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USF College of Public Health Oral History Project
Oral History Program
Florida Studies Center
University of South Florida, Tampa Library

Digital Object Identifier: C53-00009
Interviewee: Thelma W. Deason (TD) Interviewer: E.
Charles [Charlton] Prather (CP)
Interview date: 1999-10-21
Interview location: Unknown
Transcribed by: Gafataitua Fa'alogo
Transcription date: 2014-09-26
Audit Edit by: Brendan Driscoll
Audit Edit date: October 29, 2014 to November 3, 2014
Final Edit by: Peter Cannon
Final Edit date: December 15, 2014 to January 13, 2015

E. Charles Prather: We're very privileged to have with us this afternoon Ms. Thelma Deason from Bristol, Florida, Liberty County; where she was the chief supervising clerk, for the lack of a better term. She had multiple titles during her 37-year career history as one of the four integral basic employees of the county health department.

She comes to us today, let's talk about the duties and activities and the work of a, in Public Health terms, a clerk. The lead clerk in a rural, relatively isolated, county public health department of Florida. We're privileged that she would come, she's a colorful person that I've enjoyed, and indeed I've known her virtually all of those 37 years—not that I am that old.

But I just know Mrs. Deason and have loved her dearly for all of these years. I would even stop by for some of her coffee and a biscuit in early days as I travelled through Bristol going to points west.

Ms. Deason, it's truly a pleasure to have you here today. And on behalf of the University of South Florida and the College of Public Health, we just thank you a bunch for your willingness to come by and chat this afternoon about your work and times in funs and cries, in your unhappinesses and your pleasures, with a small public health department of Florida. What really were your duties as a clerk in a small county health department?

Thelma W. Deason: Well, I was at the front desk. I was hired as a clerk typist in 1961, and I had a doctor a day and a half a week. I had a nurse every day.

CP: A doctor a day and a half a week?

TD: (TD murmurs in agreement)

CP: Even in '61 you did?

TD: Yeah.

CP: A day and a half a week? Okay.

TD: He was in Bristol on Tuesdays and Hosford half a day on Thursdays, and we were at the Hosford subunit, same staff.

CP: Everybody went down on Thursdays.

TD: Right.

CP: And you did public health there?

TD: Which was the nurse and the clerk. She would come by and pick me up, we'd go to Hosford for Thursday, and she'd be in the school that afternoon. And so I went into the school with her on Thursdays.

CP: You had another employee, were there not? There were four basic employees of a county health department.

TD: Well, we had—we shared environmental health, which was sanitation. They called them sanitarians back then.

CP: Oh yeah, and he was part time, or he was full time but shared?

TD: There was three of them, the director, we shared the director and his two employees; and they came down and did liberties on sort of a schedule basis out of Quincy.

CP: Out of Quincy?

TD: Out of Quincy. We were with Gadsden County for—our health department was with them 24 years. Some of that was before I started to work there. And it was something.

CP: Fascinating. From just your general memory, when did Liberty County establish a health department?

TD: I just happen to know that our board of commissioners—I'm not sure that they were the last county, but they were close to it, they organized the health department in 1947.

CP: Okay. No, you were not the last county.

TD: Okay. But I remember the State Board of Health was in '31, wasn't it?

CP: No, State Board of Health was in '89.

TD: Oh, but before the—.

CP: 1889, the State Board of Health was established.

TD: Okay. Maybe that building I had referenced to—

CP: That was before mine and your time.

TD: Right.

CP: Yeah, so we aren't expecting to remember that.

TD: No.

CP: Okay, so you had a health officer a day and a half. One day, and he came down from Quincy and you to Hosford, but what was the duties of—. What were you're duties?

TD: All the paperwork to the patients and clients that the nurses and the doctor used, and I did the paperwork. And—

CP: What did that involve?

TD: —I did patient forms

CP: Fill out the patient form.

TD: The lab work, just like they do now when they get at front desk. In fact, some of the forms are relatively the same.

CP: They are?

TD: (TD murmurs in agreement)

CP: Really?

TD: Yeah.

CP: They haven't been computerized?

TD: A lot of it has and some of that has taken place since I left. In fact, I left when you all in your wisdom decided reorganize us and I said I'd been reorganized three times all ready.

CP: Now I was retired by that time. I'm not going to take responsibility for that.

TD: I said, “This is a good time.” I told my present administrator that. I said, “I’ll do all of your old stuff while your new person—.” He says, “I don’t have a new person.” I said, “Well now, now’s a good time.”

CP: It’s time you get one because I’m leaving. (CP laughs)

TD: So he said, “You aren’t going to retire.” And I said, “In a heartbeat because it’s time.”

CP: I still don’t have a good mental picture of what your duties were early.

TD: Well, I answered the phone, I told them when services, whenever certain, whatever they needed was available at the health department. And over time it was busy because the nurse was either in the schools or in the clinics or in—. You know back in those days Ms. Gould would actually, we had a state car with “Public Health” on the door. She’d go to a community and spread her immunization table right on the hood.

CP: Yes, yes, yes.

TD: And all the mamas would bring their babies from the houses and they got their immunizations. We run like 95% coverage of immunization levels.

CP: And you were there with her?

TD: On Thursdays, only on Thursdays. She didn’t go in all the communities; she went to those that were not really coming in.

CP: Yes, the real deep ones.

TD: Right. So they were immunized just like those that come in regular. Because we’d know who hadn’t come in.

CP: Yes, you would.

TD: And I would build a card file on—

CP: Who’d need to—

TD: —who we needed to get.

CP: And pretty near knew all the babies in the county, didn’t you?

TD: Well, I did after travelling with her.

CP: You were not born and raised in Liberty County, but you moved there early.

TD: I was raised, I was raised. I was—my family lived there when I was born north of Moultrie [Georgia]. In 1927 we had a hurricane¹ and we had a flood over there, the river rose, and my family sent my mother to (inaudible), north of Moultrie. Now my family lived in Liberty County, I have a sister older than me.

CP: You just, you were up there because of the flood, you weren't—

TD: Right.

CP: So you were a misfit up there? TD: Yes.

CP: You just happened to have been born up there.

TD: I said was mama's only child that didn't have a Florida birth certificate.

CP: Well, you are. So you knew all, you knew most of the families in Liberty County, except the Johnny-come-latelies. You really knew them; and you knew—what's the population?

