnelly.

And I knew Marge Donnelly quite well because she had left Florida to go to be one of the regional nutrition consultants for then HEW. She was in Denver and I had met her. But, Marge had done a really good job of beginning the nutrition program in Florida starting with one position, or two positions, and then, gradually, adding regional nutrition consultants and trying to really, although the money came from Maternal and Child Health, trying to do some other things.

²Dr. Malcolm J. Ford was former deputy director of the Florida Department of Health and director of the diabetes unit for the Florida State Board of Health.

And Florida had started licensing nursing homes, and there was a nutrition position. It involved working with the team that did the nursing home licensure. Way back, it probably started about 1956. I can't remember exactly when Marge left and was replaced by Mary Brice Deaver, but Mary Brice really did a good job. She was, again, a very highly respected nutrition consultant.

CP: Good.

MK: And I think it was under Mary Brice that some of the county health departments started employing nutritionists.

CP: Ah-ha.

MK: Dade [County]; Palm Beach [County] with Dr. Brumback³, he was really one of the early pioneers, and Palm Beach County had a migrant project that employed a nutritionist; Hillsborough County; I'm not sure about Pinellas [County]; and Jacksonville [County] then had a city health department.

CP: With a nutritionist?

MK: With a nutritionist, Mary—Her name's Mary Thompson now, but I can't remember her unmarried name. But she still lives in Jacksonville.

CP: Oh, Good.

MK: We're very good friends.

CP: Good. Um-hm.

³Dr. Clarence L. "Carl" Brumback was Palm Beach County's first public health doctor. He is credited with many important contributions to public health in Florida, including: Medicaid reform, advocating and delivering health services to the poor, developing Florida's Environmental Health Program, and passing the Migrant Health Act of 1962. Dr. Brumback's interview is also included in this Florida Public Health Oral History collection.

MK: I think those were the major counties that had nutritionists, who were doing, all doing good work. Then the other thing that happened in the fifties, that you probably know, were the maternity and infant care projects and the health projects for children and youth, which included funding to employ nutritionists.

And those were employed, unlike the early nutritionists, were supposed to work as consultants to physicians, public health nurses, health educators, social workers if they were there, and the nutrition message was delivered to the clients, patients, community by the other health professionals and the nutritionists did mostly in-service education and consultation.

CP: Yes.

MK: When the Maternity and Infant Care Project began, those nutritionists were primarily employed to give counseling to the mothers. Also about that time, there was—I can't remember exactly what they called them—but they were mental retardation projects. And there was one at the Mailman Center⁴ in Miami and I think that those have continued.

The Maternity and Infant Care Projects, as I recall, were in Dade County Health Department, Palm Beach County Health Department, the North Central Florida—

CP: Out of Gainesville.

MK: —out of Gainesville in affiliation with the university and it seems to me that there was another one, but I can't remember. And the Children and Youth Project was in Miami, but was at the University of Miami. Oh, Broward County also had an MIC Project.

CP: Correct.

MK: So, I think those—do you remember?

CP: That is, there were five, and you named five.

⁴The Mailman Center for Child Development at the University of Miami specializes in developmental disabilities and children with special health needs.

MK: But anyway, those provided four more nutrition positions. So, those were started during the time that Mary Brice was the nutrition director.

CP: Yes.

MK: Just before I came in—I came to Florida, Bill Clark, do you remember him? He headed the Migrant Health Project. He had gotten a position for a nutritionist that was under MCH [Maternal and Child Health] it was under the Migrant Health Project, and it was to be not part of what was the nutrition division, I think.

CP: Mm-hm.

MK: I had an opportunity, as I worked around the country with the public health service, to visit a lot of nutrition programs.

CP: Yes.

MK: And I had a very strong conviction, at that time, that nutrition personnel should all have some kind of relationship with the nutrition unit in a state health agency.

So, when I came—my first orientation to public health in Florida was the FPHA [Florida Public Health Association] meeting, which that year was in Clearwater. Dr. Parks—

CP: There was such a person.

MK: —he was just leaving, but he was there and he introduced me to the nutritionist, and we had a little meeting. And there was a nutritionist named Hope Skipwith. I don't know whether you remember her or not.

CP: No.

MK: That would be another story that I don't think we will get off on, but you can cut that part (CP and MK laugh).

But anyways, this nutritionist Hope Skipwith and Bill Clark were adamant that she was taking this position to get out from under nutrition. She had been the regional nutrition consultant for the Southwestern part of the state. And I was just convinced that she should stay as a nutrition consultant to the Southwestern part of the state that had—

CP: —to include that project.

MK: —to include that project, that we could include Migrant Health Services where they existed in other parts of the state in the job descriptions of the other regional nutrition consultants and could kind of be a pay back. This was a major confrontation that ended up in Dr. Sowder's office. Fortunately, I had worked with Dr. Ford in the public health service and I knew him and he knew the philosophy I was trying to espouse.

And I was not trying to take any authority away from Bill Clark; I just felt that it was important for us to be kind of jointly involved in the supervision of this nutritionist. She didn't like that, but anyway the final decision from Dr. Sowder and Dr. Ford was that Hope stayed with the nutrition division and shortly thereafter Hope came in very dramatically into my office and handed me her resignation.

