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**Charlton E. Prather:** It is truly a pleasure today to have with us Dr. Richard M. Ames, DDS, MPH, who was the longtime director of dental health with the Broward County Health Department in Fort Lauderdale. He is here to review with us the fascinating and interesting history of public health dentistry in this area, and I'm sure he is going to make some comments about the state programming and national programming in dental health.

So it is with great excitement that I introduce Dr. Richard Ames and, on behalf of the College of Public Health at the University of South Florida and the university itself, I say thank you so much for agreeing to come by and sit with us awhile and talk about the so important aspect of public health programming, dentistry.

**Richard Ames:** Oh, thank you. Well, I have long wanted to have a chance to sit down and talk with you too. (laughs)

CP: Tell me, what got you interested in public health dentistry? That's not really common among dentists.

RA: Oh well, I understand that. I have to give you a little bit of history about myself.

CP: Oh, please do.

RA: I was born and raised in Daytona Beach [Florida].

CP: I won't hold that against you; that's okay.

RA: That's all right. And I went to the University of Florida for my undergraduate training.

CP: Very good.

RA: And I started out—I wanted to be an architect.

CP: Oh, you did?

RA: But it seems like the good Lord decided that my bridges would be much smaller in dimension. So about in my junior year, I decided upon dentistry, partly influenced by my personal dentist at home and partly by some of my friends that I was going to school with. I wanted a profession where I could help people and to garner a[n] adequate income, care for my family, and have some of the things I didn't have when I was growing up.

And so, I was fortunate enough at that early period in my life, about 1957, that I applied for and received a scholarship from the Florida Board of Health for the study of dentistry. If you recall, back in those days, there was no University of Florida College of Dental Medicine. And so, the only schools that we really had available to us were out of state, like Emory in Atlanta or the Medical College of Virginia in Richmond or Baltimore College of Dental Surgery, and so forth.

So I received that scholarship and I applied to Baltimore College of Dental Surgery, but unfortunately, in my junior year I—between trying to work and take some courses that were slightly above my head, I got on scholastic probation. And so, Baltimore College says, Hmm, we are not so sure that you can come next year. But I had also written a couple other applications and one to [the] Medical College of Virginia said, You all come. So I called them back and said, “Are you sure you want me? You know where I am at scholastically?”

And they said, “No problem, you finish 97 hours of credit, be here in September.” So I went. The nice thing was is that [the] Medical College of Virginia accepted ten students from Florida, whereas Baltimore only accepted two. And if I had gone to Baltimore, I was number five on the list. So it worked out that way. Well anyway, I wanted to go—

CP: I think the good Lord had his hand on your shoulder.

RA: Oh absolutely, no doubt about it. It's always easier to see the footprints when you look back.

CP: Yes, it is.

RA: You can't see them when you are looking ahead. So I went through dental school, graduated, got licensed in Virginia, came down to Florida, got licensed here. But in repayment for that scholarship, I needed to practice in an area of need for five years. Now, you probably remember Dr. DeCamp<sup>1</sup> who is the dental director and his assistant who is a doctor Delmar Miller<sup>2</sup>.

CP: Very well.

RA: So I went to a little town, my wife and I. I got married my senior year, just before my senior year. So on our honeymoon we came down to Florida. We looked over the areas that they wanted me to practice in. Well, most of it was in North Florida, which I was not used to but one area was Pahokee, Florida, down on Lake Okeechobee. And that's where I decided to go and that is where I practiced for a little over nine years. After I—

CP: In a private practice?

RA: In a private practice. I started out in another man's office. He really did not like to treat children. He had lots of adults, and he had lots of kids. So he asked that I would take all the children patients, which I gladly did. And from day one I had a full appointment book of patients, from the first day.

Many of my classmates didn't have that. It was full all the way up until December 15, 1970 when I closed the practice and sold it to another dentist in West Palm Beach. Well, in the interim period of time, for six years, I was in another man's practice and then I bought an office for myself, and—

CP: Still in Pahokee?

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<sup>1</sup>Floyd H. DeCamp, DDS was the director of the Florida Bureau of Dental Health from 1949 until 1967.

<sup>2</sup>Delmar R. Miller, DDS, MPH, was assistant director of the Florida Bureau of Dental Health under Floyd H. DeCamp, DDS.

RA: Still in Pahokee. And I really got on my own at that point. And I found out after about a year and a half, two years, I really wasn't happy at that, that it wasn't really what I wanted. Though I thought, for a number of years, that's exactly what I want.

CP: I am in my niche.

RA: Yeah. Well, I saw an advertisement for a Head Start program<sup>3</sup> up in Live Oak, Florida. And I thought, Well, that sounds interesting. But I wasn't too sure, so I wrote a letter to the board of health, to Dr. DeCamp's office, and asked for information. Well, by this time, 1956 I guess it was, 1966, Dr. DeCamp had retired, and Dr. Farrell<sup>4</sup> became the director.

And he wrote a letter back. And he said, "Yes, this is a legitimate program; however, the state also has a career service program." So I thought, That's interesting. That sounds a lot more stable. So I filled out that application, and the Head Start program stayed on the desk. Well, about six weeks later, I got a call from a man, Tub Thompson<sup>5</sup>, who was the administrative director here at the health department.

CP: Director of administrative services.

RA: Right, a business manager at that time. And he invited me down for an interview. Well, Tub Thompson was an ex-marine. He stood about six foot four, had flowing white hair, and he was a kind of individual that could make a gnat feel like he was an elephant. He was a people promoter.

He had a way about himself that was very, very encouraging. I would call him a Barnabus<sup>6</sup>, if for no other name. And so, I came down, and I spent a day with him, and we traveled around Broward County. We went to the health department and we talked about the need in Broward. Dr. Hughes<sup>7</sup>, who was the health officer at that time, wanted a dental program. They had started a dental program here. Matter of fact, it started back with the health department in 1957.

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<sup>3</sup>Started in 1965, the Head Start program was created by the US Department of Health and Human Services to provide comprehensive healthcare services to low-income families and their children.

<sup>4</sup>Edward W. Farrell, DDS, MPH, was chief of the Florida Bureau of Dental Health.

<sup>5</sup>Homer W. "Tub" Thompson (1916 – 2007) played college basketball at the University of Kentucky and professionally with the Indianapolis Kautskys. A Marine veteran of World War II, he moved to Fort Lauderdale, Florida, in 1958 and was employed by the Broward County Florida Board of Health until his retirement.

<sup>6</sup>In Acts 4:36-37 Luke translates Barnabus to mean "son of encouragement." Traditionally, Barnabus is viewed as a biblical figure representing service and support.

<sup>7</sup>Paul W. Hughes (1918 – 1989), MD, MPH, was director of the Broward County Health Department from 1949 – 1983. Dr. Hughes focused on the promotion of healthy eating, physical activity, tobacco cessation, and vaccinations.

But the only dentists that they had were preceptors<sup>8</sup>, who were unlicensed dentists. And they would stay for a year, and then they would leave, and then somebody else would come in. So they never really had what Dr. Hughes felt like was a legitimate public health program. We just did clinical dentistry.

So they wanted a licensed dentist because the state board had decided to discontinue all those preceptor certificates in county health departments. And part of that was because of the Head Start program, which is another story—government funded. So they were recruiting a licensed dentist and I came down. And after that day, I went back home and I told my wife, “This is what I want to do!” I was so on fire.

CP: (laughs) Tub had done his job on you.

RA: He really did. And I felt like I could do that. So we had a tentative agreement, and I had a letter saying—this was like in August. And we had a letter that I would come to work for the health department in October. So I went back. Well, I had to dispose of a practice and an office building, a home, find a new home down here; a lot of things to happen in a few months.

Well, when I got back, my family was willing, but evidently it wasn’t time yet because I couldn’t sell my practice. I had previously, just about a year and a half before that, I bought a house, converted it into an office. I had bought another room of equipment. And so, I had some debts and I just could not close the door and walk away from it. And I didn’t feel like that was fair to the patients too, because about 65 percent of my practice were children.

So I thought, Well, maybe that’s not for me. So I called Tub back and Dr. Hughes, and told them I appreciated it, but I could not dispose of my practice the right way at this time, and I just have to put that on the back burner. So I plow myself back into my practice. Unfortunately, I became even more frustrated.

The following summer I had a dental appointment with one of my classmates down in Delray Beach, and on my way home, I stopped in Lantana. And I thought, Well I’ll call Tubs and see what’s happening. So I called him up, and I asked him had they filled the position? He says, “No.” He says, “Matter of fact, the job is still here waiting for you, if you can come next week, next month, first of the year, whenever. The job’s yours.”

So I said, “Well, if my wife is agreeable, I will be there the first of January.” Now, this is in August. I gave myself a few more months. And so, I went back and talked to my wife, and she said, “If that is what you feel like the Lord wants you to do, I’m with you. We will do that.”

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<sup>8</sup>Dental preceptors work under a licensed dentist to provide dental care as part of on-the-job-training.

So needless to say, I went in earnest to try to sell the practice.

And a couple of months, two or three months passed by, and I had a lunch date with a dentist from West Palm Beach, an orthodontist who I had been referring patients to because there were no orthodontists in Pahokee. There was only two dentists there anyway, myself and Dr. Long and, over the course of the lunch, I had told him that I was going to close my practice because I was going to work for the state, come down to Broward County.

And he said, "Geez, I really, really hate to see you go." He said, "You've really benefited me and my practice. You've sent me great patients," and so on and so forth. So I found out later that after I went back to the office, he drove around the community because he just didn't know about Pahokee. Everybody talks about Pahokee as that little town out in the farms. Well, at that time Pahokee had its own private school in addition to public schools.

And he thought, How can a town this size afford to have its own private school? So he drove around a little bit further. And then I found out later that, that following Saturday, he had a dinner engagement, he and his wife, with another dentist in West Palm, a Dr. Davis, and was talking, as dentist's do, we talk about dentistry no matter where we are. And he mentioned to Dr. Davis, "It's a shame that Rick Ames is closing his practice in Pahokee."

