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E. Charles Prather: We're privileged to have with us this afternoon Dr. Patricia Cowdery; an M.D. who's, far as I'm concerned, has spent her entire career in public health; and she's almost unique in that she started in public health before she went to medical school, and I really think she had some public health experience even before she went to college within the Board of Health laboratory system. So, she was—kind of had a career set, whether she knew it or not. I'm aware that she spent some time in private practice, but a short period of time between stints in matters of the public's health. She's a long time health officer for the city of Jacksonville; she is an employee of the State Board of Health, in a number of capacities, over a number of years; and spent the—more years than she will let me remember, formally in public health programming with the Florida State Board of Health; and I don't want to mention either, but her history and her knowledge of the action of the Board of Health goes back a long time, and because of that, it's a particular privilege to have Dr. Cowdery to be willing to come and just kind of reminisce with us about public health in Florida. Dr. Cowdery, thank you so much for coming out—

Patricia Cowdery: Oh, you know, you remind me of the—I grew up in public health, absolutely—

CP: (laughs) I knew that.

PC: My first memories were working in the old laboratory with Mildred Galton and Mun Kwan.

CP: Really?

PC: And I can't remember what year it was, but it was before med school.

CP: Yes. Can I ask when you entered medical school? That'd give us a handle—

PC: I entered med school in '44.

CP: In '44, and that was at the—in Philadelphia Women's Medical Complex?

PC: No, there was Temple University.

CP: Temple. I'm sorry, I'm sorry; I got you confused with another lady physician of our mutual acquaintance. All right, and you went there in '44, so it was '42 or maybe even '40?

PC: Probably '42 or '43, and—

CP: What'd you do?

PC: Worked in the old enteric bacteriology lab.

CP: Oh, you did?

PC: And learned the mysteries of typing salmonella.

CP: Oh, you did?

PC: And—

CP: This was as a college student or high school student?

PC: As—as—I think it was in the time between I grad—graduation from college and entering med school. I, you know—

CP: Okay, ‘44—

PC: In those early days, women didn’t go into med school very much, and I wanted to make sure I didn’t outgrow the idea, ‘cause it was a pretty expensive proposition to get started on, if you weren’t sure you were going to do it.

CP: Yeah, and at Temple too, and this was war years.¹

PC: This was war years.

CP: War years, too. Hm. But what brought you to board of health laboratories, though? It just was—

PC: I majored in bacteriology at college.

CP: Oh? Oh, you had? And where was college?

PC: Vassar.

CP: Vassar College. Ooh, that’s one of those ladies’ colleges?

PC: Yes, yes. A Seven Sister². (CP laughs)

CP: Yeah, yeah. And so, you had a bacteriology degree?

PC: I had a bacteriology background.

¹World War II

²The Seven Sisters is a loose association of liberal arts colleges in the Northeastern U.S. that are historically women’s colleges. They are Barnard College, Bryn Mawr College, Mount Holyoke College, Radcliffe College, Smith College, Vassar College, and Wellesley College.

CP: And you came here, and they let you practice it.

PC: Yeah, I thought it was very interesting, and this was a place I could do it and get paid.

CP: You got paid.

PC: Not a lot, but got paid.

CP: Yeah, but you were a Jacksonville girl.

PC: I grew up here.

CP: You—you enjoyed—yeah, you grew up in Jacksonville; as I'm recalling, you didn't graduate from high school here. Did you go to a private high school?

PC: Yes, I went to a private high school, but here in Jacksonville.

CP: Oh, okay, okay. I don't want to interrupt and talk.

PC: No, I just remember the lab. I remember Mun Kwan saying, "Draw the stool. (PC laughs)" (CP and PC laugh) We'd be opening all these damned samples.

CP: That was a good—you need to tell the audience that Mun Kwan is Chinese by birth and background, and a very accomplished parasitologist, and was—

PC: And artist.

CP: And artist. A very accomplished artist, as well.

PC: Yes, he was great. A parasitologist beyond belief, and that's how I knew him; and I was so amazed when he ended up a professor of art at the—where? Jacksonville University.

CP: Jacksonville University. After he retired from here.

PC: And has all kinds of one man shows, and—

CP: Worldwide. Worldwide.

PC: Tremendous, tremendous respect.

CP: As a playwright.

PC: But I knew him when. (PC laughs)

CP: I have to tell you a quick story about him. He, once upon a time, as a Christmas present, gave me a watercolor—personally gave me, as a gift, a watercolor; and he just presented himself to my office; and laid this wrapped up something flat on my desk, which I immediately recognized, even wrapped up, as a painting; and I opened it up very quickly, 'cause he had flipped on his heels, and was started out; and I says, "Oh, my gracious! An original Kwan!" Was my first remark to him; and he turned around and said, "Yes, done by hand." And out he went. (PC laughs)

PC: Well, his early paintings you could recognize—if you looked—the parasites that inspired them—

CP: Yes, yes, you could—

PC: It was very interesting. He got more abstract after that.

CP: In his early days.

PC: But you could—you could see, in his early paintings, these little old parasites that he was used to.

CP: Yeah, and for our audience, he's still—I think he's professor emeritus of art at the Jacksonville University.

PC: Yeah, yeah, yeah. He's older than I am, so he would be emeritus.

CP: No, now, that the emeritus be—

PC: But anyway, I would—anyway, he's no longer—he's not active; but I just loved being with him.

CP: How long did you work here, with the labs? And you were a formal employee, you were not a student? An intern?

PC: I was an employee. Each time I came.

CP: Yes, yes. Formal employee.

PC: A formal employee, and sort of bounced in and out as I went to med school; and then we had a hiatus, because of the war, where, originally, we were supposed to go three years straight, with no summers; and the H-bomb—or the A-bomb was dropped; and so, they—the war ended, so they didn't want us to finish in a crazy schedule; so they took us out of work for six months, so that we'd start back in September, instead of June. And so, I had six months, and I came back here; and I can't remember which one of my adventures here, with that one—I think it was the Earnest Hines Rapid Treatment Center.

CP: Oh, really?

PC: You know, the—the ship, I guess it was some of kind of ship transport—troop transport ship.

CP: Troop transport, and it was—

PC: They had that anchored at the foot of the—

CP: Alsop Bridge [in Jacksonville].

PC: The Alsop Bridge. You'd get it past the old six-sixty-six building—

CP: Right.

PC: And there was a gangplank that went up and down, so that people would not go on and off that ship without permission. And so, I would report there in the morning to do dark fields and run the lab; and it was in the very early days of penicillin.

CP: Yes.

PC: And people were getting, I think it was something like ten thousand units every four hours.