So, that wasn't a very good way to start. A more positive finding when I arrived was that Mary Brice Deaver had gotten four junior-level nutritionist positions that were considered to be; she called them "trainees". And these were positions that were for young nutritionists, who were just graduating from college, and had met certain academic requirements, and that it would be a kind of position, it was sort of on-the-job training.

CP: Yes.

MK: The original idea of those positions was that they would be assigned to work with a regional nutrition consultant. There was a gap of about fourteen months between the time that Mary Brice left and the time that I arrived.

And I arrived to find these young ladies kind of puppy dogging behind a regional nutrition consultant, which did not seem to me to be cost effective for the state in terms of getting their money's worth out of these positions, nor did it seem like a terribly good learning kind of situation.

And using the model of the assignment of personnel and public health service to state or local health departments to get experience it seemed to me that we might use these positions to assign nutritionists to county health departments where we could get a health officer to say that if he had a successful experience with these young nutritionists, whom we would supervise very carefully and provide for career development and in-service education, that they would consider budgeting for that position on their budget.

That was a program that worked very well. And some of the nutritionists later had responsible positions in Florida, Anne Rode, who you know, who later became a nutrition director.

CP: And district administrator.

MK: And district administrator. Mary Harving (?), who was placed in Sarasota County, and is still there, but started in a junior position, and now has a staff of ten or twelve.

CP: Really? Marvelous!

MK: I can't think of all of them at this point, we used those positions as a way of getting county health departments to test out a nutrition program, develop a nutrition program, and one of the requirements that I had in my mind was that all of these, at that point, were young women, would then be offered the opportunity to apply for the state training funds to go to graduate school and get their master's.

CP: Yes.

MK: And that worked out for really all of them. A number of them went to the University of Tennessee, a couple went to the University of North Carolina, one went to Tulane. And most of them stayed in the Florida system.

CP: Good investment.

MK: So, it was a very good investment and it—also, when the county health department would budget the position, then we could take that position and give it to another county. And I think in the course of time that we had that program going we probably got a nutrition program started in about twelve counties.

CP: Oh, Marvelous! Good, good.

MK: To me, as I remember, and as I was thinking about talking with you; that program was really, I think, my greatest pride.

CP: Really?

MK: And I hated to see that have to go with the HRS⁵ reorganization, because I think it was good for the counties and it was good for these young professionals.

CP: Good for the state.

MK: It was very, very good for the state. One of the most quotable quotes from that was, as you probably remember, when the county health directors would get together for their big powwow once a year. One of the last counties to apply was a three county public health unit around Lake City.

CP: Okay, Hamilton, Suwannee, and Columbia.

MK: Yes. Right, right. And I'm sorry, but I can't remember the name of the health director that

⁵The HRS Reorganization Act of 1975 decentralized and unified Florida health and social services. This caused massive restructuring of state agencies into eleven district and three central offices. As a result, many key staff were reassigned and relocated from Jacksonville to Tallahassee and other state district offices.

CP: Wells.

MK: Dr. Wells, right.

CP: Barton Wells.

MK: Absolutely. Well, anyway, we were at one of those conferences and there was a cocktail party kind of thing, and I was standing with my back to him; he didn't see me standing there.

He was beaming and he was telling his colleagues that he had just gotten a nutritionist and the young woman that he got was a real pride and joy, who now works in the state office in Georgia. And he was beaming and saying we just got a nutritionist, you know that's a status symbol. (CP laughs)

I could hardly keep from laughing. I went around to everybody saying, "Do you know having a nutritionist in a county health department is a status symbol?"

CP: (laughs) I love that.

MK: The other thing that was very important to me was, of course, coming to Florida, where a large portion of the nutrition budget, at that time, was from the Title V and MCH money⁶ from the Feds.

CP: Still categoric.

MK: Still very categoric. But, because I came from the background in chronic diseases, I was very anxious to work with Dr. Fulton, and see if we couldn't do some work with diabetes, heart disease and we did. We worked with some of their diabetes programs, we worked with the Heart Association and did quite a few programs in the early days, when they were talking about fat

⁶The Title V Maternal and Child Health Program is part of the Social Security Act of 1935. Since then, it has ensured the well-being of mothers, women and children, including children with special health care needs, and their families.

control, sodium restricted diets, or even in the preventive way of cutting back fat, salt, and calories.

So, we did quite a bit of that, but not nearly as much as we did in the prenatal clinics and child health clinic because that was where the money was. And the migrant health, we kept up our part of that bargain and it ended up working very well.

The replacement for the young woman who resigned so ceremoniously was a young man who came from the MPH [master of public health] program at Berkeley. Terry Williams was one of the first male public health nutritionists. He was really quite dedicated to working with the migrants, but he also kept up his end working with the county health departments in Southwest Florida. So, that all went very well. About 1968, Senator George McGovern discovered malnutrition in the United States.

CP: Ah, we all remember!

MK: That was a select committee on nutrition and human need. And he had hearings in Fort Myers and—Fort Myers or Immokalee, but anyway—

CP: Probably Immokalee, I'm going to bet.