TD: Which house—. When I started working in the health department I think our population was in the neighborhood of 3,200. Back in the '20s when I was small, I was born in '27, our population was right at 6,000. But see, the US Forest Service come in, bought up all that land, made a national forest out of it².

St. Joe Paper Company bought all that land and made private ownership out of that. And people that owned their own, it was only about a third of our county. It even is today. We're back to about 6,000 people now. And we have more people working at the health department now than we did then, too.

CP: I'll bet you do. I'll bet you do.

TD: They have environmental concerns now that—.

CP: You have a full time sanitarian now.

TD: Right. Isn't that great? Mr. Schuler asked me, he said, "What have you always wanted at the health department that you don't have?" And I said, "A sanitarian." He said, "They don't own [sanitarians]." I said, "Right."

CP: But that's what I need, a sanitarian

TD: I said, "We, Liberty County needs their own." And you know he put in for one, and got one after the administrator that's there now came in.

¹This is referring to Tropical Storm 5, the only cyclone to directly strike the United States in 1927 and the only cyclone that affected the Northeastern coast of Florida.

²The Apalachicola National Forest was created in 1936. The largest part of the forest lies in Liberty County.

CP: Great.

TD: Right.

CP: The administrator came there. Mr. Schuler's still the administrator?

TD: Yes. (TD murmurs in agreement) He's the one that asked for me when he first came.

CP: Yes.

TD: And our environmental health person came on board. I did his employment papers before I left.

CP: You did.

TD: Yes.

CP: All right. Well, what did you think of this public—. Where did you come from to the health department?

TD: I was finance officer for the school board for six years. So I was familiar with the schools and getting into schools. And so when the nurse and I went to school I knew who they were. It was good.

CP: That was helpful.

TD: Yes.

CP: Did the experience as the penny-counter for the schools carry over to the health department?

TD: Oh yes.

CP: Was it useful?

TD: That was the first thing that Dr. Blackwell asked me. He said, "I've been given to understand from your resume that you'll be able to tell me when [to] come here on Tuesday if I have any money. And if I need any, and what I need." And I said, "I really don't know, I'll have to look at your budget and tell."

CP: That's a good place to begin.

TD: Right. I said, "I'll come look at it while, I'll be able to talk with you about it."

CP: Yeah, balance my bank account.

TD: Yeah.

CP: Was the finances in order?

TD: Well, they didn't have any money.

CP: They were in order. No money. No money, so there was no errors. Had there been a clerk there before you?

TD: Yes, one of the nicest people. Her son was sheriff in our county since I've been at the health department for 20 years. He was in my class in school when we went to school. He went off to the army and was gone for 25 years or so. He was an MP in the army. He'd come back and run for sheriff.

CP: And he are now the sheriff.

TD: Right, he was sheriff at least 20 years, I would think, while I was at the clinic.

CP: And that's the son of the clerk that preceded you.

TD: Right, the only lady that worked in, she worked in the building where I am now until she had cancer.

CP: Oh, too bad.

TD: It was terrible.

CP: Too bad. That's the reason she left?

TD: Right.

CP: Oh man. Okay, so you brought your money counting experience. Who taught you? What kind of training did you have for your job with the health department?

TD: I had three days in Jacksonville.

CP: What'd you do over there?

TD: After I was there at the clinic about, I would say a month or six weeks Dr. Blackwell said I would have to go down to Jacksonville to get orientation for three days. And so that's when I really learned what all we did, and I learned since then that Liberty County always had at least one of what Miami has. It doesn't matter what they have, we have at least one of it

CP: That's correct. That is absolutely correct.

TD: So it was really interesting, everyday was different.

CP: What was your orientation in Jacksonville?

TD: We went to some places that'd make you sick. They had pieces of stuff and jars of stuff and they'd tell you what it used to be.

CP: What are those?

TD: What it had, and why it isn't with us anymore. I was glad I didn't work in the lab.

CP: This was the general orientation to the state board of health, not an orientation to your specific job?

TD: Right, right.

CP: Okay. But you learned about public health in general, about what it is that health departments do?

TD: Right.

CP: And you found yourself as the chief clerk and bottle washer for all of that.

TD: Right. And they took us through vital statistics and I served as the registrar from the day I came to work until I left—until the day I left.

CP: Yeah, and you got a formal registration to be the registrar. You got a formal letter from Mr. Williams, didn't you? Yeah.

TD: And I also was brought down to see why they wanted it perfect. That's the only way they would take it.

CP: It is perfect.

TD: And that hasn't changed.

CP: Had you been sending them in imperfectly?

TD: Oh no. (TD murmurs in disagreement) I was new.

CP: Oh, you was new and afraid to send it in.

TD: Right. I was new. And they had (inaudible)—so I looked and found Liberty County's little book and its own (inaudible). Back then it was like two little books, and the county side of it, I don't know, some county—

CP: Another L. Leon.

TD: —they had lots of—. Yeah. Leon had stacks of books. I was real. All of my, all of my years I have really enjoyed working because it was different every day. It wasn't—you didn't have to worry about what we'd have this morning; you know we'll have something. (inaudible)

CP: Something new and exciting.

TD: Right.

CP: I always found that, too. I thoroughly enjoyed the surprise element, because you didn't know what was going to hit [when] you walked in.

TD: Yeah, I would get bored doing the same thing all of the time.

CP: So would I. Well, after this newness and fun, when you got back from Jacksonville and you were in, you didn't get any specific training for the job of clerk in the health department?

TD: There was a lifesaver book there. I had a brown folder, and you opened it up and every form that I filled out there was a form pasted there, Scotch taped there, and over here were the instructions to fill out that form. And I'd been there about a week when I found that. And did you know, it was there until they, like you said, they would change a lab form occasionally. And I would only take that one out of the book.

CP: That's very good.

TD: And it was amazing, you know. If I had a form to fill out I hadn't seen before, I'd look through and see if it was in the book. And if it wasn't, which wasn't very often, but then a few new forms were changed.

CP: Who put the book together?

TD: It was there in drawer, so someone probably fixed when Miss (inaudible) started, because she worked there ahead of me.

CP: And where there clerical consultants out of Jacksonville that came back?

TD: Yes.

CP: Were they useful?

TD: Grace Nelson.

CP: Yes? Thank you.

TD: I hadn't thought of Grace since I don't know when.

CP: I hadn't either.

TD: But she came and stayed three days before I went to Jacksonville. I just remembered that. I don't remember how long I'd been there, but one day this lady just showed up, and she says, "I'm Grace Nelson, I'm from Jacksonville. I've been with the health department so and so and so, and I'm here to show you what you need to do."