CP: Maybe that much. It really started off with six thousand units.

PC: Well, I can't remember exactly.

CP: That was the first—

PC: But they went through, and the patients were brought from all over—

CP: All over Florida?

PC: All over Florida; and they were berthed in all of these places and fed well; and the gals that gave the shots would go walking up and down the aisles—they weren't aisles. What do you call them? But anyway, calling people in every four hours, and they'd go, "Shot time! Shot time!" Up and down the aisle. (PC laughs)

CP: And then the patients would drop their pants, and go—

PC: And they'd go in, and get their shot, and go back to playing cards.

CP: We need to tell our audience that this was for syphilis.

PC: Oh, this was for syphilis. Yes, this was the rapid treatment center for syphilis. And I guess it was the first—in the wave of the first being able to treat syphilis rather than rub in mercury and all that those drag things.

CP: It was a real treatment—cure for syphilis.

PC: Yes. It was amazing.

CP: And you was on the ground floor of that.

PC: Well, I was on—at least, on boat.

CP: Yeah. This, let me remind you—no, not remind you to tell our audience that this grew out of the war effort for doing something about syphilis, because a positive syphilis test was reason for deferment from the draft; and we had a lot of people, particularly in the south, who were drafted and found to have syphilis.

PC: That's right.

CP: And so these rapid treatment centers grew out of that need to do something about it, and there were a number in the US, and it just thrills me that you were on the ship. I'm very familiar with that history, but I didn't participate.

PC: Well, it was a very interesting thing. I think, in the beginning, the thing that impressed me, was you had get permission to go on up and down that gangplank.

CP: Even you, as the laboratorian?

PC: Well, it was up, you see, and you had to get somebody to let it down, so you could get off.

CP: Oh, and someone there was controlling it. Now, going out of that, and beginning in about mid '45, '46, permanent sites were established as rapid treatment centers; and the one for our area was in Brevard County in Cocoa, an old military base there. Did you get involved with that, as a (inaudible) site?

PC: No, we had—no, we had an extremely active V.D. clinic here in Jacksonville.

CP: Yes.

PC: But I guess that was after the technique and the art was all put down in stone.

CP: Fair enough. And the penicillin flowed like wine. I've also read—participated in your Jacksonville—you had a semi-rapid treatment center, but it was a day—patients came in by the day, and we had twenty-four hour penicillin, and two that was in peanut oil.

PC: Oh, yes. People bitched about that.

CP: Man, it hurt. But it would—I had some of my earliest days there, in the Jacksonville V.D. clinic; but patients being treated to high doses, high doses: six thousand units per day. I was the one that had to collect their urine, and they would bring in their gallon jugs every morning, when they came to get their next dose, there were given another sterile, clean gallon jug to collect their urine; and the penicillin was reciprocated back out of the urine. You know, that's my beginning.

PC: It's fascinating that the amount of penicillin we pour into people—

CP: Today—

PC: I.V.³ and otherwise, just compared to the tiny bits that we used—

³Intravenously

CP: Yeah, just amazing. Just amazing. Well, that was a fascinating beginning, and this was in your medical school years, but you ultimately graduated from medical school, which you did in '44—

PC: Forty-eight.

CP: Forty-eight. Yeah, you told me you entered medical school in '44. Graduated in—then what happened? You were now—let me ask you first, what got you excited about medicine? Why did you want to go into medicine? What stimulated you?

PC: I hated playing dolls.

CP: You were a girl, too, and you hated playing dolls.

PC: I didn't like the things that little girls did. They bored me to tears. So, I just—I remember trading a doll I'd gotten for Christmas, in a very circuitous way, with the neighbor's little boy who had gotten a microscope for Christmas, and he didn't want it. So, I traded the doll for, I don't know, some comic books, and traded this for that, and ended up getting the microscope from Dave. So, it started early.

CP: Marvelous! Do you remember an age when you was doing this undercover bartering?

PC: I don't remember when I—I just gave—

CP: That's all right. And then you to Temple, how many girls were in your class?

PC: Six, I believe.

CP: Out of a class of what?

PC: A hundred.

CP: A hundred; that's a pretty large medical school class.

PC: Maybe it was ninety, but it was—

CP: That's still large.

PC: Maybe they beefed 'em up because of the war, also.

CP: They did, they did. Yeah, they did, all of them, on that jacked up program. All right. Did you have any interest in public health because of your two experiences before you got there, before you graduated, were you stimulated into community health in any way?

PC: I was interested in public health, but med school and internship over at the—what was the Duval Medical Center, which became University Hospital, which is now Shands Jax;⁴ but I got fascinated with clinical medicine, as well.

CP: Yes, yas, yes?

PC: The Saturday Night Knife and Gun Club in the emergency room, and all the babies being born in—

CP: In the emergency room.

PC: As you were moving from one place to another, and it was a challenging and fun thing, so I enjoyed clinical medicine, but I—you know, my roots were in public health, really.

CP: Yeah. Did you go into private practice immediately after your internship? You got married somewhere along here, and starting having babies.

PC: Yeah, I did, I got married just before I graduated from med school; and, gosh, it's hard to piece together, but I ended up with children, and [it's] very difficult to piece together a career in clinical medicine when you've got three kids.

CP: And young, and not too far apart.

⁴Shands Jacksonville Medical Center

PC: That are fairly close together, that always seem to get sick the same time my patients got sick.

CP: Oh, boy.

PC: And I just couldn't juggle all the balls of keeping a family and a practice both doing well.

CP: And both of them are first priority demands.

PC: That's right. So, that's what really put me back into public health on a full-time basis.

CP: And you could have some regular hours here, and predict your hours.

PC: I thought I could schedule things, and I could, to a certain extent.

CP: Okay. Well, what brought you in? What did you come—where did you start?

PC: Actually, I guess, while I was in med school, I started doing laboratory work with Dr. Hardy.

CP: Oh, you did?

PC: Wonderful experience. That would—must have been while I was in med school, because he had brought back from the Korean War stacks and stacks and stacks of charts of material having to do with cholera and diarrheal disease.

CP: Shigellosis, actually, I remember a lot of antibiosis.

PC: He needed the material in them collated in a way that it could be usable for publication and so forth.

CP: Yes, yes.

PC: And so, I would go through these charts, and record the number of stools and the temperatures, and how long they were sick, and this—just great reams of material about these diarrheal diseases and these messy, messy charts that he brought back with him.

CP: Yeah, as I recall, through the Armed Forces Epidemiological Board—

PC: I must—I know it must have been med school, because I was impressed that, when I got back, and we were in our G.I. series—

CP: Yes.