MK: It was someplace in Southwest Florida. And when they found out that we had a male nutritionist working with the migrants, Terry Williams was gone. And that was his fifteen minutes of fame, I'm sure. (CP laughs)

But, we did have very interesting opportunities from that. About that time, also, there was the interest in doing a nutrition survey in the United States. And they were going to pick, this was being done out of CDC [Center for Disease Control], ten states to participate in the nutrition survey of the general population to survey methodology that included dietary assessment, biochemical studies, anthropometric measurements, and then, I guess, some general physical findings.

CP: Yes. Like weight. (laughs)

MK: Pardon? Well that's the anthropometric measurements. (CP and MK laughs) You hadn't heard those words before.

CP: Oh yeah, those fancy words.

MK: Right, right I couldn't say that for a long time, it took me awhile. But anyway, we didn't get to be one of the ten states. Even though, I did really do some politicking to get into that. But we did get selected to do the migrant component.

And from their experience with the nutrition surveys in the states, they decided with the migrant component that based on the findings that we would demonstrate, then we should do nutrition education.

So, we were funded not only to do the survey, which was done in Palm Beach County and Lee County both in Fort Myers and Immokalee. And then, we were funded to have a little van that we could use as a little portable classroom and we could do nutrition education.

Regretfully, that all began at the time when gasoline was getting to be very expensive, but we did fulfill our responsibilities, and this monograph was done with families in the fields and this was their food and their health and this was the findings from that nutrition survey.

It was kind of interesting to see what happened; before I came to Florida I guess in the days of Mary Brice there was a nutrition survey that was done in Palm Beach County and they actually found marasmus⁷ protein-calorie malnutrition and some cases of vitamin deficiencies. We didn't find that, we found a lot of iron deficiency anemia and we found some growth retardation. We didn't find any of the clinical—

CP: —more dramatic clinical presentations.

MK: —more dramatic evidence of malnutrition. So, our nutrition education program was primarily focused on iron deficiency anemia. Also at that time, we became aware that these migrants ate a lot of cereal products that were milled in Florida—not milled—that were processed in Florida. Rice and grits and so forth, and the federal cereal enrichment laws⁸ did not cover—

⁷A form of severe malnutrition characterized by energy deficiency.

CP: —did not apply.

MK: They only covered cereal products that were interstate commerce.

And so, we decided that Florida should have a bread and cereal enrichment law, and all the nutritionists got very interested in that, were excited about that. We began to lobby in cooperation with the state Department of Agriculture. We began to lobby the members of the legislature to have a bread and cereal enrichment law.

And there was a woman, I just heard her name recently and I—her first name was Martha and I cannot think of her last name. That's terrible on a tape. (CP laughs) But anyway, we worked with the state Department of Agriculture, and together we went to testify.

The members of the legislature were so amazed that this was one issue that people in public health and people in agriculture agreed on and were advocating together. I don't even think they really realized what we were asking them to do. It was a bill that didn't cost any money, it was just an enforcement issue and this woman in the Department of Agriculture said that her labs could take care of the enforcement without any money.

So, anyway, it went through the committee hearings very quickly and very easily. We were commended because we were on the same wavelength, in terms of this advocacy. As we were walking out of the hearing again, it was very, very amusing. One legislator said to another, "Well, I am really very pleased that we are passing this and we will get it past the legislature, because now the children in Florida will not get rickets anymore." (CP laughs)

Well, as you know—you're laughing—rickets is Vitamin D; we hadn't any—I mean, weren't recommending vitamin D, because we are the Sunshine State, right?

CP: Right.

⁸The Food and Drug Administration adopted standards for the fortification of cereals and grains in 1941. Iron and B-vitamins were added to flour and bread. The addition of these nutrients resulted in a decrease of iron deficiency anemia in the US.

MK: But, anyway, we got out of there and, again, we had a real hoot over that. But it passed; and fast forward, Clara Augustine, who was one of the nutritionists who was with us then and is still working with the WIC program⁹, said they're now trying to get that enrichment law amended to include folic acid, which of course is the new nutrient that really wasn't pushed in food at that time.

CP: Yes.

MK: And she is working with the same woman who was still in the Department of Agriculture.

CP: Yes, she is the assistant director.

MK: You know her name?

CP: Yeah, I do but you caught me off base too. I will have it before we finish.

MK: Oh, I'm sorry.

CP: Well, she's been a friend of public health for years.

MK: She was wonderful. Anyway, that was one of our really fun things. In 1969, for reasons that I was never quite sure of except the politics related to Senator McGovern; President Nixon decided to have a White House Conference on Food, Nutrition, and Health.

CP: Yes.

MK: And Mary Ann Marshbourne Saadeh and I were invited to be delegates to that White House Conference, which was a very exciting thing to participate in. She was on a panel that had to do

⁹The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal funding to states for food, health care, and nutrition education for low-income women, before and after childbirth, and children up to age five.

with maternal and child health and I was on one that had to do with more general nutrition issues.

Out of the White House Conference on Food, Nutrition, and Health came the beginnings of some of the things that happened later. Like the fact that the maternity and infant care projects and children and youth projects provided nutritionists to do counseling.

