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Charlton Prather (CP): Morrison, it is a true privilege to have you here and, for our audience, I want them to know that you are A. W. Morrison Jr. presently residing in Tallahassee, the long time director of environmental health for the state public health system with the old state board of health¹, as we call it. We are just so pleased that you would come and share with us your experiences in the public health movement of Florida. We want to make this as easy, as informal—we just want you to free associate, and tell us how it all came to be. So when did it start?

A. W. Morrison (AM): Well, Dr. Prather, I know when public health started in Florida by history, but my introduction to public health came through a source; a friend of my father was later General Fred A. Safé (sic), who was the longtime director of sanitation of the state board of health. And it so happened that Fred and my father served in World War I in the same outfit, and Fred stayed in the Florida National Guard and became commanding officer of a regiment. And he used to visit my father's drug store.

My father was a pharmacist in Florida and a prominent one. He, for many years, was the secretary manager of the Florida Pharmaceutical Association², and he also served on the State Board of Pharmacy³ at different times. Fred I knew ever since I could remember because every

¹In 1968, the Reorganization Act was passed by Florida Legislature. This revision of the constitution consolidated 200 state agencies and boards into 23 departments. The next year the Florida Legislature created the Florida Department of Health and Rehabilitative Services (HRS) and the state board of health was abolished. County health departments were transferred to HRS under the Division of Health.

²The Florida Pharmaceutical Association (FPA) is the oldest and largest statewide pharmaceutical association in Florida. The FPA acts as a liaison between Florida's government, pharmacists, residents, and healthcare organizations.

³The Florida Board of Pharmacy is charged with ensuring that every pharmacist and pharmacy in the state of Florida adhere to established standards of safety. The organization is responsible for the licensure, monitoring and education of pharmacy professionals in Florida.

time he came to Miami, he came by to see us, you know. And if I was at the drug store, which I was—I grew up there—he came.

My next contact was Marshall Dawes, who was the head of the Bureau of Narcotics of the state board of health for a long time. And, back during the [Great] Depression, my father had sold his drug store, which was one of three that started down from the '26 hurricane⁴, and he ended up with one—and the Depression hit Miami then, not in '29, so by '29 he had an offer to go with the United States Treasury Department⁵ as a narcotic agent, which he did, and he served in the Federal Government for a period of years up into 1933, when he came back out and opened his last drug store.

Marshall Dawes was a friend of his through the narcotic connection, and he was a personal friend. And I had the pleasure of doing, really, my first work with Dawes. I drove him around the state some in summertime, as a vacation for me and a vacation for him.

CP: Dawes was narcotics control?

AM: He was the director of the Bureau of Narcotics of the Florida State Board of Health. It is interesting from a historical note, to note that the Florida Bureau of Narcotics were sworn officers of the law and carried a badge and a gun. And they were the only state people who did so out to the public. Prisons had arms, you know, that sort of thing, which they don't carry inside. So, one summer, I went around with Dawes, and I made other trips with Dawes as a driver and as an agent to go in and see if this guy, who wasn't a registered pharmacist, would fill the prescription.

CP: Narcotics?

AM: And what happened is Florida—and still today—nobody says who can own a drug store. The law says who can handle narcotics, and so there are many people that own drug stores, particularly from the north, who were not registered in Florida, who couldn't pass the board, who did fill prescriptions. And Dawes would catch them. And they knew him, so he couldn't fill a prescription.

⁴The 1926 Miami Hurricane, often called the "Great Miami" Hurricane, is recalled as being, perhaps, the most destructive hurricane to ever hit the continental United States, having accrued about \$165 billion in damages (after adjusting for inflation). The Hurricane, which began as a tropical cyclone, caused massive destruction in the Bahamas and the Greater Miami area (leaving many deceased and homeless) before dissipating some and affecting, much more mildly, areas of the southern United States, namely Mississippi, Alabama, and Louisiana.

⁵The United States Treasury Department (DoT) falls under the executive branch of the federal government and is tasked with managing federal finances through the production of currency, the disbursement of payments to the public, revenue collection, and the recommendation of financial policy adjustment.