He says, "I've gotten a lot of good patients from there." He says, "We're just going to miss him." And he says, "Oh, I am looking for another practice." So on Sunday morning, just before I went to church, I get a phone call and wanted to know if I could show my office. And I said, "Sure. This afternoon. One o'clock. I'll meet you there." So I showed him the office and all the paraphernalia, patient records, and so on and so forth.

And a week or so later, he made an offer. Well, unfortunately it wasn't enough. I didn't want to leave Pahokee in debt. And so, that kind of just died off. A few weeks went by, and I called the orthodontist back, and I told him, I said, "You know, it's really a shame we can't come together on this because my time is drawing short, and I just really hate to just close the door." So to make a long story short, he came back and we made an additional deal.

And so, I was able to sell the practice and he hired my employees. And so, I closed the practice the 15<sup>th</sup> of December, gave my employees a two-week vacation because he was going to start up right after the first. And I took my family to Syracuse, New York, for Christmas. And at eight o'clock, Monday morning, January 4, 1971, I appeared in the building next door to go to work as the public health dentist in Broward County. Now—

CP: When was the last time a dentist had been in that street [sic].

RA: Well, at that time there was a dentist still there. There were actually two dentists. They were opening a private practice in town, so they were dividing their time. In other words, one would work three days, the other two days, and then switch. But they were going to stop at the end of March of 1971.

So Dr. Hughes talked with me, and he says, “What I want you to do,” he said, “I want you to learn Broward County; learn the health department, whatever that takes. I am giving you three months.” He says, “I don’t expect to see you in the dental clinic at all. I want you to get your feet on the ground, and then in March and April, when these other two men need to leave, then you can back, start doing some clinical.”

So in that interim period of time, I tried to write a grant for a mobile dental facility because I knew we had a small office in Hollywood, and we had this office here. We had a potential office in the northwest area of Fort Lauderdale, and then we had an office up in Pompano. But those offices were smaller than this room. (both laugh)

Here I am used to at least two or three chairs in an office, and I thought, No, it’s not going to be practical. And also during that period of time—matter of fact, even before that. When I made my decision with Tub, he had sent me a book on public health about that thick. So every night at home I started studying to learn about public health. We had had just maybe an hour lecture in dental school.

CP: That’s a pretty good bit.

RA: Well, we did have some epidemiology, and we had the thing on public health, and I was impressed in the public health because part of that hour was spent in environmental health, in looking at the living conditions of people. And of course, I was in school in Richmond, Virginia, so these were rich Virginia pictures. But after living in Pahokee, I got to find out that the same thing was true down in Florida.

A lot of the patients—one of the things that really bothered me when I was in practice was that I financially was not really able to give, although I did give to a lot of people, but there were a lot of kids that needed care, a lot of help, and their families just couldn’t handle it. One family in particular, both the husband and wife worked; he was a welder for Pratt Whitney<sup>9</sup>.

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<sup>9</sup>Pratt & Whitney is an aerospace manufacturer that had an industrial plant in West Palm Beach, Florida.



They had three children. And they had not had good dental care in the past. After about a year and a half, I had gotten all their dental care taken care of. The wife had partials; the kids had fillings. So one check up period they came and no cavities, and he was delighted. However, six months later they came back; there were five cavities between the three kids, and he was devastated. He gave me the story like as a fact, you know.

He had been employed for the last seven or eight years. He had never been able to buy a new car, has not been able to have his vacation since his third child was born and this, you know, this just knocked a hole in his budget. And that got me. I said, "You know, if there is anyway that I could provide care with people and I don't have to charge them a fee, I'll gladly do it."

And I guess those were kind of the things that led me into the public health. And I could see things, when I came with Tub, I saw such a need. And I saw that I can spend my eight hours a day at the chair, but there are more kids than I could ever handle. So what I need is, I need some more dentists in the program, and we need better facilities.

I'll never forget, one day after I had joined the staff here, I would work in Fort Lauderdale on Monday, Hollywood on Wednesday, and Pompano on Friday, because Pompano was close to the home that when I got off of work I could go back because it was 85 miles. My wife and four children lived in Pahokee for six months after I started to work here. So I got home on the weekends.

CP: Yes, that's no good.

RA: Matter of fact, I lived with my realtor. He rented me a room while we looked for a house. And of course, I couldn't look for a house until I sold my home in Pahokee. So that made for an interesting life for six months. My income also made a drastic change.

CP: Ah, yes.

RA: And that brings another story later on. But one day I was going to work, going to the office down in Hollywood, and they were rebuilding Pembroke Road, you know, and all the dirt and everything. And there was a little boy, a paperboy riding his bicycle. And he had a big load of papers. And as I was driving, he hit a rut or something, and the axel on the bike broke and spread him and his papers all over the ground. When I was 13 years old, I was a paperboy.

I never told Dr. Hughes this. (both laugh) I stopped. I had a little Volkswagen station wagon. I stopped and picked him up, his papers and his bicycle, put him in the back of my car, and I said,

“You show me where you need to deliver your papers until you’re finished.” And I took him to deliver his papers. Well, part of that story is the fact this child had such a bad orthodontic problem.

His upper teeth protruded way beyond his lower teeth. And I mean this was a kid who needed help. I didn’t have a way to do it. That was another motivator to me, to see what we could do in providing care for kids. So those were my beginning days in Broward County. And public health, I guess, kind of grows on you. Dr. Hughes sent me off on a course up to the Jacksonville office early on, and one of the nurses from here went up there.

And it was something like Dynamics in the Community Service or something like that. But that helped me build kind of a framework of reference, you know, cause usually dentistry teaches you to focus on that patient and that problem. And now, I had to focus on an entire county, and a whole lots of mouths, and a whole lots of problems, and trying to bring limited resources to unlimited need, you know? I think that is the bottom line of public health.

CP: Yes, it is.

RA: So like I say, I was doing three days a week, trying to cover the three areas. And of course, I impressed upon Tub Thompson because he was basically the one who is managing the budget. And when I talked to Dr. Hughes about finance, he said, “Talk to Tub.” So I said, “I’ll just talk to Tub.” And so I told him, I said, “You know, we really need to do something with these facilities, and we need another dentist.”

I said, “I can’t do five days and get us any further than we are right now.” And so by, I guess, the July-October budget cycles that we are under, he managed to finagle some money for another position. So that summer, in June, we had the northwest clinic. And Tub had bought some dental equipment because they were going to try to put an operatory over there, but it was all laying on the floor.

Well, there were some VISTA workers; these were Volunteers in Service To America<sup>10</sup>, back under the—I guess, who was it then? [President] Johnson? And they were working with the low-income community, and they wanted some services. They wanted dental care for their kids. And so I got invited one day, along with Dr. Tom Hooker [sic], who was the president of the Broward Dental Association, and myself.

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<sup>10</sup>AmeriCorps VISTA, or Volunteers in Service To America, is a national service program designed to alleviate poverty in the U.S. The organization was conceptualized by President John F. Kennedy.

And we got invited over to an office of the community newspaper over in northwest area. And they wanted to know why the health department couldn't provide dental care to their kids. And I said, "Well, two things: I don't have a facility, and I don't have a dentist." He says, "Okay. Well, you have northwest." I said, "Well, yes, I do have northwest." I said, "Matter of fact, I have some equipment there." "Well, what is it going to take to install?"

"Well, I guess I've got to call the county and ask them to install." "Well, do that." Long story, made it short. They came up with 5,000 dollars. And I hired 11 dentists at 50 dollars per four-hour clinic to provide dental care at northwest until the 5,000 ran out. But I also had to have dental assistants, so I used some of the money to hire a dental assistant. Well, by the time that money ran out, Dr. Hughes had gotten some more money in the budget.

And I hired my first associate, Dr. John Ballaman [sic] who later on filled in for me while I went off for my MPH<sup>11</sup>. So we got northwest. So northwest operated five days a week. And then I found some more money, and we hired another dentist. Unfortunately, he only lasted a couple of days or a couple of weeks. But over a period of time we managed to get another dentist and we managed to get all the offices functioning.

CP: We now have three dentists including you.

RA: Right, myself and two other dentists.

CP: Yes.

RA: Well, back in the personnel days, in order to be a senior dentist you had to supervise a dentist. So I start out as a dentist, and by now I had become eligible to become a senior dentist. So Dr. Hughes promoted me to be a senior dentist, but my title was still county dental director. So that went on well. Another issue arose at that time too.

I started out with all wheels turning independently. Broward County was not fluoridated<sup>12</sup>. Now, a few years prior, I think about 1960—in the mid-sixties, Dr. Hughes had talked to the county commission about fluoridating the water. So they went and they bought the equipment. Well, there was a gentleman here locally who was an anti-fluoridationist. And—

CP: [inaudible] you hit the ground.

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<sup>11</sup>MPH is an abbreviation for masters in public health.

<sup>12</sup>Fluoridation involves adding a fluoride compound to a community water supply to prevent dental caries.

RA: Before—oh yes. That he managed to stifle that. And they already had the equipment. So they sold the equipment. So Dr. Hughes mentioned to me one day and I knew about fluoridation from dental school. And we did topical fluoride applications clinically. So Dr. Hughes, I mentioned to him one day, I said, “What about fluoridation in the county?” And he gave me the story.

I said, “Well, what do you think I could do?” He says, “Well, why don’t you go talk to the county commission?” He said, “You’re the dentist.” He said, “Before it was me, so now you’re the dentist. You talk to them.” I said, “Okay.” So I remember I went before the county commission and I was making my presentation, you know. Not being accustomed to public speaking, I felt my throat drying out.

And I thought, you know, while I am talking, I thought, If I just stop and swallow, that hoarseness will go away. Well, I stopped, swallowed, and I couldn’t utter another word. (both laugh) So here I am like this, before the county commission. Fortunately, the secretary, she got up and went and got a cup of water and brought it over to me. I took a couple drinks of water, and I was able to continue.