But we kept hearing from the mothers, “Well, it’s very nice of you to tell us what the children should eat or what we should eat when we are pregnant, but we can’t afford to buy the food.” And there was a commodity food distribution program, but that was to get rid of surplus agriculture commodities.

CP: Whatever they were.

MK: They weren’t necessarily the foods that we were recommending to these women. So, out of the White House conference came first the special commodity distribution program and ultimately the WIC program.

Another program that kind of emerged out of the White House Conference was congregate meal programs, nutrition education, and home delivered meal programs for the elderly. There were really a number of the recommendations that gradually got into the legislation that expanded funding for various facets of nutrition and food safety.

I was so excited about having gone to this White House Conference that I went and reported what I had learned to Dr. Sowder.

CP: Yes.

MK: And he said that he was very interested. He was always really very supportive of our nutrition program.

CP: Excellent, excellent.

MK: And he—by then, were a part of the first phase of HRS and he said, “I would like to take you with me to Tallahassee to talk about this White House Conference to the division directors.” And I said, “That would be very exciting, I would be delighted to go.”

So, I went with him and we went into the conference room and I was expecting to talk to the division directors. Well, you do remember Governor Claude Kirk¹⁰?

CP: Very well.

MK: Okay. Governor Kirk came into the room about five minutes after the meeting got started. And I thought, Well he is not going to stay; he will blow in, blow off, and blow out.

CP: (laughs) Very good.

MK: Well, he didn't. He stayed.

CP: Well, he came to just blow off or he came in and sat down?

MK: He came and he said a few words he was very, very nice. I—you know, we had seen him as sort of a political animal. He came into that meeting and he was very subdued and he said a few words, but he also said, “I would like to stay and listen to your deliberations.” And I kept thinking, I hope he leaves, I hope he leaves. Well, they went down through the agenda and they got to me and he was still there.

So, I gave my report and he sat there with great interest. They all asked questions, but he asked a lot of questions. Then he said to me, “Do you think we should have a conference like that in Florida?” Which had never, never entered my mind. I said, “Well, that would be an interesting thing to do.” [Governor Kirk said], “Well, I want you to get together with my staff and plan a conference.”

¹⁰Claude R. Kirk, Jr. was the 36th governor of Florida and served from 1967-1971.

And the conference was planned, and I think it was in Clearwater. It was kind of about the same time as the Florida Public Health Association meeting. So, we had a conference and we had proceedings and we had a report that was used with problems and resources before the conference. So that was another kind of exciting thing. I think some of the things that subsequently happened, probably happened out of the federal conference, but there was a lot of interest in nutrition and a lot of people attended that conference. So, that was a very exciting—

CP: It became a high priority, in terms of interest though, for the appropriate Florida folk.

MK: Yes, it was very good and some of the legislators were there and the governor did come, there he did blow in, blow off, and blow out; but that was all right, he did the keynote speech which I had helped some of his staff to write. So, he said all of the right things.

So, that was kind of the way we were moving along, fairly good interest in nutrition, making some inroads into a broader program, a more generalized program, getting nutritionists into county health departments. And it was very, very satisfying.

The fall of 1972, I went to the American Dietetic Association meeting and Isabelle Hallahan¹¹ who was the legislative lobbyist person for the American Dietetic Association was talking to a few of us who were state nutrition directors and she said, “I think you people have been asleep at the switch.”

She said, “A piece of legislation just was added to the Child Nutrition Act,” which was of course was legislation for a school food service and then later child care food services, she said “This new piece of legislation is probably one of the most important pieces of legislation for public health nutrition and I bet most of you don’t even know it happened.”

And that was the beginning of the WIC program. Because Senator Hubert Humphrey had a mentally retarded grandchild and it was about that time that they were talking about the role of nutrition in relation to mental development.

He began to look at school feeding was too late, preschool feeding was too late, you needed to get to the women while they were pregnant and the infants. The only way to do that would be to

¹¹Isabelle A. Hallahan was a notable New York dietitian who fought for licensure of professional dietitians in the 1960s. She held many titles in professional organizations, among them, President of the American Dietetic Association and Speaker of its House of Delegates; President, Secretary, and Chair of Delegates of the New York State Dietetic Association, and President of the National Nutrition Consortium.

provide supplemental foods for women, infants, and children and that's what WIC stands for. So Senator Humphrey introduced a bill, well it wasn't a bill, it was a component of the reauthorization of the Child Nutrition Act, to take feeding essentially down to prenatal.

As soon as I got home, I talked to Dr. Gates and some other staff about what I had found out. And it happened that about two weeks later Emily Gates¹² was in the Tampa Airport, and who did she see walking along but Senator Hubert Humphrey, all by himself. And she went over and she talked to him and she asked him about this legislation. And he told her about it.

What happened though was, the legislation, the bill was passed and signed by President Nixon, but when it came to authorizing the money, he impounded the money. There were several advocacy groups that took it to court. By spring of 1973, a judge in Washington made the decision that the money was to be released. So, the Department of Agriculture, that was not too anxious to release this money, said that they were going to start with a very small number of states.