CP: What your job is.

TD: Right. "And where to find things." So then that's when we went through file cabinet and back then we had a TB drawer and a cancer drawer and a VD drawer. And you know now they integrate them. They did that while I was there, integrated all of the medical files. And that was probably 20 years after I started. So my files sometime would have the same person in maybe a couple of files.

CP: In three places.

TD: It could be. But it was, it was always interesting.

CP: Was Ms. Nelson real useful to you?

TD: Oh yes.

CP: Did she come back periodically? Was she a friend that you could call when you needed?

TD: Well, she offered, but you know when you've got it right there. But a consultant came by periodically, I would say.

CP: Yes, yes. Okay, clerical.

TD: Yeah, right.

CP: I stopped in.

TD: But if you sent something that wasn't it like they wanted it they called you on the phone.

CP: You heard about it.

TD: Right, so—

CP: But you'd learn from that.

TD: Right, right.

CP: And the next one would be better.

TD: In fact vital statistics will call you the day they get it, saying, "This can't go."

CP: Uh-oh. So you had to go back to the funeral director.

TD: Right.

CP: Back to the doctor.

TD: Right. Never had any problem that I think we—we had a few of those, but not many.

CP: And you did all that.

TD: (TD murmurs in agreement)

CP: Where is the nurse and doctor all this time?

TD: Well, like I said, the nurse is either in the school or in the community. But I always knew where she was.

CP: Yes, yes. Exactly.

TD: And I always knew where he was. I'd call the health officer, maybe I called Dr. Redington one time down at Indian Pass.

CP: That must have been serious.

TD: It wasn't a public health problem. No, it was public relations problem. He turned down a bus driver, which you, you know, you need to—

CP: He turned down a bus driver?

TD: Right. And he didn't drive the bus, either.

CP: Yeah?

TD: And that was, it was very traumatic. See, I didn't know he'd been turned down, so when the school superintendent came in to talk with me, I called.

CP: Had to call the boss.

TD: Right. I called him while he was still in the building.

CP: Did you all get it straightened out?

TD: Oh yes. See, in those days for years, and see that's another thing the health department did, they checked all the school bus drivers. He's working for the school board, not for the bus

driver. And when one get—see, the bus driver knew he'd been turned down, but I didn't. And if the school superintendent hadn't come to see me I would never have known probably.

But when I called Dr. Blackwell he told the school superintendent it was on the form now. And so after he explained what he'd put down on the form and why he wouldn't be able to function as a school bus driver they just hired another school bus driver.

CP: Seems like a logical thing to me.

TD: Right, but I was glad I found doctor—

CP: Blackwell.

TD: Doctor Redington. at that time. See, I had Dr. Blackwell for eleven years, I think I was with him. I was with Dr. Redington about nine.

CP: Yeah. Okay.

TD: I kept everybody as long as I could.

CP: Tell me how it progressed over the years now. We got started and we were so small and over the years, population increases, program expanse enlarges. How do you fit in to all this?

TD: Well, I'd been there a good number of years before we hired the second clerk. In fact—In fact, I think you caused us to hire the second clerk.

CP: Well, don't tell anybody.

TD: Okay, I'll just tell you.

CP: Okay.

TD: Remember you came by there one day and you said, "Why don't you have some help?" And I said, "Nobody told me I could have some help." And you said, "Fill out those papers for another clerk and we'll see what we can do."

CP: Just like that.

TD: In about six weeks we had a clerk.

CP: Well isn't that something?

TD: She is still at the health department.

CP: She is?

TD: Yes.

CP: Well, when you get there you tell her I was somewhat responsible for her having that job.

TD: Totally.

CP: Yeah. Next I go in there I want her to speak to me by name. Not, “Hey you, what you want?”

TD: Well, I used to say to people if I knew them real well from the health departments I would —. They’d come by and I’d say, “I know you’re lost because here you are in the health department, so where are you going today?”

CP: Where are you trying to get to?

TD: Because we would have someone from back from the head state board of health, we’d have someone from local health services stop there on the way to Pensacola. Seemed like a good idea, it was halfway, right?

CP: Yes. I’ve stopped in there just to say howdy-do, in the early ’50s and up through the ’70s. Every time I was through there I’d always stop at the Liberty County health department. TD: Well, that wasn’t often.

CP: No, it wasn’t. It wasn’t real often, but I’d just stop in to say howdy-do and what kind of germs you got running around.

TD: One day a doctor out of the state board of health in Jacksonville stopped at the Hosford clinic and he walks in and he asks me for something, I think it had to do with vital statistics. And I said to—I was trying to remember his name, I can see his face, I can’t remember his name. But he said it to me. And I said, “I’ll have to do that for you when I get to Bristol.”

All of our statistics records are in Bristol, we don’t have any in Hosford. And woman in the lobby got up and come to the window and said to him, “They don’t have anything they need in Hosford.”

CP: (CP laughs) Very good!

TD: And it was just, you know it was—it really floored me. Now I remember her name because it was really embarrassing. And so I said to her, I said, “We’re only allowed to keep vital records in the main clinic.” But I said, “Anything the doctor or nurse needs is down here.”

CP: Yes, yes.

TD: And I didn’t say anything to him.

CP: Did he introduce himself, or did he just walk in as a stranger off of the street?

TD: Oh no, I knew him when he walked in the door. I had seen him at something. You know once a year they would make us go somewhere and I had seen him on the podium.

CP: Oh, Okay. So you did know him.

TD: Yes, I knew him. Well, and two, he says, "I'm doctor so-and-so." He didn't expect me to remember. He didn't—

CP: If he had just walked in—

TD: Oh no.

CP: Oh, that would be unforgivable.

TD: (TD laughs) Now he was on his way somewhere but he happened to know that the doctor was scheduled to be there on Thursday. And see if we hadn't have been there, we'd have been in trouble, right?

CP: Not necessarily.

TD: According to what the reason was, huh?

CP: Yeah.

TD: But you know you don't change clinic schedules frivolously.

CP: No, you don't. No, you don't, you'd better not and I hope you would not.

TD: Not as small as we are. They'd call you at home and complain.

CP: I'm glad of that, I'm glad of that. Let's go back to your duties though. And as staff increased how did your duties change? Or when was your first staff increase really?