Well, they said, “Well, we will take that under consideration. You know, we got to study this.” And they asked the county attorney to go ahead and research what was needed in order to implement it and what they would have to do and all that kind of stuff. Well, in the interim period; this is like 1972, the summer of 1972. Well, along the same other wheel that was turning at the same time, the state had a program that would support employees to get their MPHs.

So Dr. Hughes had encouraged me to go ahead and get my MPH. So I had applied to a few schools, and I really wanted to go to North Carolina because I had been to a couple pediatric programs at North Carolina, and I liked the people there, and I liked the weather and so on and so forth. You know, those are all important.

CP: Yes, they are.

RA: But my graduate record exam, one of my graduate record exams, was marginal. Because I had been out of school for those number of years and I really didn’t pay any attention to that. So I get a phone call one day. How did that thing go? I got a phone call one day from Baltimore from Johns Hopkins [University].

And they asked me if I was still interested in going to school, and I told them, Yes I was. They said, “Well, we’ve got a scholarship here for you.” I thought, Gee, that’s great. So I went back

and told Dr. Hughes, and he says, “By all means.” So I called them back, and I accepted and they accepted me, and I went to school there.

CP: That’s fascinating that they called you and said, We got a scholarship for you.

RA: Yeah.

### ***Interview Paused***

CP: You mean to tell me, that the Johns Hopkins University School of Public Health called you to tell you that they had a scholarship for you? I have never heard of that. Had you just received a Nobel laureate award or something? Had you been in the international news or something?

RA: Well, I don’t know. It’s probably that I was the last candidate available, and they wanted to make sure the class was full. (laughs) Because there were ten dentists in my class that year, at [John] Hopkins [University], getting their MPHs.

CP: They were trying to attract dentists; for some reason, they wanted dentists.

RA: Matter of fact, the three dentists, the three dental directors from city of Worrestown [sic] were there in my class. One dentist was the health lobbyist for, I think it was Senator Mills [sic] in the senate. I had some very notable characters, people in my class. And I just happened to get there.

CP: That’s useful.

RA: So while I was away at [John] Hopkins [University], the Broward County Commission passed ordinance, what was it? 72-dash-17? Which enabled the communities as well as the county to fluoridate their water. Well, and I was at school. So I wasn’t here to be able to celebrate and—

CP: You missed all the fanfare of the anti-lobbying too.

RA: Well, no, that came later. Because the number the cities—there was something going on that I wasn’t aware of evidently at that particular time between the governmental agencies, the local

municipalities, counties, and the state. And municipalities wanted to make sure that their autonomy was not usurped by the county. So about five communities passed ordinances immediately forbidding fluoridation. (CP laughs)

You know, it wasn't going to be easy. There is nothing in public health that is really easy. So after I finished there, I came back to the situation that, okay, we had the county ordinance and now we need to follow through. Well, my working ally was our own Tom Mueller<sup>13</sup> who, at the time, he was the assistant director for environmental engineering.

And of course, he did a lot of the water treatment plants. And so he and I would go together. So we were very fortunate. By 1973, after I finished my degree, I came back and our first implementation was with a little private water company called Palmdale, ironically, right on the border of Pompano Beach.

Now, I say ironically because Pompano Beach took me 25 more years to get them fluoridated. And there are pictures somewhere in this department of me and the water plant director throwing the switch on the first fluoridation system, which was the little package deal; it looked like in a wood shed, but it did the trick. There were 1,500 people served, households served, by that little water system. So we had a start.

Then our next good one was city of Plantation where I lived. Their city commission came together. They said, "Okay, we're going to fluoridate." And they were the first city to fluoridate. So I was on a roll. And then the county started to fluoridate three or four of its systems and that took a span of a period of time. I think the first one served an area, an unincorporated area, down there in Hollywood and Dania [Beach].

But, like I said, it took a span of 25 years from that very first beginning until the last, and the hardest one, which was Pompano Beach. And I do not take credit for Pompano Beach. I went four times before the commission and got beat back four times by the anti-fluoridationists—plus, they had a lot of help from the city commission because there was a member of the commission at that time who was a staunch anti-fluoridationist.

They actually flew people down from the Northeast to combat me. But the fifth time—I owe a debt of gratitude to a Dr. Joe McGee<sup>14</sup>, who was a practicing dentist in Pompano [Beach], and he really put on the flack jacket and went to all of the commissioners and won over four out of the

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<sup>13</sup>Thomas A. Mueller was assistant director of environmental engineering of the Broward County Public Health Unit. He would later become environmental engineering director of the Broward County Health Department.

<sup>14</sup>Dr. Joe McGee has been a practicing dentist in Pompano Beach since 1979. Dr. McGee is a member of the American Dental Association and a fellow of the Academy of General Dentistry.

five. The fifth one was part of the old hierarchy that voted me down, but I always had two supporters on the commission, and they were still there, and there were two new commissioners.

One of them actually voted against me the first time on that fifth go-around. But we provided her with some materials, and when it came back for the final vote, she voted with. So we won Pompano four to one for fluoridation. So that's my claim. My only claim to fame is the fluoridation of Broward County from zero to 100 percent.

CP: That's a good story.

RA: So it is one of the larger counties in the state, so it made a significant impact as far the populations being served. One of the reasons that I have supported fluoridation is because I've seen what it does. My beginning years, 1974 I believe it was, up until that time I had been helping the Head Start program, which was operated by a committee that was set up by some of President Johnson's programs to provide—

CP: The Great Society<sup>15</sup> programs.

RA: Yeah, to help provide healthcare for preschoolers. And we started out, I guess, with maybe 120 children, and they were housed in daycare centers and churches and daycare centers around the county. And so, I started out by examining the kids and then telling them who had to go to the dentist.

And then I had local dentists who would take them into their office. Well, what would happen is transportation was not dependable. People didn't remember they had appointments, and so I was always getting phone calls from the dentist saying, "Take me off of the list. I've had it. I can't afford a half a days of inactivity."

So gradually, as I got dentists into the Health Department, we took over providing the care. And the way we did it, we would do the dental exams right in the classroom, because we grew from 120 to, when I retired last year, we had over 3,800.

CP: Woo, man.

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<sup>15</sup>President Lyndon B. Johnson set up the Great Society programs in 1964 – 1968. These social programs, including the Economic Opportunity Act of 1964, Head Start, the Elementary and Secondary Education Act, Medicare, the Voting Rights Act, and the National Endowment for the Arts and Humanities, were meant to enrich and elevate the quality of life for all Americans.

RA: We had both the Head Start program, which had 1,700 children, and then we had the Broward County pre-kindergarten program, which was a look alike, had over 1,500. And then we had another program that was similar to both of those for educationally-challenged children, preschoolers. So it came out to about 3,800 kids.

CP: Wow. That's a pretty good load.

RA: If you try to transport all of these kids into a dental clinic and then it would be—it was impossible. So we developed our own program of doing the exams right in the classroom: mouth, mirror, and explorer, just like you would in a dental office. We would wear a headlight so we had good illumination, rubber gloves obviously, and we would just—I think I owned more explorers and mirrors than anybody else in the country. (both laugh)

I bought some magazine cases that you—not magazine but catalog cases. And we would set those up, and we would walk in with that. We would have our sterilized instruments, our gloves. And then, one thing the kids always liked were stickers. So we didn't get away without giving out stickers. So we would come with our supply, and we would take a table; their tables are usually pretty low, so the kids could crawl up on the table.

We put a mat out, they were resting mats. They'd lay down, put their heads right in front of me. I could look right straight down their mouth and do my examination there. If I had a question and I felt like, Well, I really need to have some x-rays on this kid to make sure, then we would send them to clinic.

CP: Over here. To a clinic.

RA: Over here. So then the school board would handle the transportation on a small school bus, and they'd bring them to the clinics.

CP: Oh, they would. How did you manage that? Just asking.

RA: Well, originally the Head Start had their own buses. Well, just like the Head Start Program got assimilated into the school system, so did their transportation system. So we would have big 54-passenger buses showing up out here. Not with 54 kids though. We would limit it to about anywhere between six and ten a day.



But it took us the whole year to take care of all the kids. When we started doing this, to get back to the issue about fluoridation, we were sending 70 to 80 percent of the kids for treatment. When I retired, we were sending less than 40 percent. Most of those kids that were involved with that were not born and raised in Broward County; they were people who had migrated in. So I really felt like we were getting results out of our fluoridation.

CP: Has that been shared with the larger dental, public health dental community?

RA: Oh, yeah. Yes, it has.

CP: Those sorts of observations, to me, are the most convincing.

RA: I did a small paper on that, just a round of comparison of a couple of sites that we knew had not been fluoridated and some sites that had been fluoridated for a long period of time. You could see the difference. In fact, one of my clinicians, Dr. Governale<sup>16</sup>, went off and did her MPH.

And then that wasn't enough; she had to go back and do her pediatric degree. She did a paper on the dental caries incidences in Broward County of fluoridated and unfluoridated areas. And it was—

CP: And you could, if you had to, compare your populations.

RA: So we had a paper on that. So we knew where we were going and what we were getting. But in the interim period of time now, for the children, from the time as we were developing the fluoridation, we did fluoride mouth rinses at schools. I really started out with the Head Start kids doing what we'd call "brush-ins," and that was a fluoride treatment paste and a toothbrush.

And we would take these four year olds out in the grass out behind their trailer, and they would take fluoride toothpaste, and they would brush their teeth with the fluoride. Well, four year olds don't always do everything that they are told to do, so we knew somebody would swallow it. So they would swallow it, and they would get sick. And that's why I said—we always cautioned the teacher, when we do the brushing, we do it outside.

CP: Where they can spit.

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<sup>16</sup>Dr. Lauren Governale-Hodges earned her DMD at the University of Florida in 1985, her MPH from Florida International University in 1991, and her certificates in pediatric dentistry and dental public health from the University of Florida in 1994 and 2000, respectively.

RA: Where they can spit: brush and spit. I had some photographs of that taken years and years ago. And I'll never forget, we had a public health nurse, Mary Gartlen [sic], who was the one who really got me started on the migrant population because we also had a dental program for the migrant children.