CP: Was this for narcotics?

AM: Yes, for narcotics. Now, through Fred Safé, I met Mr. Sam McCready, who was the district sanitary officer for the state board of health working under Fred Safé, headquartered in West Palm Beach⁶. And Sam is the first one who I went out in the field with and worked as a high school.

CP: Oh, you did?

AM: Yes, as a high school student. I went out with Sam McCready. At that time and leading up to 1940, Monroe County and Broward County, on either side of Dade, had county health departments. Dade had no county health department, had a city health department: Miami, Miami Beach, and Coral Gables. So I went with Sam when he would come down, and I went to the things, basically, that he worked on with those that were permitted by the state board of health, which were swimming pools, canning plants, trailer parks—something else—migrant labor camps. And that was my first exposure, of course, to all of those things.

CP: Just a quick little question: what year are we talking about? When did migrant labor camps come to be permitted? Do you remember the day, not the day, year approximate? Just for my curiosity.

AM: They were permitted under the general trailer camp, because they called them, then, trailer camps long before the specific legislation for migrant labor camps was passed. And that legislation was passed about '57. That was about '57, yeah.

But getting back to the county health department, Dade had no department then. There was a lot of agitation for a department. And from the time that Dade County established its department, they had one officer, Dr. T. E. Cato. They had Sam McCready, whom I've spoken of, became the head sanitary officer at that time, and he had two subordinates starting in July of 1940. I believe there were six nurses and two clerks, and that was the department. Now, from the time of its—

CP: Were the city health departments still functioning?

⁶West Palm Beach is a city located in Palm Beach County, Florida, approximately 68 miles north of Downtown Miami; having been incorporated as a city in 1894, it is the oldest municipality in the South Florida metropolitan area.

AM: The city health department was a big and viable department in Miami, had a wide breadth of services headed by Dr. George MacDonald, and the city of Miami Beach⁷ had had, off and on, health officers and had at least three employees who were, they weren't—I don't know what to call them, they weren't like us. So Coral Gables had a practicing physician who, titular, was city health officer and a one-time, good man employee.

Now, that brings us up to pre-times. The Dade County health department⁸, then, was formed in 1940 with the idea that, let's do some work, and let's get these departments together immediately. Dr. Cato became the acting health officer of Miami Beach; they had a vacancy. In January 1941, I guess, Dr. Cato—that's when I actually came into Dade County health department—Dr. Cato took the new man who replaced Sam McCready, Sam having gone to the state board of health—the Institute Food Service Program.

His replacement, Russell Broman, who had been a district sanitary man but who had considerable engineering experience without an engineering degree, Russell became the chief sanitary officer and reported a month later or something like that, and when he did, Russell Broman went to Miami Beach with Dr. Cato—Dr. Cato only spent part time, Russell spent full time at Miami Beach—and I, then, came to work to replace the man originally hired in the department, and the other man was named Lewis Westbrook.

And we divided Dade County minus Miami Beach and minus Coral Gables⁹ and Miami, into north and south. And Lewis had the north, and I had the south. And that went on for a couple of years. Russell spent all of his time in Miami Beach during that time.

CP: What was the population, buddy?

AM: Population must have been about 250,000 or something back then, I'm guessing.

CP: That's okay.

AM: Now, starting on my own haul, I started to work the same day the Dade County Health Department opened up but with the Dade County Anti-Mosquito District¹⁰. Now, I applied with

⁷The City of Miami Beach rests on a barrier island between Biscayne and the Atlantic Ocean; it is connected to mainland Miami through bridges.

⁸Per the 1969 Reorganization act, County health departments were transferred to HRS under the Division of Health.

⁹The City of Coral Gables is located within the Miami-Dade County, Florida, southwest of Downtown Miami.

¹⁰The Dade County Anti-Mosquito District was created in 1933 with the purpose of eradicating the disease-bearing yellow fever mosquito, *Aedys aegypti*, and controlling the spread of the dengue fever outbreak on the East coast of Florida.

the health department, having no experience or anything, or qualifications for the job, but I applied. And I didn't get the job originally.