TD: When the first clerk came on. Oh no, the first nurse come on. The first nurse. And she's still there but she's retiring in December. We got a nurse. I really insisted that we get another nurse for what little input I could have.

CP: Yeah, I think you could use it.

TD: I kept thinking that I could fill out papers for two as good as I could one, but I couldn't quite. We got a second nurse first. And then when you came by that day we got a second clerk, which really allowed us to be off if we really needed to be off instead of being there anyway.

CP: Yeah, yeah. How did your duties change with increasing staff?

TD: Well, when Linelle first came to work there she had the front desk. She did the front desk clerical, answering the phone, which took a lot of time. So I did more and more filling out things for the nurses and budgets, which I was all ready doing. But I did a lot of that at the front desk the years I was there. And so if we didn't have a patient in the waiting room, you might remember my desk had two pullouts here.

CP: I remember.

TD: And I might have it sitting there, and the phone's over here, and if I didn't have a client in the front office I would just turn around and do stuff that I'd do tomorrow. I didn't really have spare time to burn.

CP: That's too bad.

TD: But we have two more clerks now.

CP: You do?

TD: Yes, we've got all those computers to fill up with stuff.

CP: Man, oh man.

TD: We have two more nurses, Okay.

CP: You've got four nurses now?

TD: Yeah, and we got—

CP: My gracious!

TD: —and we share a social worker with Calhoun County.

CP: A social worker?

TD: Yes, and we share a computer person with Calhoun County.

CP: My gracious!

TD: And our sanitarian and theirs cover for them when they're on vacation or off on something.

CP: Yes. You had a full-time physician?

TD: We share the physician services now with Calhoun County.

CP: OK, and how does that work out? TD: A day and a half a week.

CP: You get the physician a day and a half a week. Is that three half days or a day and then a half a day?

TD: It evolves according to who we have. We have Dr. Moore, unless he's changed in the last month. That's now, but we did share with Jefferson County.

CP: Jefferson County?

TD: Yeah, the physician lived in Tallahassee and he went that way three days a week and our way two days a week.

CP: Oh, Okay. And he does all the physician stuff. Suppose you got a food outbreak. Have you ever had a food outbreak at that restaurant down there?

TD: Never had, yet.

CP: When's the last epidemic you had?

TD: We haven't had an epidemic.

CP: So you can't test my theory? Have you ever had a boil water order?

TD: No. We're on the high side of the river. That really helps.

CP: It surely does. It surely does.

TD: Because I tell my husband if our yard floods needn't get in a boat hunting anywhere dry.

CP: Because it's all covered.

TD: Right.

CP: Yeah.

TD: But that's just like the year I was born and the river flooded it was too dangerous to use the ferry across, because when you left the Bristol landing—which was not underwater two years ago when it flooded 27 feet, the Bristol boat landing was not underwater. But if you left that landing on the ferry where you'd land at Blountstown side would be—

CP: Close to Apalachicola?

TD: (TD murmurs in agreement)

CP: Close to Apalachicola? I'm sorry.

TD: My father used to tell about the time when he and his friend, the river was up, it was too far to go to Quincy so they were going to go to Blountstown to get supplies. So they paddled a boat across the river and tied up—you know where that Easy Serve is?

CP: Yes.

TD: Right at the new courthouse in Blountstown there's a great big old tree there. Well, that little old tree was big enough they could tie a boat to it.

CP: Really?

TD: And so that's way this side of all that flat area, was covered in water.

CP: My gracious alive. What happened in '69 now? In 1969 the state board of health was dissolved.

TD: Okay, I didn't remember the year.

CP: And then we became a division of health. How did that impact you, you as a local, as a teeny county health department, and you as the clerk?

TD: I really couldn't tell the difference.

CP: Good.

TD: Mailed it to 210 Earl Street.

CP: Mail went to the same place, same people.

TD: Right. It was just a different name, we did the same thing.

CP: Far as you could tell only the letterhead changed.

TD: Right.

CP: That's good.

TD: But, you know, you sent—it was just not anything significant that I would remember, it was just new again, you know? New letterhead, new letterhead at our place as well, routine changes like that I would think, not in services.

CP: Services or program or personalities?

TD: Right.

CP: None of that changed. Well, and now comes the '75 alteration.

TD: Now that was traumatic.

CP: Talk about that. Now that's when the Division of Health was abolished, became the Health Program Office within the Department of Health and Rehabilitative Services. And districts were established.

TD: Right. That was a major, major change.

CP: Talk to me about that.

TD: Well, besides all of the things that were changed before, you didn't do, we did everything in Jacksonville before, administration-wise, even with the department, with the department of health. The name on the Pearl Street [building] changed; I think went one time after that.

CP: It surely did change.

TD: But when we became a section of HRS we didn't have any statewide meetings, except the budget meeting. I think we had a budget meeting in Tallahassee that I attended.

CP: But they were rare.

TD: Right.

CP: They were rare, that was in the early days.

TD: Well, and I was over here to the one when they were explaining what's all of this that's going to be cut and how this is going to be moved, and this'll be in that department. And like—it affected us in that where the sanitarians with the gas tanks. CP: Oh yes, and some of them.

TD: You know that was just as come by 20 they're digging up gas tanks at one of the older stations in Hosford. They've run out of time to do that.

CP: Yeah, it's right on them, it's January the 1st or you're subject to (inaudible).

TD: And did you know the health department still checks that? When it's done, because it was farmed out. And so I knew that he would have to be involved in that because what we done we targeted all the old tanks that could be found in Liberty County years ago.

CP: And you got them ticketed.

TD: Right. As to—it reminded me of when the county commissioners decided to put in a water system in Hosford, public water system. They'd asked me to go over and actually count the outside toilets that were in Hosford within however far the community went in all directions. And I worked over there every Thursday since '61, so I said, "I won't even have to get out of the car I can just drive by the house and I say, 'This one has, this one has.'"

So they picked me up with a county car and I said, "This one has, this one has." And they got a water system in Hosford. That's more into public health than the (inaudible).

CP: Including a wastewater collection system? Sewage treatment plant?

TD: No. Did you know the city of Bristol does not have one of those?

CP: What are we using? Are we using septic tanks? We gotten rid of privies?

TD: Got rid of privies but we still are on septic tanks throughout the county.

CP: Well, if I had to have my choice of a sewage disposal or fresh water, I'd choose fresh water.