And I remember early on when I first got here, she got a hold of me, and she said, "Dr. Ames, school is ending, and the migrant kids are going upstream, and there is no dental care, and these kids have got bad teeth." And I said, "Okay." So there was a local dentist that was working for us on Monday nights doing extractions up at our migrant facility for adults.

So I talked to him, and I said, "How would you feel about doing an extraction clinic for these little kids to take out those unrestorable [sic] teeth, you know, get them healed before they take off up north?" He says, "Fine, we'll do it." So he took off a day, and we went up. This was the day that was (laughs). We did almost 100 children, extracted over 200 teeth.

These were teeth, I mean—the only things that was there was just shells or roots. I was in one room giving the anesthesia; he was in the other room taking them out. And things went perfect for the first half hour. (CP laughs) The kids were good. I had a community health worker helping me, and she was a rather large lady, and if the child wiggled or whatnot, she would just kind of lay over the top of the table. (laughs)

The poor kids couldn't move, and I could give them their anesthesia. And they'd get up, and they walked in the other room, and he'd do the extractions. Well, like I say, everything was quiet; kids were cooperative; everything was great. But one of the aids from the center from across the street from the health department clinic there walked in with a kid screaming. And from that minute, until two o'clock that afternoon, it was constant.

CP: Everything was screaming.

RA: You know, the next 79 kids all screamed. And he [the local dentist] said he had to go home, and it took him hours, so that he could actually hear normal sound.

CP: That's terrible, but that's so characteristic of people; hysteria develops—

RA: The poor children. I mean, the kids really had had no care, none whatsoever. And they had infected teeth, broken-down teeth. And this nurse, she dealt with it everyday because she called

on other clinics at the school. So it was either that, or the kids be subjected to who knows what up the stream. So after that—

CP: Considerable discomfort and pain.

RA: Yeah. After that, that's when we really got, not only—we had the Head Start program as well as the migrant program, and we were doing the exams and sending the kids into the clinic and doing the treatment. So we never had to do that again. But that was public health. You had to take care of the need that was confronting you. And we did, by hook or crook. (laughs)

CP: Fascinating. Let me jump back to your MPH. How did that benefit you?

RA: Well, remember I told you I took this course on community action early on in my career? I got an opportunity, in those first three months when I came here, to visit with the nursing people, to go out with the environmental health people, and to see the other aspects of public health, how it was being effective in the community.

And so, I had pretty good preview when I went to [John] Hopkins [University], but I felt like [John] Hopkins [University] even broadened my understanding. It wasn't just dentistry, looking down the mouth—the other aspects of how it impacted on the community. Just like the issue of fluoridation. People don't realize what an economic impact that can have on a community, both in the public as well as the private.

Dentistry has more to do than they can ever take care of, even if we didn't have any more tooth decay. And the public health, having that training really broadened my understanding of what I was doing and how to become more effective, I think, in the community.

I particularly—you know, I like the courses we had on—[John] Hopkins [University] was involved, at that time, in trying to develop some way to get healthcare out into the villages because in many of the underdeveloped countries you have a hospital, but it's in the population centers, and the other half of the population—

CP: [inaudible] medical care.

RA: Right. So they were trying to develop in their—I've forgotten the name of the course right off hand. They were trying to develop a manual so that a health aid could, you know—fever, when it would turn to fever, you know, swelling. Kind of a cookbook arrangement to help them

provide some immediate care and to also help them recognize when, Yeah, this one needs to go to the hospital.

And so, that was fascinating to me, and that helped me. In a way, that helped me learn how to talk to Head Start parents who didn't know anything about dentistry. They didn't know how to take care of their kids' teeth. So I could talk to them at their level and their understanding and help bring them around to understanding, really, what dental health means to the kid and the importance of their teeth and so on and so forth.

Because many people say, Well, they're baby teeth, we'll just pull them out. And they forget that between birth and six or seven years of age when they enter school, there is a whole lot of personality and health development goes on there, and the teeth play an important role in that. So that was good. The other thing was that I got to meet—my wife and I formed two very, very good friendships at [John] Hopkins [University].

Both of the couples that we became friends with were physicians, both husband and wife were physicians. One couple was from Iran, and his specialty was in tropical medicine, and her specialty was pediatrics. And the other couple were from India, and he was a pulmonologist, and she was an obstetrician.

CP: And they were at the school of public health?

RA: And they were at the school of public health. They were classmates of mine.

CP: Oh, okay. Marvelous.

RA: As a matter of fact, I was the vice president of the student body, and the president was a neurosurgeon from Pakistan.

CP: Really?

RA: We had someone representing just about every nation in the world in that class, 1972 to 1973.

CP: That's a good experience, totally unrelated to your academic circle.

RA: Right. And it was a lot of that interaction with these other people that just really made it so interesting. And then, like I said, we had about 10 dentists in that group, and all of them had significant stories to bring to the table. So I really enjoyed that year. It was a fantastic experience for me because I had been out of school—let's see, I went in '72, I graduated dental school in 1961.

So 11 years I hadn't been in school and for me to go through that. And so it was great. I enjoyed that. I came back, and I encouraged my assistant, Dr. Bowlavan [sic], and so two years later he went off, did his MPH.

CP: I think it is so valuable. The MPH is so valuable. It gives you no immediate, applicable, practicalable [sic] knowledge that enhances your dentistry, but the broadening of your base in your communication vocabulary with these problems—

RA: Absolutely.

CP: And it gives you a service approach added to you that one cannot get anywhere else.

RA: Exactly.

CP: Right here at the school of public health was the most outstanding academic year that I ever had.

RA: Right.

CP: I really enjoyed it.

RA: I enjoyed my time up there. It was very significant in my, I guess you'd say, professional development.

CP: Did you maintain contact with these couples?

RA: For quite a number of years, probably about for 15 years that we stayed in contact, and I kind of lost—the couple from Iran had three sons. Those boys couldn't get out of school until

they had PhDs or MDs. (RA and CP laugh) I think two of them became doctors; one became an engineer, and he was getting his PhD.

The last time that I talked with them, he was the youngest, he was getting his PhD from the Colorado Mines<sup>17</sup> and that school out there, but it's a very—geology, engineering—dealing with petroleum and coal and that sort of stuff. But every one of them ended up with PhDs. And those two couples were very—we had a lot of fun together. I mean, when I say “fun,” I learned a lot of things from them.

I hope we taught them good things about us. But a lot of things about them and their cultures and things that they had gone through and how they handled health in their countries and things like that. So that was interesting to me. Since that time, I had an opportunity. Let's see, two years ago I went with my pastor over to Kazakhstan; Almaty, Kazakhstan. And I basically just went to help him videotape his teaching because he was teaching in a bible college.

But they were missionary people there that were in the school, and I got to do exams on their children and to teach them dental health during that period of time. So here I am, on the other side of the world, teaching dental health to these people.

CP: I'm glad you did that.

***Tape 1 ends; Tape 2 begins***

CP: I am impressed with your visit there, and that this was since your retirement.

RA: No, it was before I retired. I talked to Mr. Roach<sup>18</sup>. I said, “I have this opportunity.” He says, “Well, you got the time, take it.” (RA laughs) So I took some annual leave and went over.

CP: How long did you stay?

RA: I was over there about ten days.

CP: Marvelous. You went as a videographer?

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<sup>17</sup>The Colorado School of Mines located in Golden, Colorado, is a public university specializing in applied science.

<sup>18</sup>David Roach was Broward County Public Health Department administrator from 1972 – 2008. He is currently vice-chair of the Broward Regional Health Planning Council.

RA: Yeah.

CP: Went as the videographer, but you got to do some teaching yourself.

RA: That's right.

CP: Speak to that. How did you get into it?

RA: Well, funny thing about being a videographer, I look at the stand that she [the oral history videographer recording this interview] has, the nice tripod. I had a cymbal stand<sup>19</sup>. It was the only thing that I could find to put this little camera on. Someone else had given me a regular tripod. Well, that tripod was designed for a big professional camera, and I had a little bitty one.

So I got there and I thought, Man, if I've got to stand here for the next five days holding this thing, I am going to be dead. So they had a drum set with the cymbal. The cymbal stand had a threaded piece on it, so I got that. We managed. I tell you dentistry and public health teaches you two things, you have to improvise. And so we did that.

But the interesting thing when I examined the kids over there; I examined eight children. The difference—when the Russian Soviet Union fell, all those so-called, what I call, colonies—all the countries that they were controlling, they just kind of quit what they were doing and walked away. And so, health services stopped, manufacturing stopped, construction stopped, road building stopped, everything stopped.

CP: And they had no, I'm told, absolutely no infrastructure to build with.

RA: No. So when I looked at these children I found—the hardest thing I saw was I had a two year old that had two abscessed primary centrals, and she was already had fistulas<sup>20</sup> draining.

CP: Oh man, a two year-old?

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<sup>19</sup>A cymbal stand is used to mount a cymbal in a drum kit. It consists of a tripod base, concentric tubes that allow for height adjustment, and a mounting bolt for attaching the cymbal.

<sup>20</sup>Dental fistulas occur when an inflammatory process in tissue creates a suppurating channel from the apical periodontal area of a tooth to the surface of the oral mucous membrane.

RA: Yeah. I had no anesthesia or anything to really help her with, so we tried to do some palliative treatment, get them to drain and keep her from swelling. As long as they were draining, her face wasn't going to swell. So we did that. I had some mirrors and explorers, so I had to use an explorer to keep her mouth drained.

I did one child, who was about 12 years old, had two decayed teeth, and they were decayed off almost to the gum line, but not another lesion in the rest of her mouth, and she had full compliment, 24-24 teeth. And I thought that was rather amazing. Why two teeth rotted all the way to the gum and yet not another cavity, not another blemish, in the rest of her teeth? Three of the children, who were six and under, had maybe a couple of little cavities, not very big at all.

And then one child had had some fillings, had had two fillings done. So the amount of care that they had had, even in the last few years, was very, very limited. But their diet was such that they didn't have the kind of high sucrose that we have in this country, and so they didn't have the tooth decay.