PC: In med school.

CP: Yes.

PC: They mentioned the simplicity of the Hardy swab, which was—people had been having a much more difficult time getting—

CP: Rectal swabs.

PC: A rectal swab, and his neat little—

CP: Tell us.

PC: Q-tip in a tube—

CP: In a rubber tube.

PC: In a rubber tube that had a bias tip.

CP: Yeah, and then you could lubricate that.

PC: And you'd lubricate it, it slipped right in, stuck your swab out, pulled the swab back into the rubber tube, label it, and send it on to the lab.

CP: A Hardy-Watt swab. Yep, Hardy-Watt swab.

PC: And there I was, in med school, and the physician—big professor was talking about the big improvement, now we had Hardy swabs.

CP: And so, you had to say—

PC: I'd just say, "I know him."

CP: "I've worked for him."

PC: "I've worked for him," yeah. (CP laughs)

CP: That's fun. Tell your—tell our audience that Dr. Hardy was Director of Laboratories.

PC: He was Director of Labs, and he was—

CP: For the State Board of Health—Florida State Board of Health.

PC: Yeah. Oh, a real gentleman.

CP: Super, first class gentleman.

PC: A very first class gentleman.

CP: And all the specimens that he had. He had been sent to Korea by the Armed Forces Epidemiological Board for the purpose of investigating the diarrheal disease among prisoners.

PC: Yeah, that's what—prisoners of war.

CP: And he carried a team, he carried a team of laboratorians and pathologists from here, from the state laboratory in Florida, there to do all of that. And they—

PC: Well, we had a good lab.

CP: Yeah, we did, and we had Dr. Hardy.

PC: We had Dr. Hardy, and I think we had recognition as an enteric lab.

CP: Yeah, he brought back millions of laboratory specimens, besides those billions of charts, too. And I personally got involved with all those millions of laboratory specimens of isolates of salmonella, and shigella, and multitudes of other things, and the classification of those; and this lab spent years classifying those. You mentioned with Doctor—with Mildred Galton, that you got involved with the typing of salmonella.

PC: Yes, indeed.

CP: I'm gonna' bet those were Korean War specimens.

PC: They could well have been. That's good. A very intricate process, in those days; I guess they do it P.C.R.⁵ now, but anyways, ours was—

CP: They've changed all the names since I was there. I don't know, they even changed the name of the bacteria, so I can't even talk to them anymore, no. But you came back; now, you were involved with that, and after your internship—

PC: After, I'll tell you when it became apparent I had to close my office.

⁵Polymerase Chain Reaction. A biomedical technology used to focus on a segment of DNA and copy it billions of times.

CP: Yes.

PC: And I wanted to go back to public health on a half time basis.

CP: Ah, yes.

PC: And I came back, and I talked to Dr. Sauder.

CP: Yes.

PC: And—

CP: And he was director of the Board of Health.

PC: He was the head of the Board of Health, and the big guy.

CP: He was the big boss.

PC: He sure was big boss; and he found things for me to do, working, gosh, with Sidoff over in—

CP: Chronic disease.

PC: Chronic disease. And then, they decided they needed to get more data about nursing home patients, and the medications they were getting, and the care they were getting, and just general information about who was in nursing homes. And so, I went to work on a, sort of, an individual basis getting information about nursing homes; I learned a lot about nursing homes since before they were licensed.

CP: I'll bet you did.

PC: And it was—

CP: Heck, your work probably was—it was kind of the precursor for licensure, wasn't it?

PC: It was, it was; because there was no licensure, and because of my data, we had, in Florida, particularly in Duval County, set up standards, and sort of graded people, and required inspections, and so forth. And when—I had a sanitarian, and a nurse, and we—and me; and we visited each nursing home at a regular interval, and filled out forms, and made them fill out forms; then, when Medicare came along, I looked at those, and I thought, Gosh, we're better than that. We did more than they did when they started out.

CP: Yes, yes, yes. That was your first job, on a part time basis?

PC: That was my first after, you know, when I was fully out of med school, out of practice, that.

CP: Yes.

PC: And it sort of grew from a half time, to a three-quarter time, you know.

CP: As your children aged.

PC: As my kids aged, I—and there was a little, you know, arrangement for their care—got little less complicated. But I'm not quite sure how I ended up out of chronic disease and into other areas of public health. I just sort of slid from one thing to another; got a tremendous experience with epidemiology, with chronic disease, with—

CP: Nursing homes.

PC: Nursing homes, maternal and child health, you know, health clinics, and how to gather data, which is an art that you don't learn in med school—

CP: No, you don't.

PC: Or learn, you know, what's valuable and what's not valuable.

CP: And how do statisticians lie.

PC: Yeah. And we didn't, of course, have computers, and so, very complicated cards that you stuck pins through to—

CP: Those are called McB?

PC: McB!

CP: "Marginal punch cards"

PC: That's right, the McB cards.

CP: Yeah, they were a godsend, as far as I'm concerned.

PC: Well, they were a lot better than one, two, three, four, five.

CP: They sure were. They were.

PC: Yeah, it was—

CP: I suspect you slipped from a place of need to a place of need.

PC: I think I did.

CP: But in the process—

PC: I was fairly adaptable.

CP: You got some tremendous experience, though.

PC: That is true. When I went—decided if I was going to be in public health, I wanted to be a real pro.

CP: Yes, good.

PC: So I went back to Johns Hopkins to get my master's in public health.

CP: Oh, you did? When did you do this?

PC: 1970.

CP: Okay. Oh, you've been in public health for years!

PC: I went to Dr. Sauder and—to see whether the state would sponsor me, and I was fifty years old. I said, “I don't know whether you'll get that many good years out of me.”

CP: They will.

PC: But I was sponsored, and I went up to Hopkins, and discovered how much I knew already.

CP: Yes, yes, through your day-to-day experience.

PC: I had just discovered a lot of stuff, just on my own.

CP: Great, great, great.

PC: But I—I had—Now, I've had my union card, I can tell politicians and people who were—by that time, I was a health officer of one sort or another; I could put my foot down and say, “This is it,” you know? “This is the truth.”

CP: “This is my union card; I know what I’m talking about.”

PC: “This is the truth, I know what I am saying.”

CP: Yeah. Where were you? What was your job at the time you took a break to go to Johns Hopkins?

PC: Uh, I was, I guess, the Duval County Health Officer, prior to consolidation.

CP: (Affirmative murmur)

PC: Yeah, that’s what happened: I was—when the State Board of Health was, you know, sort of shoving me around from here to there—

CP: Yes?