TD: Well, all the community has fresh water now. Sumatra, the little town with less than 100 people has public water. Hosford and Telogia has. Sweetwater, you never heard of Sweetwater.

CP: Yes I have.

TD: Okay, it has its public water system.

CP: I was out there with one of the nurses. Let me see, we went out to Sweetwater, Sweetwater community, we did a household visit at Sweetwater. I can't remember what it was, but I went with one of the nurses to see something in Sweetwater. I've been to Sweetwater. And I think I was from Jacksonville, that wasn't your district town.

TD: It was large. Torreya Park is just north of Sweetwater.

CP: Yes, Torreya Park. Let's go back to the change now and how it impacted you as a small county health department, the HRS change of '75, '76. It went to effect July 1st, '76.

TD: Well, really then we just started reporting district-wide. So I was only involved in things that I sent other places. I only sent to, except vital statistics, I still sent—

CP: Still went to Jacksonville.

TD: Right. I still sent vital statistics to Jacksonville, but everything else went to the district office in Tallahassee.

CP: How did you like that as compared to the state board of health in the way it did things, and the district, you had a health component in district office—

TD: It seemed like we had more trouble verifying our money.

CP: With the district?

TD: Yeah. But it all got reconciled and worked out. One sort of—Mr. Schuler had been there two years, I worked with him two years. Before that we had Mr. Hicks. Mr. Hicks came in one day and said, “Ms. Deason, I was over at a budget meeting yesterday and I tried to explain to him about our finances and they’re not listening to me. Would you mind going to Tallahassee?”

And I said, “No, I had planned to do such-and-such-and-such.” He said, “Then you mind?” I said, “Oh no, I’m just explaining what I—.”

CP: What I want to do.

TD: I said, “I’d be glad to go over.” I said, “What I don’t understand why they don’t understand. They got the same printouts I got.” And he said, “Well, I don’t understand it either, and they’re not taking my explanation.” He said, “Do you mind?” I said, “No, I don’t mind.” In fact I said, “Where will it be?” He said, “It will be at the district office.”

So it was in Dr. Awad’s office. When I get over there it wasn’t Dr. Awad that was holding the meeting, it was Mr. Cox. And all of the interested parties was there. And I hadn’t seen Mr. Cox by name, I mean by person, but I knew him, I recognized by name that he was, that he was Dr. Awad’s second in command or something.

CP: That’s right.

TD: So he came down and sat at the end of the table. Well, Mr. Hicks had gone around and the district finance officer was there, the one that followed the lady that I met down the hall.

CP: Linda.

TD: Yeah, the one that followed her.

CP: Don’t know.

TD: Real curly hair. Well, I didn’t have much contact with her; see, because Linda was there when I was still working—

CP: When you were real active, yeah.

TD: But this lady was still there when Mr. Hicks was there, like three years before I retired. I can’t think of her name. She came over from family services. I can see her; she had beautiful auburn hair. Not red, that auburn color that’s gorgeous.

CP: Yes, yes, yes.

TD: And of course she my children’s age. And so as it worked out Mr. Hicks said, “Ms. Deason, sit right there at the end of the table.” So when Mr. Cox came in I was at one end of the table and he was at the other. It was nearly as long as that one. It didn’t have the round part of it. And

they talked, Mr. Cox talked. He explained the problem he was having, so they all explained their problems.

CP: Was this the other county health department folks?

TD: No, it was district staff.

CP: Oh, district staff and you.

TD: And Mr. Hicks and me.

CP: You and your associate, yeah.

TD: I realized after I was there a while that we were on the hot seat. So I said sort of what Mr. Hicks was saying, you know. And Mr. Cox says to me, he said, "Can you explain to me why you're having a \$30,000 shortfall?" And I said, "I didn't realize I was going to be talking about this, I could've brought my printouts." Well, the little lady there, you know, she had the printout. And I said, "I explained that to—." And I can't remember, that's terrible.

CP: That's okay.

TD: I said, "I really, I hate to talk off the top of my head about finances, but I would say my best recollection was in April. They put in our (inaudible) distribution, and the next printout they had taken it out, okay? And then the next printout I got they took it out again.

CP: Take the same \$30,000 out twice. That'd be \$60,000 to me.

TD: Yeah. And I said, "It results in the fact that they took out more than they put in, so we're back to our original, minus \$30,000. We can't operate on that." And he looked at—that young girl's name, I'll ask Linda when I see her, what her name was that followed her. And she says, "I'm so new at this, if Ms. Deason says she's short \$30,000, she's short \$30,00."

CP: You lost your little rubber thing right there. Sitting here in your pocket somewhere. Okie dokie, all right. Because she's doing good.

TD: So it's just like, you know.

CP: And so how did Mr. Cox back off? Did he back off?

TD: He said, he said, "Go downstairs," he called something or other, "and check this out, and we'll stop until you get back, okay?" And she went down and she come back and she said, "They're short \$30,000."

CP: So, I explain it, Mr. Cox, because your staff did it. That what you said?

TD: No sir, I didn't know that that would be his staff, I thought it would be Dr. Crockett's staff. But it was, you know, it was—

CP: And they were trying to accuse you of bad bookkeeping?

TD: No, no.

CP: You being the health department, not you Thelma Deason?

TD: I think what they didn't want to hear was it second handed from Mr. Hicks because he hadn't been there long, see. I really don't know the other side, but I don't know if they asked him to ask me, or, you know. I don't know.

CP: See, it'd been my first thought to ask Ms. Deason, don't ask nobody else.

TD: But it worked out, and it's so easy to do that with computers. You blink and they go to work. I have a healthy respect for them.

CP: They'll work while you sleep.

TD: Right.

CP: What other notable changes did you see with the HRS intrusion and establishment of districts? Did you like the district arrangement in which nursing was close by, clerical was close by, medical was close by, environmental consultant was close by? Or did it make any difference?

TD: I don't think that part of it mattered if you're mailing stuff, but the group meetings were always a lot of help. They had group meetings in District 2, which is all I know about. See, I don't know about the rest of the state.

CP: Of course.

TD: But they'd have them around in places where Perry wouldn't have to drive so far. Once in a while they'd have it in Tallahassee.

CP: Yes, yes.

TD: They had lots of them at Chattahoochee because that auditorium there.

CP: The big meeting place.

TD: See, that was just 30 miles north of us.

CP: Yeah. And these were meetings for what?

TD: The whole gamut.

CP: Oh, everybody.

TD: The nurse, the environment, and the clerk would come.