CP: Fascinating. Don't tell my wife any of this.

RA: Oh, I won't.

CP: Don't review that with her.

RA: (laughs) Well, everybody around here kept chocolates on their desk, so when Dr. Ames walked around, they had to feed me. But anyway, that was an interesting experience I had there. That was really my first—

CP: Did you know you were going to do some dentistry or some exams?

RA: I went with—

CP: [inaudible]

RA: Yeah.



CP: [inaudible]

RA: Had the opportunity to see, because I really wanted to see what their situation was.

CP: And these were missionary children?

RA: Yeah, these were actually indigenous people from Kazakhstan. Some were of Kazak descent, but most of them were Russian descent, but they were Kazaks. Several generations had continued to live, several, maybe a couple of generations because of the colonization, the spread of Russia's influence.

But it was funny: every house that was there has a garden, and every house has a steel fence. I've never seen so much steel in my life. Over here, it would be wooden fences, but over there it is sheet steel or scrolled steel.

CP: Really?

RA: Yeah. It's almost like every house is like a fortress. So I thought that was rather odd. And of course, the roads are terrible.

CP: Did you learn about the steel fences? Did you have an opportunity to [inaudible]?

RA: Well, evidently those countries over there are very, very rich in resources, iron resources. And they had a steel factory there. And of course, if you look at Kazakhstan, it's probably about half the size of the United States. But the main core of the country is desert-like. So there is a lot of mineral deposits there. That's actually where the space program for Russia is centered, is in Kazakhstan. That's where all the space station launches from Russian side have been made from, is in Kazakhstan.

CP: I didn't know any of that. Fascinating. Well, this was a good experience, but let me bring you back to Broward County.

RA: Okay. Well, let's see. I think we got to 1974. Just kidding.

CP: Yeah. We got into 1974.

RA: Well, a couple of other things. In 19—I want to say about 1981, so I want to skip ahead a few years because what happened in the interim period of time was just programs seemed to get larger. We still worked with various communities, with the city councils getting fluoridation passed, making presentations to people.

I got involved with other community organizations so that I could keep dentistry. Because I felt my job as county dental director, even though my classification read differently, as county dental director, I represented dentistry to the community.

CP: That would be my interpretation.

RA: Not just public health.

CP: That's correct.

RA: My relationship with the local dental society goes back to the very beginning because, after I talked to Tub back in 1969, I went before the Broward Dental Association for their interview to find out who I was and why I was coming here. What was I going to do when I got here? Was I going to be a competitor or what? And I'll never forget that night either.

We were in the international building over on Sunrise Boulevard near the ocean, up on the seventh floor. And just about the end of the interview, there was a tremendous electrical storm and the lights went out. Everything in that building went out. And we had to feel our way along the wall to the stairwell to come out of that building.

So I will never forget that night. But anyway, they approved me. So I always maintain a close relationship with organized dentistry, both the North Broward area as well as the Hollywood area.

CP: I think that's mandatory.

RA: Because it is one profession and it is one community, and we all treat the same community. We have just different approaches for it. And they always supported me in the efforts for fluoridation. Sometimes we needed volunteer dentists to do some things for the schools. The

sports, they needed to have dental exams and make mouth guards, and they always supported that. Children's Dental Health Month, they always support it in that area.

They would provide toothbrushes and things that we would distribute and talk to the community about. So that was always a very, very good relationship. When I retired I was awarded the prestigious John Adair Award. I was only the eighth recipient of that award and that's given to those who have made a significant contribution in dentistry in Broward County.

People like Fred Ackel and Merv [Mervyn] Dixon and Dr. Don Carldeschun [sic], a lot of the early, what I call, movers and shakers. John Adair, whom after the award was named, was a dentist in Plantation. And he died in Puerto Rico saving his son from drowning. He drowned, actually drowned.

He was from Puerto Rico, so to commemorate his memory, because he was a fantastic dentist, excellent clinician and did a lot of things; they established that award because of the things that he had done in the community for others that had done so many things. So I was fortunate to receive that. I was very—I was astonished. I was literally speechless.

I didn't even know how to say thank you. They gave me that thing and I went "Ah." (RA and CP laugh) So that's very important. You know, whether it is in dentistry or medicine or whatever it is, public health needs to stay hand and hand with their professional groups in their communities.

CP: Yes, they must not be separated, can't be separated.

RA: It can't. We are one and have to stay that way. So that was always a good experience for me. Matter of fact, the year before I retired I got to go with them to the dentist on the hill, went to Tallahassee and talked to legislators. I had a blast. That was great. I was pushing for dental care for adults under Medicaid too, so they were supportive. In fact, one of the legislators had been a hygienist, and she was a legislator. So I was really on her case.

CP: That might've helped it a little bit.

RA: Yeah. But there was, at that particular juncture, there were a lot of financial things the state was going through and that was way down on the priority list. But I got my message across.

CP: Is that your own experience in quote, in lobbying?

RA: Yes, it was. I think it was my only experience. I wouldn't mind doing it again but, you know, my busy retired schedule. (laughs)

CP: You aren't too old, but I doubt the dental community, and I know the health department, wouldn't pay for your stay up there. That could be a problem. You'd have to go at your own expense.

RA: Yeah. But there are several things that I would really want to lobby for, and that is to make sure of the dental care services for the kids.

CP: You could that through your local delegation. Broward County has got a fairly sizable piece. And they relate to Dade [County] kind of, they relate to Palm Beach. Palm Beach and Broward see more eye to eye than either of these with Miami.

RA: Yeah. Well, Miami—

CP: It's always fascinating within the legislature.

RA: Well, Miami has always been more, I guess you might say, more cosmopolitan.

CP: In its attitude definitely.

RA: Yeah. Broward and Palm Beach have always—I mean, they've come out of kind of a country perspective.

CP: Yes, really an agricultural background. Both of them were agricultural in their early beginnings, but over on the beach there was some tourists.

RA: Yeah, always.

CP: Yeah, there was always tourists.

RA: I was going to go back to around 1981 when the problem with AIDS reared its head.

CP: Oh, AIDS, yes.

RA: And Dr. Konigsberg<sup>21</sup> was our director at that time. And you start hearing a lot about it on television and nobody knew too much about it. So Dr. Konigsberg decided that we needed a committee, a county committee on AIDS. And he invited me to become part of that, to represent dentistry. And there are a lot of kind of false beginnings, we try to move in one direction and we have to go in another direction.

And that made for some interesting things but it took—shortly after that, the Robert Wood Johnson Foundation<sup>22</sup> wanted to do some studies on ambulatory care and trying to maintain these individuals, patients, who had HIV infection in clinical environment rather than the hospital, so outpatient rather than inpatient. And so, four million dollars was given to Dade, Broward, and Palm Beach to implement something.

And so, we started a facility. At the time we had our northwest facility. At that particular time the only thing that was in that facility was my dental clinic and WIC<sup>23</sup>. And so, the community was saying, Where can we start this? The hospitals were a little bit, We're not interested in that; there is no money there.

I wouldn't say that negatively, but it just wasn't their time. And so, Dr. Konigsberg said, "Why don't we just go ahead and use the northwest facility?" And I said, "Okay, I'll take and move my kids program out of there and then we will get some dentists, and we will provide care for the adults." Because Broward County did not do dental care for adults; it was a strictly a children's program.

So a young lady who worked for Dr. Konigsberg as his epidemiologist, Jasmin Shirley<sup>24</sup>, who later become Jasmin Shirley-Moore because she married a local gentleman who is also a

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<sup>21</sup>Charles Konigsberg, MD, MHP, was director of the Broward County Health Department until 1988 when he left to become the state health official for Kansas. He has held similar positions in Delaware and Virginia. In 1989, Kansas Senator Bob Dole appointed him to the National Commission on AIDS. He is currently a board member at the University of North Carolina Gillings School of Global Public Health.

<sup>22</sup>Founded by General Robert W. Johnson, a founder of Johnson & Johnson, the Robert Wood Johnson Foundation is dedicated to addressing health issues facing Americans and provides grants for projects that attempt to solve health care issues. It is the largest philanthropy in the United States focused solely on health.

<sup>23</sup>Women, Infants, and Children or WIC is a nutrition program run with Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

<sup>24</sup>Jasmin Shirley was a staff epidemiologist for Broward County from 1983 – 1985 and director of AIDS patient care for Broward County from 1987 – 1988. She is currently vice president of community health services for the North Broward Hospital District.

politician. (CP laughs) But anyway, that is a long story; that's another story. He kind of promoted her to organize this thing and she was very, very good.

I really hand it to Jasmin; she was very astute in bringing together the community, the medical community, and the effected community, and those organizations that had an interest. And so, we opened northwest as a facility to care for patients with HIV disease both medically—we did medical, dental. We had someone there for transportation. We had social services. We had nutrition. We had pharmaceutical. We had the real core thing.

That went on for about three years, and then that grant ended. But by the time it ended, the federal government had enacted the Ryan White program<sup>25</sup>. And so, I really believe because of Jasmin's fortitude in pressing the issue, we became a qualified metropolitan agency, and so we got funding. That enabled us to continue the northwest as well as the dental program.

Through that legislation they also established the HIV advisory council, which had to be done through—all the funding came through the county commission; they were the governing agency. They would contract with the health department and other facilities, other agencies, to provide the healthcare. They also were charged with establishing the health advisory committee, and the legislation spelled out who had to be represented on that.

Well, the health officer, the county health officer, had to be represented and all the health professions. Because I was already a part of the AIDS advisory committee, the AIDS committee that Dr. Konigsberg had set up, then my name was put in. And so I got on that committee. So I served on that committee for over nine years.

Actually, because it didn't start—I guess it started about 1985. And the reason I got off of the committee was because they had to have a certain effected ethnic mix. We just had too many white males. So several of us stepped aside. Another gentleman that stepped aside had been the chairman. But I was on the priorities committee for probably up until I retired, and the priorities committee was the committee that recommended where the money ought to be spent.