PC: They needed somebody in Duval County because Dr. Morgan was about to retire.

CP: Yes, he had been the long time Health Officer for Duval County.

PC: And so, I went over as a sort of second backup person; and then he retired, and I had never met the county commissioners, I didn’t know a soul over there; and I was on my way to MacClenny to do some public health something or other, and I was on the road; and I heard a news break saying that Dr. Patricia Cowdery had been appointed by the county commission to be the Health Officer for Duval County.

CP: Wow!

PC: And I turned around and went back to the courthouse where our offices were, at that point, and said, “What’s this all about?”

CP: “What’s this I hear on the radio?”

PC: They said, “Well, there wasn’t anybody else.” (CP and PC laugh) “Not that you were so good or anything,” (CP laughs) “just there wasn’t anybody else.” I said, “Gee, thanks.”

CP: You remember the year?

PC: (sighs)

CP: You don’t have to.

PC: I don’t. It was probably ‘62 or something like that.

CP: Okay. I remember your days as the County Health Officer, though.

PC: Yeah, it was before consolidation; and so, the city and the county, we each had our own little departments.

CP: Yeah, the city of Jacksonville and Dr. Ed Smith was—

PC: (Affirmative murmur) And certain things, the city politicians would not—I don’t know if they wouldn’t acknowledge they existed or what, but the county took care of those. We took care of all venereal disease, whether it was central city or not. We took care of all tuberculosis.

CP: Yes.

PC: And we did a lot of the child health stuff, because the argument was the kids move back and forth across the—they do, the city limits, and it’s better to have them all in one system.

CP: Yes.

PC: So, we’d—even though there was separate departments, there was a lot of crossovers.

CP: Did your relationships with the city—as Health Officers, yours and Dr. Ed Smith’s—

PC: I remember him well.

CP: Yeah, it was cordial, was it not?

PC: It was cordial—

CP: Y’all worked together okay.

PC: We had interned together.

CP: Oh, you were over at Duval?

PC: Over at Duval medical.

CP: Oh, you had?

PC: So, we knew each other well. There was a certain amount of defensiveness because the city—the county was part of the State Health system.

CP: Yes.

PC: And was there for professional—I mean, we had standards you had to—in order to be a sanitarian, you had to meet certain standards; in order to be a nurse, you had to have so many years, and all of this; and the appointments in the city were political, to a large extent. And so, we did not—it was very difficult to compare one to the other; and I think the city got a little bit defensive that we were just too hoity-toity with our requirements; that people, you know, have a college degree, stuff like that.

CP: And that the Health Officer be an MD.

PC: Yes, the Health Officer would be an MD.

CP: Yeah.

PC: But it was, all in all, it was a cordial relationship.

CP: I always felt that it was. From my vantage point, it seemed like y'all worked together very well.

PC: Yeah, I think the both of us had the well being of the community at heart, and he had to work with those politicians. I discovered after consolidation ended—I mean, started after the two departments merged, and I became the head. After Tom McGibbony did it first, for a year or so, and then I did it. That you have to work to work with those politicians.

CP: Yes, you do.

PC: I mean, the art of making them think it was their idea in the first place.

CP: Good, good call for the audience on how to cause programs to progress in the political environment.

PC: And when to give and when to not give.

CP: Yes.

PC: And so, I got more sympathy for him in that he had to—he had some very difficult politicians—

CP: Yes, yes.

PC: Some of them ended up going to jail, and they were not of the highest character.

CP: You served the city at—for our audience’s sake, the—‘65 or ‘66, that city in—the city of Jacksonville, and the county of Duval through a referendum of the registered voters decided to combine their governments; and you became Florida’s second charter government. County government, it is called; and you only have one government, and that governs all city and all county stuff, and all the functions came under consolidation; and we stopped having two health departments, we now have one, but we are called the city of Jacksonville; and in all circles, except for the state legislative elections, you are the city of Jacksonville; but when you have a Florida legislative election, you are the county of Duval.

PC: Well, we had two communities, Baldwin and the Beaches, that did not join; and so, they were part of the county, and therefore, they were our responsibility as the county health office, even though we city.

CP: Yes, yes, yes.

PC: So, it was very complicated; and when the law was driven up—drawn up, they didn’t know, you know, the unintended consequences that they abolished all districts. Among the things they abolished, because it was all going to be one, were the mosquito control districts.

CP: Oh, yes. You—

PC: And the mosquito control districts had their own—oh, lord, what are they?

CP: Funding source. They have a funding—

PC: Their elect—I don’t know they’re elected people or appointed people who run—

CP: Mosquito control districts?

PC: Mosquito control, and so, all of a sudden, there wasn’t any, and there was no way written down in the law of how to reconstitute it.

CP: Whoops.

PC: Whoops, yes.

CP: Whoops.

PC: But it—there were a lot little baubles like that.

CP: I recall, not vividly, but there was a lot of outcry about that mosquito control thing. 'Cause I think Duval, what is Duval County really, was covered by two mosquito control districts.

PC: (Affirmative murmur)

CP: Didn't you have two?

PC: There was a city and a county.

CP: That's right, that's right. There was a city and a county mosquito control district.

PC: And the city's was a primarily spray and catch basin, you know, they were the inner city.

CP: Yes.

PC: And so, there, they took care of catch basins, which was their primary source of larval; and the county, of course, was this huge area of woods, and swamps, and villages, and everything else; and so, the county had dredge, you know, ditch, and drain, and—

CP: Fill?

PC: Fill, and spraying, and all sorts of things on a grand basis; and I don't know whether we had helicopters that early or not, but we got helicopters along in the process, that we got secondhand from someplace; and I was taken up a couple of times in a helicopter, to

make quick inspections of, not mosquito control, but landfills, 'cause we could—they could pick me up and take me out to a landfill, boom boom, without having to traipse through all the back roads to get there. Except, I think they probably were called dumps, then.

CP: I think they were called dumps.

PC: Yeah, but I did not like that helicopter; you sort of slurped 'round to the side when you turn. I was chewing my nails.

CP: So, you—what did—did you continue as the County Health Officer while McGibbony—a General, Dr. McGibbony.

PC: McGibbony was brought in—yeah, he was a Major General, and was to be the head of the health and hospital accrediting system of the United States. You know, it's based in Chicago.

CP: Oh, oh, yeah, the Joint Commission hospital—

PC: The Joint Commission⁶—yes, that's right, he was; and somehow or other, they lured him down here; maybe because there was good weather, and a good naval hospital and so forth. So, they brought him down here, and he headed up the initial—

CP: Combined health departments.

PC: Combined health department.

CP: But he didn't do that long.