Again we were not included, but I was not totally unhappy about that because the first ten states that were to be included in the WIC program were to participate in a medical evaluation. Which ironically was to be conducted by the Department of Nutrition at the School of Public Health at the University of North Carolina.

And that was put together very, very rapidly and it was not necessarily one of the best pieces of research that was ever designed and the constraints that it was putting on those programs were tremendous.

However, again, an advocacy group went to the courts and said, This is the law of the land you cannot do this as a pilot project, it must be offered to every state in the country. And very, very rapidly during that summer the USDA [United States Department of Agriculture] issued

¹²Dr. Emily Gates was the first woman intern at St. Vincent's Hospital in Jacksonville, Florida. She was a practicing pediatrician in Stockton, California for 20 years. Dr. Gates became the Director of Maternal and Child Health for the State of Florida. She was interviewed for the Florida Public Health Oral History Project on February 12, 2002.

regulations for the WIC program. And I don't know, you probably weren't involved with it though because you were still doing epidemiology.

But the first efforts of the WIC program were to provide no startup money for this new program, that the administrative funding was 10 percent of the costs of the food that was distributed. In other words, 10 percent of what was distributed through the grocery store was available to run the program.

So, when you started the program you might have a dollar. Essentially, you had no money. So, we invited all of the nutritionists and by then we had about, I would say we probably had about 15 or 20 counties had nutritionists. I can't remember that, but we invited all the county health officers to send somebody, but mostly they sent the nutritionists.

And there was a meeting in the auditorium here with the representatives of the USDA. It was scheduled to be concurrent with a Florida Dietetic Association meeting, which was here in Jacksonville. And a number of the nutritionists that came listed into the USDA then, who came from that old surplus commodity program. They knew nothing about health, they knew nothing about nutrition, and they really didn't know much about food.

CP: What the new law said.

MK: And they only knew what the regs [regulations] said and several of the gals listened and left. They said, "We're going back to the Dietetic Association meeting; this program will never work." I had already talked to Dr. Sowder and talked to the people in financing accounts and to Emily Gates. And we had sort of figured out how we could kind of get it started. And she lent, Paul Boister (?) to work with us. So we had a little bit to go on. We also decided that we would offer the women color-coded coupons based on the four food groups. We were trying to do some nutrition education incorporated with giving them the coupons to spend at the grocery store.

Pause in Recording

MK: So, we got started and I think we started with Dade, I think Jacksonville was—I can't remember the counties, but it was a very small number of counties that decided they would risk it. The reason I remember Dade so vividly is that they anticipated that they could serve 15,000 people. Well, there is no question that there were more than 15,000 mothers and pregnant women in Dade County, who could use the program.

But there was no place in the health department clinics to handle that kind of volume of people. And they said that they would be able to fund the program with this 10 percent, but they couldn't. And before we knew it, they had really run us into the wall as far as money was concerned. All the other counties were much more conservative in the way they got it started, but that first few months were very difficult. Plus the fact that the legislation had been passed for two years. Almost 18 months of the two years—

CP: Had been spent arguing about the release of the money?

MK: Absolutely. So that by the time we started in February of 1974, the legislation was going to expire in June, because that was when the federal fiscal year was July first to June the thirtieth.

CP: That's enough to cause the nutrition director to go grey.

MK: Well, there were a lot of worries I can tell you. I won't go into all of them, but that fiscal crisis was really bad. But again, Emily Gates helped us with money and somehow we got through that.

Meanwhile, all the nutrition directors from the whole country were really lobbying with their senators and their representatives to reauthorize that legislation and I think it was almost June before we actually knew that it had been passed and I guess this time President Nixon decided he better sign it. So, that was really one of the biggest programs.

It had always been my philosophy that when you started a new program you put a lot of energy into it for maybe three, four, five years and then, hopefully, it would work on its own. I think that was one of my biggest disappointments with WIC. I don't think it ever has gotten to be on its own. It just consumed everybody's energy, it was overregulated, the law for that program was more detailed than federal regulations for other programs. There was no flexibility.

Those of us who worked among the states had a wonderful kind of network among us and we were constantly, constantly yelling to congressional offices and trying to explain how this program worked and what our needs were. Senator McGovern had a young man named, Alan Stone who came down and visited the programs.

He did a good job of trying to get—he eventually got 20 percent of the administrative, 20 percent of the food costs for administration. I think since then they have gotten more than that. But for us, that was doubling the amount.

So, it began to be able to work. It certainly accomplished what it was designed to accomplish. It made it possible for nutritionists to say to women who said they couldn't afford to buy the food, "We know you can't afford it; there is a way of having access to the food." So, that was really very good. But we were putting an awful lot of energy into that.

Meanwhile, along came HRS reorganization. The model, and you would know this better than I, that we understood of the HRS reorganization was really very inconsistent with our responsibilities for WIC. Because I believe, as I recall, there was a—

CP: —they weren't in congress at all.

MK: —an administrative arm, a program arm, and an operations arm.

CP: The program arm was planning.

MK: Yes, right.

CP: Use that term.

MK: We were being put into the planning. The money management for WIC was supposed to go to the administrative arm. The operations of WIC was supposed to go to the county health department.