And what we did is, we recommended not to who the money was allocated to, but in what categories: medical, ambulatory, medical care, pharmaceuticals, dental, social services, transportation, buddy care. And there were twenty-something areas where money could be spent.

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<sup>25</sup>Named after Ryan Wayne White (1971 – 1990), an Indiana teenager who was infected with HIV from a contaminated blood treatment, the Ryan White HIV/AIDS Program (RWHAP) is largest federally funded program focused on HIV/AIDS care. Started in 1990 and initially known as the Ryan White Comprehensive AIDS Resource Emergency Act (CARE), the RWHAP provides support services for people living with HIV who are uninsured or underinsured.

But we helped get through and establish that there were six core services<sup>26</sup> that must be funded regardless. Obviously, it was pharmaceuticals, ambulatory health care, dental care, mental health, a mental health service, nutrition, and transportation. I think those were the six. I may be wrong on a couple of them. But we got dentistry in there, and we kept it in there. And it's strange seeing

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CP: Mastication is just critical to everything else.

RA: Everything else. You know, in the early, early days, wasting disease was a major problem. It took a long time for the medical community to come up with ways to help overcome that. Nutrition and dental health was critical. We found a lot of the early patients, just their oral health care was either really great or abysmal. And we got the abysmal group.

So we established, we had northwest, and then later on Children's Diagnostic and Treatment Center<sup>27</sup> had a contract to provide care for the children with AIDS, particularly from birth through 16, I think. And Dr. Widmayer<sup>28</sup> there, the director, she was very interested in having a dental program. So I worked with her for a number of years and we developed, I helped them design and develop, a dental facility over there with two operatories.

And then the health department restarted Supply the Dentist over there. There were some organizational differences because that was under the hospital district and the health department at the state, and we had personnel rules and regulations on holidays and things, so that was always an interesting experience. But we did and I think, as far as I know, we are still over there, still doing it.

CP: That's good.

RA: They have a hygienist over there who does most of the prophylaxis<sup>29</sup> and then the dentist and dental assistant. So we had an established there. So we were doing adults and the children.

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<sup>26</sup>There are actually seven core services: medical, drugs, insurance, dental, mental health, and substance abuse. There are also four support services, including case management, transportation, and food assistance.

<sup>27</sup>Founded in 1983 as a state-sponsored follow-up clinic for infants discharged from neo-natal intensive units in Broward County, Florida, the Children's Diagnostic & Treatment Center (CDTC) is now a not-for-profit organization that offers comprehensive care for children with special health care needs. Services provided include prevention, intervention, and treatment. All medical care and social services are provided regardless of the ability to pay.

<sup>28</sup>Psychologist Susan M. Widmayer, PhD, is the founder and former director of the Children's Diagnostic and Treatment Center.

<sup>29</sup>A prophylaxis, or prophylactic treatment, is the cleaning of the teeth by a dentist or hygienist.

And then, several years later, we had money to build a north regional facility, and I worked with Jasmine, and we developed a dental program there.

So we have a three-chair operatory clinic there for dental. They said, when I retired, Whenever anyone had any money, Dr. Ames was always there, able and ready to spend it. And I spent it.

CP: I think that is very complimentary.

RA: Well, I wanted to make sure—one of the things that I adopted back when I first came here, because most of the equipment when I came here in 1971 was—

CP: Had been brought up from the First World War.

RA: —had been battered, bruised, beaten up. Right. And it was old. And I said, “To the extent I am able, the facility that patients come to in this health department will be comparable to an office they go to in a private practice. They deserve no less.”

CP: Please, please, please. That’s great; they deserve no less.

RA: I mean, that was my attitude and so thank god for Tub Thompson because he worked with me and helped me and Dr. Hughes would approve it. And the doctors—actually, when Dr. Konigsberg came, I became the project manager for the new south regional facility. I worked with the architect for two years.

I did the preliminary study of what we needed in a regional facility, with nursing, environmental health, all the disciplines. And so I wrote up a preliminary program for the building and then I got—Dr. Konigsberg had me work with the architect and the contractor to interpret that into what we ended up having. But instead of building a building from ground up, we ended up having to take an existing facility and then alter it.

There was a lot of changes and interpretation, how we had to change it. But south regional was originally built for a regional facility having a pediatric clinic, a woman’s health clinic, a sexually transmitted disease clinic, and a pulmonary disease TB clinic, and a dental clinic, central pharmacy, central medical records, [and] a few other things. Now, the hospital sat—memorial hospital is now offering some dental, and they have different clinics in different areas.



CP: The health department's not there?

RA: Nope. We are still there. We're up in one end. We have women's health, I think, in one end.

CP: But are all the other services available too?

RA: Well, the other three clinic areas in the building are primary care. One is pediatric and the other is adult. And our pharmacy is about to explode down there because it's grown much bigger. But dental is definitely there.

CP: Good.

RA: In fact, it has room for seven operatories. And about two years before I retired we—see, because I originally envisioned that we would probably be doing, eventually we'd do adult care.

CP: Yes. I think it will come.

RA: At some point it was going to come. So what we did was took those two operatories, and we made that into the infectious disease clinic for HIV patients. Because I had separate waiting rooms; I was not going to mix adults with kids because I'd had experience with that. You know, the gentleman would come in and little kid there, and he says, "Well, what are you going to do? Pull out your tooth today?" The kid is scared to death.

CP: He's going to hurt you.

RA: So I said, No, I am not going to let adults be with my kids. So those two facilities they had the separate waiting areas. They had a central reception area, which I now subsequently divided into two separate ones because they are different programs. So we have a really nice facility down there. We still need, still even today, thirty years later, we need to get the word out that the health department does provide care for low-income kids, dental care.

And Hollywood still doesn't get that. Because, even just before I retired, I did some patient education with the parents of the Head Start program. And they ask, Where are the kids going to be taken care of? I says, "Well, just a mile up the street here is the health department. We have a clinic there." "Oh, you have a clinic there? I didn't know that." I said, "Yeah, we provide care for low-income kids." "I didn't know that." "You do that?"

CP: That's sad.

RA: I thought, In the year 2000 people don't know we're dental care? But anyway—

CP: Certainly the service agencies need to know that. Do you have a health education group?

RA: Oh yeah.

CP: They need to be around riding, get down there and get the word out.

RA: We've been there, done that, tried that, and we're doing it again. It's strange. So it just seems like the word just kind of dissipates and fades into the distance.

CP: Yeah, those who know move away, those who don't know move in. There is no way to [inaudible].

RA: And then, the health department comes up when there is a crisis.

CP: Oh, yes.

RA: So, we're like the fire department. Nobody cares where the fire department is until they have a fire. And same way, until you have some kind of outbreak, rabies or some kind of disease or something controversial, nobody cares about us. But that just goes with the territory. So we were involved with—in fact, I think, I believe we were the first county health department to have a dental treatment facility for patients with HIV.

CP: That is my memory also.

RA: And subsequent to that, Palm Beach, Bob Dunbar<sup>30</sup> out there, he opened his clinic. And then doctor—I've forgotten his name now, with Dade County. They opened one on the beach, and so —Cobelo, Dr. Cobelo, Armando Cobelo<sup>31</sup>. Since that time, though, the structure of health

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<sup>30</sup>Dr. Robert Dunbar was dental director at the Palm Beach County Health Department.

department in Dade County has changed, and some of those operations are now community agency, which is all right.

CP: Which is okay. The service is still there.

RA: The service is still there.

CP: And the Health Department should be proud of the fact that it was instrumental in getting the service started. But don't have any paternal attitude; you've got to maintain it. You turn your attention into what ain't being done that needs to be done and try to find somebody to take it over too.

RA: That's right. Well, in that same vein, with adult dental care. I mean, I tried, I worked for years and years. I finally—when North Broward hospital district was going to be build their seventh avenue Family Health Center we worked with them and helped them design their dental clinic over there. So they have a three-chair. Now they asked, I mean, I went to the dental society because I was their go-between on that.

And I said, "Well what kind of facility do you want there? Do you want a multi-chair clinic, or do you want something like a dental office?" And they said, Well, like a single dentist operating. You don't need a dental school. Well, since that time, the dental school has come, and they want the dental school there.

So there was adult dental care that has been started. And then the school board had a grant on these health clinics, school health clinics. Remember that? Deerfield High School<sup>32</sup> has a health clinic. They were one of the first and there is a two or three-chair dental clinic in that health facility.

CP: Where did the dentists come from for service? Private guys, or—

RA: Well, this is off and on. We had contracted with the hospital. The hospital district contracted with the school board to provide health services, then they contracted with us to provide the dentist up there. So that went on for about a year, the year before I retired. But there is too many conflicts and things were going on because, to work with a hospital, you had to go through the hospital certification and this and that and the other thing.

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<sup>31</sup>Dr. Armando F. Cobelo is a dentist practicing in Miami, Florida. He is also president and director of *Editorial Cubana* and the coauthor of *Historia De LA Medicina En Cuba: Hospitales Y Centros Beneficos En Cuba Colonial*.

<sup>32</sup>Founded in 1970, Deerfield Beach High School is located in Deerfield Beach, Florida.

And it just never seemed like—we never got a connect. So I did have two dentists working there part-time, or wanted to work there part-time, but they never got started out there. For just some reason, we can't make this thing go. And then, by that time, then I had retired. I retired. So I figure maybe after a year I can go back up there and knock on some doors and see what happened.

It was interesting, at my retirement party, Pauline Grant, who was the vice president in charge of ambulatory care, she was saying how much Dr. Ames has helped us and this and that. When David took the podium and he says, "Yeah," he says, "He was on my payroll at that time. I was paying for it!" (CP and RA laugh)

CP: Don't miss the opportunity to make a point.

RA: Right. Again, in fulfilling that role as a county dental director, the public health dentist for the county, that was what I needed to do and what I felt was a legitimate effort on my part. And so we have, in the interim period of time, at one point the hospital districts and the health department were adversarial. Today, I think they enjoy an excellent relationship, a working relationship, and that's—

CP: You built those bridges.