PC: He stayed with it nearly a year, I think, and then went on to a big federal project that was based here, in Jacksonville, but also involved, I think, thirteen other counties.

CP: Yeah, where did you fit in all—

⁶The Joint Commission is an independent, not-for-profit organization. Approximately 82 percent of the nation's hospitals are currently accredited by The Joint Commission.

PC: Oh, at that point, I was the Mental Health Officer, in that after the war, lots of money became available for drug treatment.

CP: Up in Mental Health?

PC: And that was scheduled as Mental Health.

CP: Okay.

PC: And so, I was detailed to write some grants and make some money, so that all of these soldier boys coming back addicted to heroin and other stuff could get treatment; and so, we—I wrote grants and, theoretically, this was to be a private, non-profit institution; the state didn't want it, and the city didn't want it; but it ended up a private, non-profit thing that I wrote up.

CP: And whose auspices were you doing this writing under?

PC: Under Dr. McGibbony, somehow.

CP: Oh, okay.

PC: Oh, you know, I'm not sure it was legal, but he told me to do—anything he told you to do, you did.

CP: But you was getting paid, though.

PC: He was a general.

CP: Yes.

PC: And so, I did it because he told me to do it; and so, we got this huge grant, which the city sort of bobbled and gulped, and said, "You know, all these millions, what are we

going to do with this?” And so, the mental health clinic, which was supposed to run it, didn’t have the expertise, which is not surprising. They dealt with a hundred thousand dollars is a lot of money, and this was big thing; and so, I just, somehow or other, pulled in lots of different groups and peoples, and ended up, eventually, it being a being a governmental operation.

CP: Under the auspices of city, county, or state?

PC: Under the auspices of the city.

CP: Okay, and McGibbony kind of sittin’ on the top of the totem pole.

PC: In the city, Dr. McGibbony sitting up there, and when I’d say, “God, I can’t do that,” he’d say, “Yes, you can,” and he’d walk out. You know, I would say, “Is that legal?” He’d say, “I don’t know.”

CP: Doesn’t make any difference.

PC: Doesn’t make any difference. You get it done; we’ve got to get it done. We’ve got all these boys coming home; we’ve got to treat them.

CP: We got to do something.

PC: Got to do something, that’s right.

CP: Yeah, and if we need forgiveness, we’ll get it later.

PC: Yeah.

CP: Yep. All right, but did you find yourself as the head of this activity?

PC: I was the head of the mental health section—Mental Health Division, and that’s when I went off to Johns Hopkins, that’s right.

CP: Was this an escape, to go to John[s] Hopkins?

PC: In a way. In a way. And when I got back, Dr. McGibbony was ready to quit; to join the—this big federal health planning business.

CP: That's right, that's right, comprehensive health planning.

PC: And so—

CP: Or hospital consultant.

PC: I—the head of the—well, it was not the mayor, but the mayor's guide, called me over and said, "Would you be interested in being the Health Officer?" And I looked at him, and said—You know, I wasn't—maybe this was ultimately practical, I don't know—I said, "Uh, I've got so many years vested in the state system, and the city does not, you know, recognize that, but I'd have to switch my retirement system, and I've got three kids to support, and I don't want to take a chance." And I said, "I've got to stay on the state retirement system." And he said, "Is there a law?" And I said, "Well, I've been told that you can't." He said, "Well, we'll see." And so, he got some legislators to waive the—

CP: Pass the cute little old law.

PC: Waive the requirement so that I could work for the city, and be under the state system.

CP: That was a useful precedent, though. You remember when the City Health Department was required to come under the Division of Health—of the latter days of the Board of Health, your precedent on that established a rather relatively easy transition for the city employees to become state employees.

PC: Yeah.

CP: You remember? And vice versa. Cause they had the same problem; they couldn't transfer our retirement system.

PC: Yeah, I—there’s—when you reach a certain age, you need that security feeling.

CP: Yes, yes, you do. Yes, you do.

PC: I’m glad I’ve got it.

CP: I’m glad you’ve got it, too. Yeah. All right, you wanna’—can you tell me the year?

PC: I took over the health department in ‘71, ‘72, I guess.

CP: Okay.

PC: I graduated from Hopkins in ‘71, so it would have been probably ‘71.

CP: And you continued, for the rest of your career, as the City Health Officer.

PC: I stayed there—

CP: ‘Till you [retired].

PC: Through four administrations, I was the only department head who did that; and I don’t know whether it was they couldn’t find somebody else or whether—

CP: They were satisfied with your work.

PC: I just kept them—you know, kept stroking them, and telling they were doing good things, and “let’s keep on doing it.”

CP: How to get along with politicians.

PC: That’s how—I learned a lot.

CP: Did you learn that in the school of public health or did you learn that through the school of hard knocks?

PC: I learned that just from seeing what worked and what didn't.

CP: That's the school of hard knocks.

PC: That's the school of hard knocks.

CP: Because you were eminently successful as the Health Officer. I want you to recall a little bit of HRS [Health and Rehabilitative Services]. The infamous term HRS came into being in '69, and you became Health Officer not long after that, and part of the HRS transition was the demand, the command that the City Health Department come under the umbrella of HRS/the division of health/a new Health Officer. Can you remember back and just talk about that transition a little bit? As I remember, you weren't a friend of HRS, nor, rather, outspoken—diplomatically outspoken adversary.

PC: Of?

CP: HRS.

PC: Oh. Of HRS. Not of state of public health.

CP: Not of public health. Oh, no. No, no, no.

PC: But—

CP: And I'm not trying to put you on the spot, and I'm not—I don't mean that in a bad way.

PC: I can remember going over to testify before the legislature on several occasions, where I could do it because, by that time, I was a city employee, and I could not—they couldn't get back at me.

CP: That's right; you were not a state employee.

PC: I was not—

CP: And you was a public health spokesperson.

PC: And so, I would go over there and put the points of public health across, and—

CP: Yeah, I remember that some smoke filled—

PC: I remember, once, one of the heads of HRS, in its middle days, I guess, called this district administrator over here, who was Lucy Haydee, and said “Who is that doctor that came over here as a Health Officer? She's got to be fired!” And Lucy just started to laugh; she said, “We can't. She doesn't work for us.”

CP: That was the beginning—that may have been the stimulus. Now, there were several of those episodes.

PC: Oh, there were.

CP: But I participated in some of the smoke filled, darkened rooms, working up an agenda to put the words in your mouth to come over there and speak.

PC: Oh, I can remember that, and also—

CP: And you did it. You did it so well.

PC: We used the Florida Medical Association as a cover.