CP: —with somebody else entirely.

MK: So, it kind of broke things up. When we were in Jacksonville, we did have a position; we had two positions in our office. By then, Paul had gone back to Child Health.

We had two positions to work with the WIC program that were purely administrative, and the nutrition part; our nutritionists could handle, because we were trying to integrate the nutrition education into Maternal and Child Health Services in the county health departments, not making it separate. That was hard to do, because the USDA wanted to be able to monitor every dollar.

CP: They want their own store front, that famous statement.

MK: Absolutely, so that they made it almost impossible if you couldn't say that this was all WIC, they didn't want any part of it. It became so ridiculous that the C and Y Project [Children and Youth Project] at the University of Miami was sticking babies for two samples of blood to do the hemoglobin and the hematocrits¹³, because the USDA would pay for one, but they wouldn't pay for the one that was being used to monitor the health care.

CP: Aw, man.

MK: They were really some very, very funny and not so funny requirements. But anyway, when we were transferred to Tallahassee, we were told that the bills would be paid by administrative services that they were going to develop a computer program to do that and that we should not keep anymore fiscal records.

CP: Whoops!

MK: Which we had always done with the Bureau of Financing and Accounts and worked very well with them. So, that we weren't supposed to be worried about the bills, we weren't supposed to keep the records of anything that had to do with money.

Also, that we didn't need the people that we had in the administrative positions. Those positions were adversely effective. We went to Tallahassee at a time when our WIC grant was tripled. It went from about two million dollars to nine million dollars, right at the time when we had nobody to work with that part.

Also, we were told not to have anything to do with the bills. We had also, in the early days of WIC, we had to work with Winn-Dixie¹⁴, Publix¹⁵ didn't want any part of WIC at that point, although a few of

¹³The hematocrit test reveals the volume percentage of red blood cells in blood.

their local managers did participate. But we worked with all of the big grocery chains and also some local nutritionists worked with some mom and pop grocery stores to get the program going.

The biggest chain that redeemed WIC coupons was Winn-Dixie and they were wonderful. Of course, they had their offices here. We had had an orientation program for the major supermarket chains and they all were very cooperative because they felt like they were doing something for people at the same time that they were making money; because the biggest beneficiary from this was the dairies, because milk was the biggest food item in that.

Everything had been very well handled up until we moved. Between us having to work back and forth just to get our staff moved and all these things, I had decided, I said, “Don’t worry about the bills, I’m not going to worry about the bills.”

I get a call from the controller from Winn-Dixie and he said, “We don’t understand what has happened. The state owes us a million dollars for groceries for the WIC program.” He said that - up until recently all the bills were paid in full and on time. [He said], “What has happened?”

And so, I explained to him about reorganization. He said, “Well, we don’t care about reorganization. The wholesale or the retail food business works on a very narrow margin and we can’t absorb that kind of a debt. What our plan is, but we don’t want to embarrass you, is to run headlines in the *Miami Herald*, the *Tampa Tribune*, the *Jacksonville Times Union*, all the major newspapers in the state saying, ‘State Owes Winn-Dixie a Million Dollars.’”

I said, “Just don’t put my name in it.” I said, “I’m with you.”

CP: And if you recall, it wasn’t only Winn-Dixie at that unique moment. Every vendor the state did business with was not being paid, if you remember.

MK: Anyway, they did rush around to pay those bills and in the process, I think some of them got paid twice. But, that was just the beginning of—

¹⁴Winn Dixie is an American supermarket chain headquartered in Jacksonville, Florida.

¹⁵Publix is an employee-owned, American supermarket chain with headquarters in Lakeland, Florida.

CP: Did the headline come out?

MK: Oh yes! It was the headline that really got everybody's attention for all those other bills we were talking about.

CP: It was a mess, man, oh man.

MK: It was a mess. Anyway, it was just a nightmare.

CP: It surely was.

MK: About that time I was telling Rebecca Bryan at the University of North Carolina, School of Public Health. She was telling me all these wonderful things about public health nutrition and students and all that. And I said, "Rebecca, you just shut up, and I am going to tell you what it is really like." And I started telling her all those horror stories and there were more, but I'm not going to take up your time with anymore, are we taking too much time anyway?

CP: No, you aren't.

MK: Anyway, about five minutes into the conversation she said, "Mildred, I am retiring." I don't know if you ever knew Rebecca Bryan?

CP: No.

MK: Great very southern lady. "I am wanting to retire and they are doing a search for my position," and she said, "I think you could do a very good job teaching students about what public health nutrition is really like."

CP: What it is really about.

MK: She said, "If you were invited for an interview, would you come?" And I thought, Wow, that is an escape hatch, I have had enough of this.

CP: Did you come to my office immediately after that phone call? Or did it take you two days?

MK: No, the negotiations went on for a bit, because Rebecca was not the search committee and universities only work with search committees. As a matter of fact, the chairman of the search committee called me up.

I wasn't going to tell this part of it, but it's funny. He called up and he said that they had my name among others and that they would like me to come for an interview, but that I needed to know that to be on the university faculty, one had to have a doctorate, and that one couldn't be in a tenure track position if you tried to work on your doctorate at the university that employed you, so that I would have to get my doctorate at NC [North Carolina] State in education.