RA: Well, I helped. I maybe drove a couple of pilings. But I think David has done an excellent job in doing that.

CP: He is pretty good PR-wise, too, I gather.

RA: He is. And that's an individual that kind of grew up in public health, so it does something to you; it changes your DNA, if you will.

CP: I think it does.

RA: And as I said when I retired, I said, "These 30 and a half years that I have been dental director were far more enjoyable than those nine years I was in private practice."

CP: That's amazing.

RA: Even though I was the master of my own ship then, the people that I have worked with in public health have given me the opportunity to do the things that we were able to do.

CP: You were respected as an expert in your field, and those administrators were not trying to second-guess you.

RA: Well, it was interesting. It used to be, in Dr. Hughes' office, when someone would call up and ask him a question or have a problem, he would say, "Well, let me see; that is an interesting problem. You need to call my chief nurse, that's Myra<sup>33</sup>, her number is so and so and so." "That's the dental program, you need to talk to Dr. Rick Ames he's—"

CP: I think that is the only way to handle it.

RA: He was very good at delegating.

CP: Because he could really get screwed up if he tried to deal in these issues.

RA: But I never asked that man a question that he didn't have an answer for. I would come in there about some weird thing like wind power, and I said, "You know, it's interesting about—blah, blah, blah, you know?" He said, "Wind power. Just a minute." So he would open up a drawer, and he would fumble through it, and darn if he wouldn't pull out an article, either a journal or newspaper article, dealing on the exact subject.

And I'd try to trick him. I'd come in with the weirdest things and, by George, he had an answer for that thing. (laughs) And he was probably one of the most broadly educated individuals. I remember that in last years that he was in that position he decided he wanted to learn calculus, which, to me, you know—

CP: (laughs) I'm beyond age 16; I don't want to get involved in that.

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<sup>33</sup>Myra M. Lentz, RN, MPH, was a head nurse at Holy Cross Hospital in Fort Lauderdale before becoming public health nurse supervisor for the Florida Department of Health and Rehabilitative Services in 1962. By 1965, Lentz had been appointed county nursing director for Broward County, Florida. She was named program supervisor of health in 1976.

RA: (laughs) That's for sure. And he taught himself calculus. So I thought, Well that must have for something. But he was an interesting man.

CP: He was an excellent health officer.

RA: Well, he came to Broward County back right after the war. And it was he and a public health nurse and a clerk and a sanitarian, and that was the health department.

CP: That is correct; that was in 1947.

RA: Right. And we still, when I was here, we still had the same semi-truck and trailer clinic that he had, that he used to haul around to do immunizations or do sanitary things or whatever it was, but he was—

CP: A mobile health department.

RA: Right, right.

CP: But it was useful. And he would tell you about the name on the side of that trailer. It got him more PR with the county commission than about anything he could have done. He used to tell me about that. Carry me outside and show me his trailer. He said, "If I don't have but a last dollar, we keep the name freshly painted." (CP and RA laugh)

RA: Oh, he was something else.

CP: Yeah, he was.

RA: When Tub retired, we had a retired air force colonel came in as our business manager, Bob Bardish [sic]. And Bob was very, very progressive. And he helped, with Dr. Hughes' support, he helped us progress too in the material areas. Tub was excellent in the people area, but he lacked a little bit in the material.

But Bardish [sic] was, This is a course of action, unless otherwise directed. He would step out and they'd say, No, you can't do that. And his idea was, Well, sometimes it is easier to ask forgiveness than it is permission.

CP: Yes, it is. It's easier to get forgiveness than it is permission—

RA: But the health department grew in facility, grew a lot in those years from about 1978, through the 80s, into the early 90s. We grew facility-wise. We grew people-wise. We grew in program. We grew in impact on the community as well as community involvement. So I was lucky to serve in those years.

CP: In that particular window.

RA: Particular time, yes.

CP: You obviously thoroughly enjoyed it.

RA: Oh I did.

CP: You've had a marvelous career.

RA: Well, I got to do a lot of things. Several years ago we formed, with Dr. Howell's<sup>34</sup> help, we got the statewide dental advisory committee started, in which the state dental office was involved; the Florida Dental Association was involved; the two dental schools were involved; the American Association of Pediatric Dentistry got involved; health departments were involved, and I represented—Dr. Dunbar and I both represented county health departments.

And we really started to work on trying to develop a plan to help meet the unmet need in Florida.

As much as we met, it seemed to grow faster than we could grow. That is where we did some studies on health costs and reimbursement and that helped get Medicaid do some reevaluation.

We did support the adult care. But, again, like I say, the timing wasn't quite right at that particular time because the state was having some financial problems that they were trying to

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<sup>34</sup>Dr. James T. Howell was a very important figure in Florida public health. Throughout his career, he garnered multiple titles, including secretary of the Florida Department of Health and state health officer. An interview between Dr. Howell and Dr. Prather is available in the USF library's College of Public Health Oral History Project collection.

deal with. And dentistry wasn't one of them, not high on their priority list. But it got us an opportunity to get a better relationship with organized dentistry across the state.

And Bob Dunbar has been very, very active in FDA, more so than I was. In fact, one of his close associates was the president of the FDA who is a pediadontist up in Palm Beach County. I really felt like we made a lot of progress, and what we were trying to do is, we were trying to get the dental community to become more involved with Medicare so that we would have adequate resources to meet the increasing need. What is it? Healthy kids, healthy children, healthy start?

CP: Healthy Start<sup>35</sup>.

RA: Healthy Start. Some of those programs were starting to come in, and they fit in between the totally supported Medicaid and private practice. So we were trying to build some bridges in between so that people didn't fall through the cracks. So that statewide coordinating council was starting to fill that need. I just wish I could continue on the committee, but I don't have any authority to do anything any more. (laughs)

CP: Well, they could use your help.

RA: But then, you know, when HRS<sup>36</sup> died, and the department of health raised, that's when that committee got born.

CP: It's still active.

RA: It is. It is still there.

CP: It is still active and still working.

RA: Right, and Dr. Waldorf [sic], who succeeded me here, I think, is a member of that committee. So hopefully they will continue.

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<sup>35</sup>Signed into law on June 4, 1991, Florida's Healthy Start initiative provides screening for pregnant women and newborn infants to identify those at risk for poor health and developmental outcomes. The Healthy Start program is federally funded through a bureau of Maternal and Child Health Program initiative.

<sup>36</sup>HRS, the Florida Department of Health and Rehabilitative Services was created to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health standards.



CP: I bet there is nothing in the guidelines which says you have to be an employed slash practicing dentist to be on that. You could carry some philosophy and goals and enthusiasm to that committee. Let it be known you want to continue to serve on it.

RA: Yeah. I will.

CP: I don't know who you tell that, but tell whoever needs to.

RA: I tell—

CP: They won't pay your way up probably.

RA: Bob Dunbar and I are still very close, as well as Harry Davis, who is state dental director. So I've just been trying to try out my retired shoes this last 11 months.

CP: You've got to kind of settle in now. What are you doing in retirement?

RA: Well, I'm still helping—

CP: You're trying to settle in.

RA: Yeah, I started helping a little community group down in Pembroke Park. There's a little Baptist church down there, used to be fairly large, and they had a school, a day school associated with the big building. Well, over the years and the changes in the population, the congregation has gotten very small, and so the building was left vacant, hasn't been used.

So the Gulf Stream Baptist Association decided to help them, and what they wanted to do was something for their community. So they established a health facility there, and they have volunteer physicians who do medical care, and they've gotten support from the memorial hospital.

You know, if you need a hospitalization, we will work with you. And I've been trying to help them get—I helped them—we built a dental clinic down there, fully equipped dental operator. We really had a problem trying to find dentists to volunteer to work down there. And so,

probably when we finish today, I will probably visit our volunteer coordinator here and see if I can crank up some—

CP: Jug her [sic] up a little bit.

RA: Crank up some more support here, and see if we can get some of the dentists. What they did to start their health clinic—I mean, they just didn't start one. They actually did a survey to find out. They found that 56 percent of the people there had no health coverage whatsoever of any kind. 56 percent.

And they thought, Well, you know, we can do something about that. And the physicians have been good. They had one doctor who just recently retired again and left the area, went up to Tennessee, but he was providing services there a couple of days a week, and they've gotten some more physicians who are coming in.

This legislation that we have that provides sovereign unity to physicians and dentists who provide health services without compensation has been a real boon, and that will help us. And so that is one of the things that attracted some of those physicians.

CP: Good, they can get their hands in and—

RA: Right. Again, a lot of times you need a little help from legislators you know, so that you can —

CP: Just a little bit. If you've got some innovative people who are thinking.

RA: Well, you know, I think, I am not absolutely sure about this, but I think Del Miller, when he was state dental director, he got dentistry written into the statute in public health. And the only problem is they said "may" instead of "will." One little word. If you change it from a three-letter to a four-letter word, we would have been in like Flynn, but it's still "may;" the county "may" have a dental program.

CP: That is correct. And Del is responsible for that.

RA: I thought so.

CP: But he wanted also [inaudible] as well as basic services.

RA: I have a history with Del. I had a scholarship that put me in Pahokee<sup>37</sup> to repay the scholarship. Well, at the end of the five years, I had got this letter from the board of health that “You have successfully completed your five-year obligation; we thank you very much—” blah, blah, blah—signed, Delbar Miller.

Well, I got to meet Del just before he left Florida, went up to Atlanta with Amber Emory, and then he came back. And we established a friendship. And then Del was having—several years later Del was having some health problems and couldn’t go to the ASTPD, Association and State and Territorial Dental Directors. So I told him one time, I’d like to—maybe like to go with him.

He says, “Well, why don’t you take my place? You go for me.” So I went to several of those meetings, and through that, I got to meet dental directors in other states and a lot of interaction with them. And, also during my time here, I told you my income made a drastic change from private practice to state employment. So I was looking for a second job. Well, it so happened that I got the second job in the US Army.

CP: Oh, you did. All right.