CP: Right. There was a lot of that.

PC: To do a lot of public—I would be requested to testify by the Florida Medical Association, so they would bring me over for that.

CP: Yeah. It was so valuable, so valuable to the big scheme of things.

PC: I don't know how—it certainly kept them from riding too roughshod.

CP: Yes, they did.

PC: It kept throwing bumps in the road for 'em, which is what we needed to do. (CP laughs)

CP: Yep. You got any particular highlights you want to remember about that? About those days? A particular legislative meeting?

PC: Not really. I remember one where I was testifying, saying that the state health officer, the head of HRS, should be a physician. I mean, this business of having a social worker head up an agency which was primarily health did not—that does not compute; and so, I went over there and the head, I can't remember which was, at that point—

CP: Well, they had a bunch of them.

PC: There were a bunch of them, was—and he was a social worker, was arguing that social workers—he testified before I did, the social workers had—

CP: the broad—

PC: —the experience in administration they had degrees that were not medical, but they had degrees that—

CP: They were good doctors.

PC: They—well, they were able to run big systems, and they had administrative experience and degrees; and I countered with the fact that I had a degree in public health

administration from Johns Hopkins, and that I had been administering a multimillion dollar budget for about ten years, and we were doing very well; and so, doctors could be administrators. And that was the one that wanted me fired. Wanted me fired.

CP: That probably was Ingry. Probably was Ingry.

PC: That was, that's right. (CP laughs)

CP: Sounds like him.

PC: Yep. He did not like that. 'Course, he didn't change either.

CP: No, no, he didn't change an iota; but he'd be the one to holler "Fire! Fire! Fire! Get rid of them!" And he could it. Oh man.

CP: During those transition days, ultimately you become—you became HRS.

PC: Uh-huh.

CP: In, I don't remember the year, but you did—the City Health Department became a part of HRS—became a part of the public health system of Florida. Now, is—talk about those transitions, those transition years. You were the Health Officer while all that was going on.

PC: There was—they—the primary problem, during the transition, was personnel. The very different levels of expertise of the city and the state professionals; in that the county had been part of the state system, which like all state systems, is beaurcratized, and you have to be able to do this and you have to pass an exam to do that, and so, the people that were employed by the old county health department, you could look at their job title and you would know what their training was, and you'd know what they're able to do.

CP: Yes, you could.

PC: And then you looked at the city, and you had a lot of, sort of catch-as-catch-can titles, there was a whole group of people, who were employed for the specific purpose of going

out into the polling districts, when an election was coming up, and getting out the vote for the politicians that they represented, and whatever method they had to use, and in between times, so that they'd get paychecks, they worked for the Health Department in some unnamed way.

CP: Oh, boy. Oh boy.

PC: And so, we had to, because part of the law integrating us, was to—everybody was to have a job, nobody was to lose a job, nobody was to get a decrease in pay.

CP: That's right. You should have had a whole—

PC: And so, we were stuck with these fifteen or twenty ward healers. Who had worked for the health department, and you know, those were the kind—and also, for diplomatic reasons, you had to have some of the city people in supervisory positions.

CP: Yes.

PC: Working over some of the people in the county who were more skilled than they were, and so, there was a lot, a whole lot of friction and hard knocks, during that time, when—before we finally got everybody straightened out in a system where, at least, not that many people were angry.

CP: Yeah. Good. How many years do you think that—

PC: It's enough to make you feel like you've have your bath in administration doing that, I can tell you.

CP: I'll bet you had did. I'll bet you had did. How long did it take you to—this transition, from the beginning to you feel like you're on an even keel?

PC: Probably four, maybe five years.

CP: Really?

PC: Because you had to let attrition take care of certain things.

CP: Yes.

PC: And you were absolutely stuck with the law.

CP: Yes.

PC: You couldn't fire anybody, and you couldn't have your good people be supervisors, because you had to have some of the other system people be supervisors.

CP: You had to play the politics and the diplomacy.

PC: And it took a long time to get it all smoothed out.

CP: I'm remembering your Environmental Health Director, who was one of those, and not remembering his name, and I'm glad I don't, but that was a problem of major proportions.

PC: It was.

CP: It was supervising some trains out of turn, and apparently, that guy was totally incompetent.

PC: Yeah.

CP: But he was the boss.

PC: Um-hm.

CP: You know? You and I had conversations about that, and you explained to me how come they ain't nothing we gonna' do about that.

PC: That was one of those—one of those things you couldn't do anything about; because in the law, we weren't allowed to do anything about that.

CP: Oh, me. From your long experience, now, I want you to speak further to your relationship with HRS, as you grew up into it. Just talk about—cause you'd had a very good, seems to me, position as the County Health Officer; and then, you slid in, accidentally, as the City Health Officer, and you kind of slid into that, as it seems to me.

PC: I think I did.

CP: Yeah. So, you've been graced along, no problems, everything's working good, then suddenly, bap! Here's HRS. Now, talk about that.

PC: Uh—

CP: You suddenly had problems on your hand.

PC: Well, I—the problems that were most difficult was when the City Health Department had to combine with the State Health Department, which, you know, had the—had good standards, and high expectations, and so forth; when we hit the HRS, that was just a state-wide mess of not—politicians not paying any attention to the way needs had to be met. They gave all these diagrams of silos side-by-side (CP laughs), and how you provided service from here to here; and I remember one time, we had, at that point, sentinel chickens for our—

CP: Encephalitis surveillance.

PC: Encephalitis program, and they were, you know, scattered all around, and we had a real expert, old Mr. Milton.

CP: Oh, I know him. I remember him, yes.

PC: Who could bleed a chicken just like chopping a pill.

CP: He could bleed a chicken.

PC: He could bleed a chicken, that's right. And so, we would go out to these various flocks, and draw blood on the chickens to see whether they had any encephalitis bugs; and those reports would be sent, in the old days, directly to the Health Officer, if there was a problem. And so, one time, I got a call from Minnie Schreiber, on a Friday, in the lab. And she said, "Pat, I'm not talking to you right now, you're not supposed—you know, we're not supposed to be talking. But—"

CP: "I ain't called you, but."

PC: "But five of your chickens are positive, and it's Friday, and I'm supposed to send this information to Tallahassee, and then Tallahassee will send it back to you, probably Monday or Tuesday; and it's a weekend, and the mosquitoes are out; and so, I'll let you act accordingly." So, I called Paul in mosquito control, and said, "Old Plank Road is a hot spot. We've got to do something about it this weekend, because we've got a bunch of positive chickens, and we've got a bunch a mosquitoes," and so, he said, "Thank you very much," and so, they sprayed, by a helicopter, out Old Plank Road Way; and on Monday afternoon, I got this frantic telegram from Tallahassee, telling me positive chickens on Old Plank Road.