CP: A district-wide meeting of county health department folks. And who set these up?

TD: District office.

CP: District office. District office set them up. And those were useful?

TD: Oh yes.

CP: This was about once a quarter you said?

TD: Yep, about that.

CP: And you didn't have that with state board of health, did you?

TD: No.

CP: You had one annual meeting on budget with the state board of health.

TD: Right, and we went to, we met more with vital statistics than we did specialty (inaudible) were a new registrar. You see, I didn't have that problem, even though the health office was the registrar, the one that filled out the papers was me, so even though I, I believe I worked under nine physicians in 36 years.

CP: You did?

TD: Which wasn't bad.

CP: No, that's not really so bad. Nine into 36 goes four times, that's an average of four years.

TD: We talked about a couple of them. Because we had Dr. Krieger two years, see, out of Bradenton. And that was back when we were sharing with Gadsden County.

CP: I remember Dr. Krieger.

TD: Nice person. Air Force.

CP: Nine in 36 years, that's really—

TD: And then when we were without a health officer, Dr. Kroger from Jacksonville came, Navy. Navy retired. Nice person.

CP: Yeah, I remember him too.

TD: See? See, I got acquainted with you when you were with preventable diseases.

CP: Well, don't tell everybody.

TD: Oh, well I had told several people all ready.

CP: Yeah, yeah, I was preventable diseases when you came. In '61 I was state epidemiologist. Most folks identified me with preventable diseases though, because I was the travelling piece of preventable diseases and spoke for all of preventable diseases. But I didn't become the boss of preventable diseases until about '66, '67. Bureau chief. Chief of the bureau of preventable diseases.

That's my own history; we're talking about you. Because I'm sure I met you in the early '60s. Soon after you got there because I did a lot of track into West Florida—Panama City, Crestview, up in the mid counties. Very little in Pensacola. Relatively little in Panama City, but a lot in Franklin. And I had a lot of track in Franklin thanks to oysters and typhoid fever, you know, and salmonella emphasis.

TD: We're the neighboring county, but we're 72 miles from health department to health department.

CP: I knew it, you are a fur piece.

TD: That's all that St. Joe land and national forest that's there.

CP: Yeah, but it's a pretty drive. I enjoy driving up through there when I have time. And I've driven up through there when I didn't have time a bunch of times too. Well, let's go on now. You were still there. You lived through the HRS reorg[anization] and from an operational point of view you still had your job and it really hadn't changed very much.

Your reporting channel is same, essentially was the same. You sent your papers essentially to the same place. The papers didn't change, but you changed addresses on them. So from your point of view there was really little impact with the HRS reorg of '75, '76. Let's move forward now to the next significant reorg which was in—

TD: '89, when we started doing physician services in the county health units.

CP: That's right. That was the establishment of primary care.

TD: Medical services to me, right. Primary care.

CP: Primary care went into effect '79. Talk about that.

TD: In, I think it happened in Liberty County in '89, I think.

CP: Sorry, that's what I meant, '89. Yeah, it happened all over in '89.

TD: And we had to start seeing sick people. Well, we didn't have to but it was—

CP: Strongly encouraged.

TD: Right. Strongly encouraged, and they furnished money for it. We had people that needed to be seen. And so we got another clerk and started seeing sick people. So, that's when we increased again. We got another nurse, besides the second one that we got. So we got our third nurse.

CP: You got a significant enlargement of your building sometime along there.

TD: Yes.

CP: With that same money.

TD: No, they didn't furnish us building money. Our representative in Leon County, who represents Liberty, called up one day, I almost fell out of my chair, and said—his secretary called the health department, and she said, "Mr. Lawson has asked me to call you this morning and see what kind of money you need to increase health department Liberty County. Or if you don't need it, what ever." And I said, "We could use the money."

CP: I've never had a call like this before.

TD: Right. And I said, "Well, I would think, and let me mention it to the doctor when he gets here, that we need some space if we're going to see all these people," because we were all ready seeing some. And so when the legislature met he appropriated money for Liberty County, and so you can give our representative credit for the fact that all of the health departments in the state have now been increased.

CP: Yes they have.

TD: And added to.

CP: Yes they have.

TD: Liberty was first.

CP: All right!

TD: But not but just a few months first, but we were first. Of course it involved other people, I know, but he started the ball rolling.

CP: Okay, for our audience I want them to be aware that that is the Thelma Deason building that we're talking about.

TD: You know, I hadn't—I forget, I don't even think about it.

CP: Well, it's on the front of the building, you drive up there you can't help but see it. I happen to be very pleased and proud of that.

TD: Well, what I was surprised at is they sent off and got department of health sign that has my name on it out front. But I didn't know it would have a state sign.

CP: Well, it's the name of the building, it's appropriate. I've got to go by there and take me a picture of that.

TD: But see it has the—I knew it had the plaque up on the wall, but I didn't—and I was, I was just so dumbfounded when Mr. Shuler insisted. And I insisted that it was not appropriate, it was not wished for, it was not anything that was needed. And he informed me that I was wrong.

CP: That's correct.

TD: And I hated to correct him.

CP: Yeah, he is the boss, after all.

TD: Yes.

CP: Even I'm proud of him. Now what, how did this impact this primary care money? You got a new building out of it, but programmingly[sic] from the clerk's point of view, what happened?

TD: Lots of papers. A lot more papers.

CP: Lots of more papers.

TD: Lots of more papers. And an additional physician.

CP: Semi or full-time?

TD: Semi. Shared. And so we've always shared with however it could be worked out with our administrator. And we share now.

CP: Who with? Calhoun or Gadsden?

TD: Calhoun. Because at the time the Calhoun situation was clear and we needed another physician, which worked out with Jefferson County to share that doctor.

CP: That's good. Hire him on full-time.

TD: So now as it has evolved it's been worked out, and then we had a doctor from Tallahassee after the one from Jefferson County that came over just two days a week I think.

CP: Working out okay, doing primary care and seeing ill patients, and they're continuing to do that?

TD: But see, see that money left.

CP: The money dried up.

TD: Right.

CP: Like a drop in the bucket to the needy.

TD: Because the people we—the people we saw didn't have money anyway. They done good to get their prescriptions filled.

CP: Yeah, yeah, yeah.

TD: We get a shared thing on that for a while, that was worked out.

CP: Out of your budgets? You paid a part of the cost, and probably had a special deal with the druggists, too.

TD: (TD murmurs in agreement) Yes, yeah.