RA: Now, prior to dental school, actually in high school, I went into the Navy, Naval Reserve. So I served in the Naval Reserve through my three years of college and four years of dental school. When I came out of dental school, I wanted to be commissioned to go in the Navy. They said they didn’t want me. Can you imagine that?

Then he got a physician, he says, “Ah, you’d just go into private practices, we’re never going to bother you.” I said, “You know, I don’t want to go and get started and get all that expense on my back and then you say, ‘Hey, come on, we want you.’” Because this was right in Vietnam. So he says, “No, don’t worry about it; they are never going to bother you.”

CP: Oh, famous last words.

RA: So for my nine years of private practice, I didn’t worry about it. Well, after when I came back to work for the state I thought, Well, maybe I ought to get back to the reserve. I’ve got eight years. So I found out that there was a slot, a vacant slot, up in Palm Beach. So I went up there. I was going to go up there and take the physical.

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<sup>37</sup>Pahokee, Florida, is a city located by Lake Okeechobee in Palm Beach County, Florida.

Well, the Friday before—I was going on a Saturday—the Friday before that, I got a phone call. I happened to be working in the migrant clinic that day, and I get a phone call from another dentist. He says, “Don’t bother about coming up.” He says, “I am going to take the slot.” I thought, Well, the heck with you.

Saturday morning I packed my little self in the car and I drove to West Palm Beach. Dr. Brumback<sup>38</sup> was the health officer. He was the physician, and his assistant health officer, Dr.—I forget names right now—John<sup>39</sup>—he became a health officer in Seminole County later on. You might remember his name. Well, anyway, they recognized me. “Oh, you want in.” “Oh, okay.” Man, I passed my physical, no problem.

Well, I went back to the reserve unit; I sat there for five hours. Finally, the administrative officer came out, and he says, “You know, I am sorry.” He said, “But today they changed our table of organization and personnel. We don’t have any dental slots any more.” He said, “But I’ll send your application down to Miami. There is a unit down there.” I said, “Okay.”

So I came home. I said, Well, Lord, I guess you don’t want me to be in the Army. About two weeks later, I get a phone call. It’s from a dental school classmate. He says, “Hey, I understand you want to get in the army. You want to get in my unit.” I said, “Whatever it takes.” So he sent his administrative sergeant up to my house, and we did the paperwork because I had already had the physical. And I asked her, I said, “Well, what do you think? How long is this going to take?”

She said, “Oh well, it is going to take probably about six months.” I said, “What would I be commissioned as?” She said, “Well, probably as a captain.” I said, “Okay.” Six weeks later, I get a phone call, “Can you come down and sign for your commission?” So I said, “Yeah.” I said, “By the way, what are they commissioning as?” “Major.” (laughs)

So I stepped in. I was not a 90-day wonder; I wasn’t a 20-day; I was a one-day miracle. And that career—in one year, I was commissioned on the fifth of July. The seventh of July, I left home for two weeks active duty at Fort McPherson in Atlanta. So when I got home that afternoon after taking my oath of commission, I told my wife that I was going to Atlanta for two weeks, and she didn’t talk to me for the rest of the weekend.

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<sup>38</sup>Dr. Carl Brumback was interviewed as part of the University of South Florida Public Health History Project on July 13, 1997. See DOI C53-00041.

<sup>39</sup>Most likely he is talking about Dr. John F. McGarry. Dr. McGarry was the deputy director of the Palm Beach County Health Department from 1967- 1971.

While I was in Atlanta, I flew to Baltimore to find a house to live in because that is when I was going to go for my masters. I found a three bedroom, fully-furnished house. It was a professor who was going from [Johns] Hopkins [University] who was going to the University of Chicago, for a one-year sabbatical. And so, he was just going to pack his clothes and take his wife and daughter and go.

So I could move into his house, fully furnished, pots and pans, dishes, silverware, everything. So I found that out during that two-week period. Now, the interesting thing of the story is, I didn't have any money to rent that house with. But I told the realtor, and it wasn't—the realtor I was with wasn't the listing realtor.

But I told her, I said, "As soon as I get back, I mean, one week from now, when I finish my two weeks active duty, I will get paid with the army, and I will send you a check." Well, the listing agent wanted payment now to take the house off. So the realtor I was dealing with advanced the money to the other one to pay that, on the promise that when I got paid from the Army I would pay her. Now, ask me if that's not a miracle.

CP: That is a miracle.

RA: Then, I told you about the scholarship going. Well, when I got to [Johns] Hopkins [University], skipping in the story, when I got to [Johns] Hopkins [University] at the end of September, I go to my mailbox, and I open up and there is a check for 176 dollars from the university. So I went upstairs [to the student finance office] and I said, "What is this for?" "Oh, you get 200 dollar a month stipend." "Oh, that's nice."

CP: Isn't that neat?

RA: My kids are all from Florida, and I had four kids at that time. I had to buy winter clothes and coats and stuff like that. So thank you very much. Unfortunately, in January after that, President Nixon was having his rife with congress, and he says, I'll show you. And he impounded all of the administrative and executive branch monies and the stipends for public health were in his budget, so that money got impounded. So I get a call from—

CP: I remember that.

RA: Remember that? So I get a call from the dean of student affairs, and he calls me down to his office, and he says, "You've been receiving a stipend of 200 dollars a month to which you are not entitled." I said, "Whoa, wait a minute." I said, "The day I got the first check, I went up to the

student finance office, and they told me, yes, I had this.” He said, “Well, somebody made a mistake. We need you to pay back 976 dollars.”

So I thought, Okay. I had some savings. I thought, Well, there goes my kids’ education. Well, by the time I got home, I thought of that thing, and I was hot around the collar. So next day I went to my advisor, who was the assistant dean, and I said, “You know, I don’t have a problem with paying it back.” I said, “But I can’t pay it back now, but I can pay it back in April when I get my tax return.”

And I said, “Secondly, there seems to be the implication that I took this money under false pretense.” He says, “Let me look into it.” A week went by, came back to his office, and he said, “You got until April, and here is your letter.” The letter tells me that they realize that the university had made a mistake, that the money had been mistakenly given to me, and that they would appreciate it if I paid it back, and they were sorry for the inconvenience it caused me.

So in April I get my tax return. It is twice the 976 dollars that I needed to pay them back, so I paid them back. So I got my tax return in September, starting in September, instead of having to wait until April. So that was one of the several miracles. I mean, I was supposed to get my MPH. The slot in the school, the fact that I had—so actually, that thing that I told you about was, it was paid my tuition. That stipend paid my tuition. Not the other stipend that I got with my tax return.

So it didn’t cost me or the state of Florida. All they did was pay me my salary. And that was the other reason why they needed me to pay it back. He says, “You’re on a full salary.” I said, “Yes, I am.” He said, “We really need you to pay it back.” I said, “Not a problem, I will pay it back,” which I did. And plus the fact I got someone to rent my house here for the same amount of money I was renting the house in Baltimore.

CP: The lord had work for you to do, man.

RA: So all my costs were no different going to school than it would have been if I had stayed here that same—

CP: Except for the winter clothes.

RA: Yeah, winter clothes. And he gave me those early. So going back to the army, when I came back from [Johns] Hopkins [University], I went to one month’s drill. The next month I was commander.

CP: You were?

RA: I went from new recruit to commander in a year.

CP: The lord has really blessed you. I'd like to get into that side, but I am told that we're about to run out of tape.

RA: Oh, my goodness.

CP: And they're going to limit us to a two-hour tape. It just doesn't feel like two hours. So, kind of in summary, what have we left out that you really want to say? And I want to ask you a question after that.

RA: Really, what to say? Well, we've covered the fluoridation, AIDS—

CP: Let me ask you, a young dentist coming along not knowing exactly—I just want to do dentistry; what kind of advice would you have toward public service for this young dentist?

RA: Well, the first person I would go see, I would go to health department and find out if there is a dental program—very first thing, for a couple of reasons. A new dentist coming into practice today probably is carrying a very heavy financial load, and he needs to make money now, today; if the health department doesn't have a vacancy, certainly, in some situations, they could use some volunteers. And in volunteering, you get to know other people, and they get to know you.

It is just like politics in this sense; if you don't have your name in front people, they don't know who you are. And a new dentist coming into a community needs to be known. He needs to learn his community, first of all, to know what kind of practice he wants to have, and he needs to be known in his community that he can provide them the services that they're looking for.

And so, I would say the health department would be one of my first stops and get to know the dental program there. And even if they don't have a position or a volunteer situation, make friends with a dentist there because they can teach you a lot of things about that community. There may be other activities that an individual, a young dentist, can get involved with, with the county health department, even in educating, going into the schools.

I was lucky because—one of the things I didn't talk about was for over 20 years, we had dental hygienists as health educators in Broward County, and we provided dental health education in 60 elementary schools to the first grade kids, first and fifth grade.

We did the fifth grade as kind of a follow-up to see if they remember what we taught them in first. But we taught them about health care. I would buy over 10,000 toothbrush kits a year to distribute free to the kids. Then the school program had kits. I would use—we would take those. So 20,000 of those would go out every year into the schools in this county to learn about dental health. And so, those are things a young dentist could be involved with. There is teaching and—

CP: That's good advice; it will be there.

RA: You know, where the kids go, mom and dad follow.

CP: Always. I have enjoyed this so much, and I am sure that our future students who watch this tape will enjoy it equally because it is not limited to dentistry.

RA: Well, it's not just been my life, but it's been public health, how it's been lived.

CP: It's the development of public health program, a model public health program, dental public health program, it has. And I am just thrilled that you would take this time to share with us, not only dentistry, but public health in the larger sense. And I just love it.

On behalf of the college, the College of Public Health over at the University of South Florida—I am not sure I've got proper words to express proper appreciation on their behalf and certainly the university library systems. Again, I just thank you sincerely for taking the time.

RA: It's been my joy. It really has been.

CP: And I want our audience to know today is June the fourth, 2002, and we are in Fort Lauderdale, Florida. Our videographer for today is Ms. Jane Duncan, and I am Skeeter Prather.

***End of Interview***