CP: Oh, man; oh, man.

PC: It was a messed up system—

CP: That's terrible.

PC: Where communication, medical or health related communication, had to go through this gosh-awful system of, I don't know, filters over in Tallahassee that everybody had to know what everybody was doing, and the two people who needed to know what was going on, in order to take action—

CP: The last to learn.

PC: Were the last to learn. I mean it was a—I'll use a polite word, it was a messed up system.

CP: Oh, man; oh, man.

PC: And so I—it was just the politics of—I don't know whether he was a dreamer or what, thinking he would improve the healthcare system by having health and welfare and all of these things in one business, but it was too big.

CP: I'm convinced that he was misguided, except there was two of them, they were misguided and were sincerely believed that they had the solution to the problem.

PC: They surely did. I mean, they were not evil or not thinking they were, it was nothing Machiavellian about it, but they sure did mess it up; and it never has straightened out, I mean, they pulled health out onto its own, now.

CP: The total of HRS, as we know it, has been dissolved. Everything has gone its own, individual ways. Not even the name remains. Did you know?

PC: Hooray. Well, you know I'm out of the loop so much that I don't know what's going on too much.

CP: The new department of health two years now. A new department—Florida Department of Health.

PC: I knew it was a department of health, for sure.

CP: Secretary. Headed by a secretary.

PC: But I thought that they still had children's services, and mental health services, and—

CP: They do. There's—

PC: AFDC, you know, all of that was still combined, I guess it's not—

CP: It is. No, no, children's medical services was department of health.

PC: Yeah.

CP: But AFDC—welfare, the old welfare department, is back; it's called the Department of Children and Families, and its anomaly is mental health. Mental health belongs to it, but there is a movement afoot to bring mental health into the proper family.

PC: I—since my retirement, I've been involved with several programs; and one of them is the drug and alcohol system at Duval.

CP: Yes, yes.

PC: And they would like very much to have their state contacts be under health, rather than under children-families.

CP: It's a philosophic guidance, even though the philosophy that guides that department is appropriate; but it's an inappropriate administrative philosophy for mental health services. That was the problem with HRS. For your general interest, I've been in touch with one of the two—been in touch with both sponsors of that infamous bill of 1969, and of 1974, that we called HRS; and they will be sitting in this chair, in due course—one will; the other one is—Alzheimer's has caught up with him real badly.

PC: Well now, Sandy D'alemberte was—

CP: He was partial. He was not the brain back up at—

PC: He wasn't the main one.

CP: No.

PC: Well he—so, he—they seemed to genuinely think, well, it's like people think that all of these HMOs and complicated systems to provide healthcare are the answer.

CP: That's right; but we're learning, aren't we?

PC: They're not quite the answer.

CP: No, they're not quite the answer. From all your years now, in being the Health Officer, and being very, very much a part of the Public Health System; and for the audience, I want you to know she's quite humble, this Dr. Cowdery is, but she was a very prominent player in public health policy and public health action in this state for many years, and you can't tell that from her humility, right now—not her humility, her humility right now. Let me ask you—I'm telling them that you were this player; pinpoint some highlights of your total career.

PC: I think that some of the early ones, of going on the ship, you know, the rapid treatment center?

CP: Yes.

PC: That was, you know, that stands out as something that was very different. I think that the first mayor's staff meeting that I went to after I was appointed the department chairman for the city's department; which was health, welfare, mental health—

CP: Oh, that's right.

PC: And bioenvironmental services, which had all of pollution control, toxicology, toxic spills, EPA, all of that was under it, too.

CP: Thank you for saying that. I was aware of that, and we've been talking local health officer, but you were unique in all of Florida, 'cause you were head of that department that had everything under the sun in it.

PC: Headed by a doctor.

CP: Headed by a doctor, too.

PC: That's right. It made a big difference.

CP: Yes.

PC: It made a big difference.

CP: Now, you went to your first council meeting.

PC: I went after they—I was appointed in '72—'71, '72, as the director of that department, and they had never had a woman. You know, I was the first woman department chair. So, I walked in, and all of the guys didn't know where I was supposed to sit. I'm supposed to sit at the big table, with all the department directors.

CP: Yes.

PC: And that was a funny, you know, a funny little episode. Just like when I was lucky enough to be able to choose my own division chiefs, because most of them retired with Dr. McGibbony, the older ones.

CP: Yes.

PC: And so, the head of bioenvironmental services; which was pollution control, in a large sense, dealing with EPA, dealing with water, dealing with everything. The best candidates were retired military engineer types. So, I had some very good ones, but they weren't accustomed to working for a woman.

CP: Oops.

PC: And it was so funny (CP laughs) to get the—you know, the staff meetings, they would almost say Yes, sir. (CP and PC laugh) You know, a question of whether they were supposed to stand up or not stand up, and so, it was a very interesting time.

CP: That was fun.

PC: Yeah.

CP: But your background in training and experience taught you well how to manage that.

PC: Oh, yeah, it was a sense of humor. (CP laughs) A sense of humor.

CP: That's cute. That would be a highlight, and that would go over a period of time, as every time you brought in a new one, you went through the same thing.

PC: I think that after I broke the ice, they got—two or three years later, they began to bring in other women as department chairs, and—

CP: Oh, good.

PC: People were used to it, by that time. (CP laughs)

CP: What were some of your lowlights, in contrast to highlights?

PC: That god-awful mess of trying to merge two sets of personnel with totally different training, and a law that didn't let you do it the way it needed to be done. That was really the absolute—that was the pits.

CP: Yeah, and you already told us, it took four years to get through that.

PC: Yeah, and it had to be done, and nobody else was gonna' be able to do it any better.

CP: That's correct.

PC: And so, it had to be done.

CP: And it was accomplished very successfully.

PC: It, we got through it. We got through it.

CP: Yeah, you did.

PC: We, you know, sponsored for those who would get caught into it; training to upgrade people, so that they could supervise, do things like that. So, we got over it, but that was a—I didn't enjoy that one.

CP: Now, I want our audience to know that your long experience in Duval, part of this, you're now a member of a committee that's charged for operationalizing a state museum of public health in medicine, located here in Jacksonville, are you not?

PC: I just got a letter recently.

CP: Yeah, that you're appointed to that committee, and the experience that you're—the experience that you've had here, to bring to that committee function, I think, is just astronomical; and it pleases me, when I read you were a member of that committee. To have spent—for the audience's sake, it is the original state board of health building, built in 1911.