Well, at that stage of my life I wasn't getting into anymore rats nests. I said, "Well, if that is the condition of employment, I don't think that I am interested." So, that was the end of that.

About two weeks later, the chairman of the department called and said, "When are you coming for an interview?" And I said, "Well, I guess I am not because I really want to see what the job responsibilities are before I would make a commitment to working on a doctorate," because that sounded like a full time job and the job sounded like a full time job. And I knew that you had to generate grant money on the university faculty.

So, he said, "I didn't ask you any of that, I said when are you coming for the interview?" So, I took the time, and I went; and Bernie Greenburg, who was the dean, he was one of the people that I saw.

And I said, "Well, I understand that you are really looking for somebody with a doctorate," and he said, "Well, we really would value your experience more than a doctorate." He said, "We have too many of them." I met with the students, and had a good conversation with them and sure enough shortly thereafter they offered me the position, and that's when I came to see you.

CP: (laughs) I remember the day.

MK: Meanwhile, one of the other things I did want to mention was, of course, my experience in all of my jobs, but primarily my experience in Florida gave me a lot of material to use for teaching.

A lot of the things that I have talked about, like developing a generalized program, a lot of the advocacy, and lobbying skills that I developed, there was an awful lot that I realized that I had learned on the job; that I thought students in a graduate program in public health nutrition should be exposed to in their training.

And what I found, especially in the early days in the late seventies by the late eighties, they were getting more pragmatic. But, in the late seventies, early eighties, they were still idealists; and when you talked to them about generating money, about budgeting, and about politics, those were dirty things.

CP: And their eyes glassed over.

MK: Well, they didn't glass over, they just kind of thought, Well, we don't know whether we like this teacher. (CP and MK laugh) But, I insisted that they really had to be practical and that these were skills that nobody taught me, that I had to learn at the federal and state level and that I was just preparing them for the real world.

And, gradually, they would go out and they would come back and say, We really learned a lot from you; thank you for exposing us to some of these things. Some of them who were really, really doubtful when they were learning it in school came back three, five, ten years later and then said, You know, now we know what you were talking about.

But anyway, that's why I brought this book, because there are a lot of people who have not been able to get a graduate degree, an MPH in nutrition and weren't exposed to some of these practical things. And this was the culmination of, really, what I learned from my federal and state experiences, but also what I tried to teach to students.

CP: Read the title, *Nutrition in Public Health*—

MK: *Nutrition in Public Health: A Handbook Developing Programs and Services.*

CP: By Mildred Kaufman.

MK: Right.

CP: That is tremendous. There is no substitute for experience. In my own school house, the professor that stood up, usually within the first few minutes, because I have been in the school of hard knocks. Before I got there, before I went into medical school, I had been in the school of hard knocks.

And the guys that had been there and done it, you could tell within the first five minutes, in contrast to those guys who had come up through the academic ranks, had read all the books, could quote all the literature, had no practical sense as to how to get it done at all. I really appreciate that, and it's probably unique.

MK: Well, it really when it came out it was very popular, because there was no book like it. And for about the first five years, it was really a lot of people's bibles. In fact, a nutrition director from North Dakota, I think, who did not have training in public health—she had a master's in nutrition—told me that she couldn't do her job without it. But now—

CP: Oh, that's nice.

MK: That was very nice. It was very nice in those— it came out in 1990, just about the time I retired. Public health has changed totally. Having retired and gotten interested in other things, I didn't feel that I could revise it, you know? So, it only came out once.

CP: I'll bet. Did it ask practicality for other than nutritionists, other public health professionals?

MK: It would, actually.

CP: I'm sure. It's crossover-able.

MK: It actually would, but I am not sure that anybody else read it, although—

CP: Well, I want to make the point on this tape because public health students at the College of Public Health view these tapes, and I want to make the point for them that your chapters on program development implementation, I'll bet is worth everybody needs to look at.

MK: Well, it stemmed from a very practical standpoint and stepping back into Florida, when we started that program with the trainees that we later decided to call “residents”, because they didn’t like to be called “trainees”, and “residents” sounded better.

CP: Yes.

MK: We sent them at Clay County Health Department—at that time, they had kind of a public health orientation for nurses.

CP: Yes.

MK: And we sent some of these young nutritionists there for as long as they had it. One of the things that they were beginning to do was community assessment and program planning. And that was, kind of, one of the areas that I really felt with the nutritionists in Florida, with all of the county health departments, we did establish a routine that when they did their program budget that they do a community assessment and a program plan with measureable objectives.

And we really got everybody doing that. That was a basis of a great deal of what I taught. That first semester was community assessment and the students would go to a county health department in North Carolina and they would do a community assessment.

And then the second semester, they would develop a program plan. That was one of the things that really got pretty refined as the years went on. Because, by that time, that was the buzzword, to do community assessment and develop “strategic plans” as they later became called. Developing measureable objectives, and I have been really surprised that people still are acting as if that is new news and it isn’t. We were doing that in the seventies, nutritionists in Florida.