CP: Oh me. How did that impact your general service at the health department? Think in terms of the nurses. Were they suddenly full-time primary care? Or did you still make school visits, do household visits?

TD: No, we always kept our school program.

CP: Okay, so that never—

TD: Which we kept our school program, our immunization program was not really—

CP: Impacted.

TD: —curtailed by that. Right.

CP: Okay.

TD: That's the reason why we had to hire another nurse, because we had to have a nurse for primary care, because anything that's done in Bristol is also done in Hosford.

CP: Has to be done in Hosford.

TD: Has to be done in Hosford.

CP: I understand the politics of that.

TD: Well, their population base, the two towns, is about as large as we are, population wise.

CP: Yes, yes.

TD: And that's the only two communities in the county. We have a couple of small pockets: Sumatra, Sweetwater, Rock Bluff, but they—

CP: Just a few houses.

TD: —they come to whichever clinic they wanted to. We encouraged them to come to Bristol because we had full-time staff there, over in Hosford we didn't. We were only there on a clinic day. And for most part it was good. If someone missed clinic day in Hosford they could come to Bristol. So it was working out good for the—

CP: Do a primary clinic day in Hosford, primary clinic just like you'd been doing in the past. From your unique point of view, yours was more paperwork and more people flow. But there's more paper because of the program and more paper because there's more people. How did the computer help? You got computers about this time.

TD: We really started on the computers in '89.

CP: Same year you got the primary?

TD: But not—we didn't the clients records in there then. We only had the financial part, which helped.

CP: Sure does. Surely does.

TD: But eventually we gradually got the patient records in there, the immunization records. We were in the at state program (inaudible).

CP: Did you throw away your particular files in the drawer?

TD: No, I thought we needed those up on the shelf. You never know. We don't throw away nothing.

CP: (CP laughs) I understand.

TD: But we could take the cards and we could tell who was up-to-date and who wasn't. Like the blue cards you fill out for the schools. Hopefully, if we lose ours the schools will have their blue cards on every file.

CP: Hopefully, but don't plan on it. Don't plan on it, because they're planning on you to have yours.

TD: Right.

CP: And if you were there, they would be assured that their cards were there. Can't trust that now, though. Well, after '89 that was the primary care, and then—no, it was IPO. Improved Pregnancy Outcome came in '87 or '88?

TD: It was before primary care, though.

CP: And then the two of those got integrated from a program point of view, but IPO came independently with a whole lot of money attached to it. How did that impact you?

TD: Well, we had the second nurse by then. So we survived until primary care came in. Then we got another nurse.

CP: Did you all move into outreach for pregnancies?

TD: Oh yeah, the whole IPO thing.

CP: You did, just like the manual said do it?

TD: Right.

CP: Because you were being paid to do it. How did that impact you, the clerical function of the health department?

TD: Well, by that time, see, I was only up there part of the time. At that time I covered the front desk when Linnel wasn't there, I encouraged her not to be absent.

CP: You had partially retired then?

TD: Oh no.

CP: You weren't front desking.

TD: But I was in the back, back there working on the papers.

CP: Yeah, you was in your private office back there. Yeah. I know where it is.

TD: Making sure all the bills was paid.

CP: Okay, and there were more bills.

TD: Right.

CP: There were more bills.

TD: There was more bills when primary care started.

CP: The one program kind of got you started but it increased caseload, increased paper load that impacted you personally. Then primary care came along, but it was just a whole lot more of the same. And it since improved, since primary care kind of backed off because the money froze up.

TD: Right.

CP: Has the health department backed off also? What did the—is the health department backed off?

TD: We might have less clients. I'm not sure. Because see—

CP: I know that you're not there anymore.

TD: —I've been gone two years.

CP: I know it. You're not there anymore so then I won't hold you to final answers there at all.

TD: But I do know we still have a physician that comes to both counties.

CP: Oh marvelous. Still on a schedule base?

TD: (TD murmurs in agreement)

CP: Yeah. Okay.

TD: But see, we went from a physician administrator to an administrator.

CP: Yes. To a non-physician administrator.

TD: Lots of the bigger counties had those before us, but Calhoun and Liberty shares the administrator, too, as well as the social worker and the computer person.

CP: Was the computer person on board before you quit?

TD: Oh yes. He had been there over a year.

CP: What does he do?

TD: He builds whatever we need to put in the computer to make our records be big as anybody wants it. It's, it's—

CP: He's full time just doing programming? Computer programming?

TD: Yeah, two counties. We first shared a three county deal with Jackson, Calhoun, and Liberty, but as the program expanded if Jackson County needed him he was in Liberty or Calhoun or vice versa. So finally they wanted theirs back, thank you.

CP: Full time.

TD: Right. So (inaudible) worked out a deal—

CP: And I'm just an old fogey.

TD: —where he set up a two-county system.

CP: And you got a full-time computer person for two counties.

TD: I think he stole him from one of these computer offices over here.

CP: That's okay.

TD: "Up & Running" [computer repair store]. They have you up and running in no time.

CP: Yeah, I like "Up & Running."

TD: We saw him up there, and so we—I say "we"—I agreed with them that we should have our own. I got by that like I was a sanitarian.

CP: I agree. I agree, you're in there playing with the big boys you've got to act like a big boy.

TD: So, he worked up a deal for Liberty and Calhoun, he stole him from "Up & Running" here in Tallahassee.

CP: But he's a good guy?

TD: Good guy.

CP: Good guy.

TD: Right.

CP: I'm just (inaudible).

TD: He actually lived in Sneads³ but commuted to Tallahassee. And you can kind of get those people who'd rather not commute anyway.

CP: If you offer an equal or more salary.

TD: Right.

CP: And you can get them.

TD: Equal, equal on the state scale according to their qualifications.

CP: Yeah. Yeah, they'll gladly move because it saves them a lot of money.

TD: Well, he didn't have to move he just stayed in Sneads.

CP: Yeah, I mean they'll move jobs.

TD: Right.

CP: Because that's a significant saving. That's an increase in salary for him, the lack of the expense of the commute.

TD: Right.

CP: Pure money.

TD: Right.

CP: Not to even talk about, not even going to talk about his psychology. Because I wouldn't want to do that.

TD: It is more restful to commute to Liberty than it is to Tallahassee on I-10.

CP: I'll bet it is. All right, now then, we've got the name of the building. What have I left out? What have you left out which—

TD: I think you've covered everything.