PC: That was a beautiful old building.

CP: It surely was a building—old building, and it still stands; it is not occupied, it's been condemned; but through federal and state money sources, the building is being refurbished to its 1911 appearance, and the legislature has spoken that it shall be used as a museum of Florida public health and medicine [The Wilson T. Sowder Florida Museum of Medicine and Public Health]. When it is refurbished, for our audience, Dr. Cowdery, I want them to be aware that you've been appointed as a member of a committee to operationalize, if that's a good word, a museum for Florida—a Florida museum for public health and medicine located in the original building of the Florida State Board of Health. A building that's referred to as the Julia street building, which is presently condemned, but the more and more public health action in Florida, in essence, began in that building; but through the wisdom of legislature, and funds from the legislature and federal sources, that building is being refurbished; it's not been in use now for many years, it's been a condemned building in bad physical shape; but—

PC: It was a beautiful old building.

CP: Yes, it was, and you got your start in public health at that building.

PC: I did indeed.

CP: And I want to report that I got my start in public health in that building, but it's been refurbished to its 1911 appearance, and will be a Florida museum for public health and medicine.

PC: I hope that's true.

CP: And I hope you have some artifacts that'd be from your experiences here.

PC: I'm not a packrat. I really am not.

CP: Oh, you've got something.

PC: I'll try to find something. But I—at this point, at my age, I'm trying to clear stuff out instead of—instead of collecting.

CP: I understand, yes; but it pleases me that you're a member of that committee.

PC: I am delighted to be—

CP: 'Cause I think you have a lot to bring to the deliberations of that committee.

PC: Well, you know, after I was in different places; visiting in Iowa, visiting in New Jersey, visiting friends in Connecticut, visiting various places; I would look at their public systems, and they couldn't hold a candle.

CP: They don't have a public health system, compared to your—

PC: They had little—a nurse in this county would be visiting schools, and a nurse in that county would be doing something else; and I'd say, "Well, how about the restaurants?"

How about the landfills? How about, you know, when a disaster happens, who responds?”

CP: They’d never thought of it.

PC: Don’t know.

CP: Never thought about that.

PC: I just don’t know.

CP: Yeah, and in New Jersey, their state health department pure latency. Yeah.

PC: There was—I kept thinking everybody had one, but no.

CP: No.

PC: No, they didn’t have doodily-squat.

CP: No, it’s only in recent years that every state has had an operating state health department. Two there’s—where there’s some, and It’s since manning your professional career, started as that—as that so. Hm. What have we left out?

PC: You know, I think maybe some of the big toxic spills that we had that—

CP: Yes, oh, boy.

PC: That, where, we had a big pesticide plant, over on the west side, and it—something happened over a weekend, and it blew up; it messed everything up; and the stuff was potentially very toxic, and so, I called the emergency response teams in Atlanta, with EPA, and was discussing the material with them; and the woman who was the head of that particular section, she said, “Thank God I’m talking to a doctor.” She said, “I’m usually talking to the sheriff or the fire department,” And she said, “Trying to line up somebody from your community, who would know what was what, would be

impossible.” She said, “Oh, it is so good that I’m talking to a doctor.” And I thought, “That’s the organization that we have.”

CP: Yes, yes, yes.

PC: “Usually, I’m talking to the sheriff or the fire department.” (CP laughs)

CP: That’s great. Did- If you were ever to give advice to a graduate public health students, what would it be?

PC: Well, I would tell them it is one of the most exciting and challenging careers; that I’ve sort of backed into it because I could schedule time with my children.

CP: That’s an advantage, though. That’s an advantage.

PC: And would not—it wouldn’t interfere with family life so much. I had no idea that it was so much fun—

CP: At that time.

PC: That it was so challenging, and that you make an impact.

CP: You cause a difference. Yes, you do.

PC: When I was practicing private practice, my patients loved me; and, you know, I would treat a sore throat, I would diagnose appendicitis, I would take care of somebody’s foot fungus; you know, I would do this, and they would all think it was fine; and, at the end of the day, I had treated all these little people; and it didn’t make any difference.

CP: Not really.

PC: And when you are in public health, you make a difference. You really can make a difference.

CP: Yes, you can.

PC: The community is your patient, and you treat your patient; and it's an exciting career; I would not tell anybody that, you know, it's meant for—

CP: Wimps.

PC: Dummies that can't make it or women or anything. It's a great career.

CP: Yeah, it is not for wimps. That's good. Well, what else have we left out?

PC: I don't think there's anything else; you've sucked me dry.

CP: No, I don't think so; but let me do tell you, Dr. Cowdery, on behalf of the College of Public Health, especially at the University of South Florida, and the university's library system, I just thank you sincerely; and for myself—

PC: I enjoyed it.

CP: I thank you sincerely; and it's been so much fun reminiscing, because a lot of this I had not preliminarily thought of; I'm fairly familiar with the larger picture of your career, but not the details of your career, 'cause you and I have kind of been in this together, in the same city, for a long time, so—and you was one of my favorite people—

PC: Well, thank you.

CP: In spite of the fact that you're a woman health officer.

PC: And, you know, I remembered things today that I hadn't thought of in years.

CP: Yes.

PC: It's been fun.

CP: And it's fun, the free association.

PC: (Affirmative murmur)

CP: The free association, and remembering; and you've painted, and in a number of ways, what, to me, is a very, very significant chapter in the history of Florida's public health. You're not the first woman health officer—

PC: No.

CP: You know, we've had many, and they have all been outstanding. I thought of that when you said earlier that you're the first woman in the department had ever had. I immediately had flashbacks to the woman Health Officers that we've had, and they have all been outstanding. Every one of them. There's many of those who are still in public health; there's a number of those who left public health, though; who, and I think of three immediately, that went on from Florida positions of local health officers to make very, very important contributions in larger ways. One, coolly enough, became the head of the Department of Pediatrics at one of our major medical schools; another one continues to be the chair and professor of obstetrics and gynecology at a major US medical school. Those two, and a third is somehow associated, but I don't know exactly her title, at the moment. I think of three of names, immediately - very reminiscent of yours. You started, you got, "that's now exactly I'm gonna' do, is a convenient sort of job," but you got hooked.

PC: Well, you walk down the hall, and you see a door open, you got to go through it.

CP: That's right. So, let me thank you, Dr. Cowdery, truly, for taking the time to come and share with us; for students of history today, and students of history tomorrow, will watch this tape with great fascination.

PC: Oh, my.

CP: And I'm sure; and let me tell you that today is February 22 of the year 2000, and I am Skeeter Prather.

[End of interview]