CP: Let me tell you that HRS discovered it in the mid-nineties.

MK: In the mid-nineties? (laughs)

CP: The mid-nineties as an official something. (laughs)

MK: Well, what can I say?

CP: Yeah, yeah. I want to not make a comment about the WIC, but I personally, I retired in '87, and really had little contact with the policy level of public health in the state since that time, but I am disappointed to see that WIC is the tail that wags the dog.

MK: Absolutely, I have said that every time.

CP: For matters of nutrition, and as I still traveled around county health departments for any one of a number of not nutrition reasons, I am disappointed that the whole nutrition program seems to come out of WIC and is very tunneled visually to the objectives of WIC. Yeah, maybe that cardiac patient, poor. does need some nutrition counseling as doctor wants me to, but we don't have a nutritionist that can do that. That disappoints me so badly.

MK: Well, it disappoints me too; because, from the beginning, it seemed to me that it would've been much more cost effective to have integrated the nutrition education component of WIC into the whole program. And I will tell you the county that has really maintained their nutrition program, you know, like, what goes around comes around, Cindy Bartusick? was one of my students.

And she has done a fantastic job in Palm Beach County of continuing the good work that Ruth Baker had done and those before of maintaining a balanced nutrition program and of getting some county money so that they can do a lot of other things. And I think the other one that is kind of an interesting story is Clara Lawhead in Pasco County. You probably know Clara?

CP: Yes, I know Clara.

MK: Well, you know Clara was Mabel Bluebeard's (?) (inaudible) secretary.

CP: No, I did not know that!

MK: Mabel Bluebeard was the nutrition director in Hillsborough County.

CP: I didn't know that.

MK: And Clara was her secretary. And every time I would ever go to see Mabel, if I was just kind of out by Clara's desk she would talk about how she wanted to be a nutritionist. We would talk about how she might go ahead and go to school and get her education. And she did. And Clara is one of the most creative nutritionists.

CP: She is dynamic!

MK: She is dynamic. And she is the one who started the dietetic internship in public health that kind of relates to other county health departments.

CP: And she operates it out of Pasco?

MK: She operates it out of Pasco, although the interns are assigned to a number of the other counties.

CP: Yeah, that is understandable.

MK: She also got the College of Public Health to give the students a certain amount of academic credit for the courses that she teaches, so that when they finish the internship they can go on for an MPH to the School of Public Health.

CP: In the University of South Florida.

MK: So, you know I see some real glimmers, but I really— it is too bad that both the Department of Agriculture and the way they—and they have more sophisticated people running the WIC program now than they did back in 1974.

CP: I would hope.

MK: There are just so many ways that—one of the ideas that they did implement in Palm Beach County is to use some of their nutrition education for WIC money with a television program and do nutrition education on television for pregnant women and mothers of children. The WIC women could look at that, but any other woman could look at it too.

CP: Like, yeah! I love it!

MK: Well, I do too. (CP and MK laugh)

CP: But you and I are the has-beens.

MK: Some of these things just make common sense. There are just so many kinds of ways of reaching out through the mass media and so forth.

CP: Little bit of an imagination.

MK: The computer. So that it doesn't have to be so tightly and if they—

CP: Compartmentalized. You don't look at it like the budgeteer.

MK: Well I don't look at it like the person who is so narrow in their thinking that they can't see that you probably get more bang from the buck if you expand out the audience, than if you limit the audience and then you can count that this dollar. That is just like sticking the baby twice for that blood.

CP: That's sick. That's sick.

MK: Absolutely.

CP: We need somebody innovative out there to develop a system to get around that. We need another brain to talk them out of it. And how can we integrate. Well, Ms. Kaufman this has been absolutely informative.

MK: Well, I have enjoyed it.

CP: I have thoroughly— what have we left out?

MK: Well I am sure that we have left out a lot of things, but I don't think we want to take another—(CP and MK laugh)

CP: Some of those you don't want to talk about.

MK: Well, no not that. I think I was pretty open and frank.

CP: Yes, you are.

MK: I have talked about a lot of things that maybe you might want to edit out.

CP: Now, the fact that you have been a good student of the process; a lot of people sit and watch history in the making but have very great difficulty in joining it together into a narrative story.

MK: Oh?

CP: And you have done that so well.

MK: Oh, well thank you.

CP: And I have thoroughly enjoyed the story.

MK: Yeah, it was fun.

CP: Yeah.

MK: I didn't know I could keep talking, rattling on like that. (CP and MK laugh)

CP: And it is kind of fun. Let me then, in behalf of the University of South Florida, particularly the College of Public Health, the library system of the University of South Florida, and myself, just a thank you, sincerely—

MK: You are very welcome.

CP: —for coming by and spending this time with us and sharing with us, the current historians, but historians of the tomorrows, tomorrows, tomorrows who would be interested in the history of nutrition programming in Florida will have this for review. A significant contribution—or a significant chapter in the history of Florida's public health, and you have done it so well, and I do thank you so much.

MK: Oh, you are very welcome.

CP: And let me tell our audience that the day is February 21, the year 2000, and I am Skeeter Prather.

End of interview