CP: No. For the record, I want to make sure that all the significant stuff, if a student or let's, yeah. A doctoral student at the school of public health in Tampa is trying to do a statement of the clerical function in health departments over the years. The historic clerical function because it's been classic ever since we've had formal public health that a health department must have for functions, a physician/health officer, nurse, clerk, sanitarian.

³Sneads is a small town in Jackson County, Florida, 40 miles west of Tallahassee.

TD: And see, we got the sanitarian last.

CP: Yeah, that's the basic staff of a health department, and you have to have available those functions.

TD: And now you have to have a computer person, so they really need—

CP: Now you got to have a computer person.

TD: And I don't mean one putting in financial or the medical or any of that.

CP: You're not talking about input.

TD: No, I'm talking about how it works and what it will do for you.

CP: That's programming.

TD: See, in my computer the financial was in it.

CP: Yes, yes.

TD: But in the front desk computer, the medical clients and all of that.

CP: Input documents.

TD: Right, they input. They can't get back but they can put in.

CP: That's right, that's right. Yeah.

TD: And see, down in mine if I didn't have it right I could take it out and fix it.

CP: That's right.

TD: But John says, "Don't ask me to help you with what you're doing." I said, "That's okay John, I've done this for the council for so long I can just look at it and tell if it's not right."

CP: And I'm sure you can.

TD: And I really, I really enjoyed having the financial, the month, the year-to-date, quarter-to-date, budget-to-date, contract-to-date, which is different dates. CP: That's right. You could've done all that by hand if you'd have had forty people helping you.

TD: Well, you know I did it by hand. It, because the time you got there it was time for that annual thing.

CP: So you better have it.

TD: Right. So it was, putting it in the computer I could do more than than I did before—

CP: I'm sure of that.

TD: —when we got that financial computer, because you used to have a long (inaudible) with four columns and how much was left over out here. And I just typed it in each month. But after the computer, see, you just punched it in and it put in.

CP: It'll automatically do all that stuff for you.

TD: Right.

CP: Wee man, it does the automatic adding and subtracting and rating, I love it. Now if you were a student and you wanted to write a story on the duties of the clerk, one of the four in the county health department, what would you want that student to know about you, about your clerical duties that you wouldn't want clerk to over, I mean that researcher, to overlook, about, if they're going to write a paper on the clerical duties in the health department?

TD: Fill out the forms like they ask for it. Make sure it's all filled out. Don't leave gaps in it. Because what you leave blank is what somebody will need down the road.

CP: Sure is. I get so frustrated with some of my other jobs right now. Like, you know, critical, critical, what's the distribution by sex? How many of the folks are female? And add them up, and somebody hadn't filled in 80% of the little blocks for sex. I want to wring their necks. Excuse me.

TD: And same thing on the personnel forms. You know, I fill out personnel forms in the health department, somebody in Jacksonville or Tallahassee is the one that's going to actually be doing this, and the blank that you didn't fill out is the only one they call you about, okay.

CP: Natch.

TD: Fill out the form, that's why it's on there. Somebody will need it.

CP: That's a good pearl. That's a good pearl. What else would you want them to not overlook?

TD: Well, be nice to the person that's walked up to the counter, they're your customer.

CP: They—

TD: You know, we call them clients.

CP: That's excellent. I like that. They're really a customer. Without them, we have no job.

TD: Right. I said when people quit lining up to come in the clinic I'm unemployed.

CP: That is absolutely true.

TD: Because I had to commute over here today.

CP: I appreciate you doing that. Appreciate you commuting over here.

TD: I was really pleased to hear from you.

CP: Is that allowed though?

TD: I told him, I said, "I can't believe that. That's Dr. Prather." He said, "Who is Dr. Prather?" I said, "I know you've heard me talk about—"

CP: Mr. Shuler?

TD: No, Mr. Deason. My husband.

CP: Oh, your dear husband. Yeah, I've met him. And he and I have had good conversations. And he didn't know me?

TD: (Murmurs in agreement)

CP: Too bad. I mean, that's good. You tell him how lucky he is.

TD: Well, you know I say Dr. Reddington, Dr. Blackwelder, Dr. Krieger.

CP: And he knows all them?

TD: Well, no, pretty soon if I say Dr. so-and-do he knows it's something at the clinic. He isn't really listening.

CP: You all weren't married yesterday, were you?

TD: No.

CP: You know it, he knows.

TD: We've been married 56 years.

CP: Really?

TD: Yeah.

CP: Congratulations. So you do—?

TD: He's almost perfect.

CP: You know him.

TD: I like another thing or two and then he'll be perfect.

CP: You can keep him another couple years. You going to have him fixed.

TD: Or six maybe.

CP: Maybe six more years you'll have him fixed.

TD: He came with me today.

CP: Oh he did, where'd you park him?

TD: He dropped me off at the door. And he dropped me off at the door that you all don't use anymore, has a security lock on it. And he saw I was standing out there so I looked up there and my car's parked.

So I just walked up across the grass, you know, that you don't walk on. And he said, "What happened?" And I said, "They're now under a security lock, I have to go to the second floor." And he said, "Where's that? I don't know." I said, "Sugar, just circle the building. And when I see a door I say that's it. So when you come around—"

CP: You two, I bet you all have fun.

TD: Yeah.

CP: Well, let me thank you on behalf of the University of South Florida, particularly the College of Public Health. We just thank you so much for coming. It's been such a happy encounter with you Ms. Deason, and you've just offered so much insight into thinking of the clerical function in a small county health department.

TD: Right, because see we don't handle—the clerks don't handle any other problems, we only fill out the papers and get them to the right person.

CP: You let somebody else, that's their problem. That must be a nice position to be in.

TD: It is. It's really nice. You don't make any decisions.

CP: Yeah, you do. Yes, you do. Forget that, clerks make a lot of decisions. You've added a very significant chapter to our history of public health in Florida that I don't think I could've got anywhere else, incidentally.

TD: I've probably been here longer than most clerks.

CP: Yes, you have. I will tell you that for a fact because I researched that. But, you're the best communicator of all of them, I know, too.

TD: Well, I enjoyed working. I always said I wasn't employed; I just work for my community.

CP: I've heard you say that. I've heard you say that in the past.

TD: You know, I just sort of facetiously say that in—

CP: I've heard you say that though, and I like it. And I like it. Well, thank you so much for coming. And I am Skeeter Prather.

End of Interview