So I wanted to work for the Dade County Mosquito Control people and worked for Dade County Mosquito Control, and that fall, I was sent by the state to the University of North Carolina. And I went to the University of North Carolina, and that had a big impact. I had grown up, early, to be a pharmacist, but I decided that the hours were too long, and there weren't too many days of the week, seven days when you own your own drug store.

And the more I thought about it, the more I thought I needed to do something else. And the little bit that I had been exposed to, public health intrigued me, and the hours were good. The pay wasn't that good, but nobody was making very good pay. So, anyhow, we go to Carolina.

CP: Did you go as an employee of mosquito control or reception?

AM: I went as a state board of health. In fact, I was on the state payroll in then mosquito district because the state threw money into Dade County.

CP: For that purpose.

AM: Now, that was the only such program in Florida at that time. And it was the nation's first *Aedes aegypti*¹¹ program, domestic mosquito control, as a result, really, of the outbreak, serious outbreak, of dengue fever¹² in Miami, in 1935. And that caused the formation, and that was the first such program. Later, it was spread to a lot of counties.

CP: As I recall, you personally experienced that dengue outbreak, did you not?

AM: Well, I was a victim of dengue fever, that's right. So that's about all I knew about public health when I went to Carolina. But I was exposed there to some people who did have an impact on me, and I guess, foremost was Dr. Milton Rosenau¹³. Dr. Rosenau having been the former

¹¹*Aedes aegypti* is a small, dark mosquito with white, lyre-shaped markings and banded legs; the *Aedes aegypti* is most frequently found in tropical and subtropical areas of the world, such as Florida, and is regarded as the primary vector of the viral dengue fever. In the early thirties, Miami saw an outbreak of dengue fever, which led to the creation of the Dade County Anti-Mosquito District.

¹²Also known as breakbone fever, dengue fever is a mosquito-borne disease occurring almost exclusively in subtropical and tropical regions of the world. In severe cases, the dengue virus can cause hemorrhagic fever and shock syndrome.

¹³In his lifetime, Dr. Milton J. Rosenau was influential in the field of public health: he was the professor of Preventive Medicine and Hygiene at Harvard University, Director of the School for Health Offices of Harvard

Dean of Public Health at Harvard, which was joint with MIT and the first school of public health in the country, was talked out of retirement to start the School of Public Health in 1935.

CP: In North Carolina?

AM: At the University of North Carolina at Chapel Hill. He personally taught the Epidemiology course to the complete class of some 60, which about 40 were MDs. They were about two to one over the rest and practically all the others had, at least, a baccalaureate degree. I didn't, and I doubt if anybody else there didn't, but I studied hard.

CP: You were in a graduate school at the university?

AM: I was in the graduate school of public health, and I had a good memory, and I took notes. And I used to study with some of those older doctors; they had trouble with some of the stuff, although they knew the depth that I didn't know. They didn't know exactly what was said in class sometimes.

But among the doctors who were in my class up there were Dr. George Dame, who later became head of Bureau of Local Health Service and, for the state of Florida, was very instrumental, along with others, in bringing other counties into the fold of county health departments and—

CP: A lot of our audience probably does not know Dr. Rosenau, would you tell us who he is?

AM: Dr. Milton Rosenau was a physician, a young physician, who was down with Dr. Walter Reed in Cuba and who, really, was of the group who found out that the yellow fever and the dengue fever were spread by the *Aedes aegypti* mosquito, which is a mosquito that breeds in domestic areas: tin cans and old tires and things around people. And that is how the disease was spread. Dr. Rosenau went on from that to write the book on communicable diseases and hygiene, he called it the *Preventive Medicine and Hygiene*¹⁴.

I was probably the youngest and least educated student he ever had. And I did the work, somehow, and so he had a profound effect on me. Then the other man who had the effect on me was Dr. Harold Badee (sic), who later, he taught the sanitary sciences. And he was an engineer

University and The Massachusetts Institute of Technology, and Director of the Hygiene Laboratory for US Public Health Services.

¹⁴The first edition of *Preventive Medicine and Hygiene* was published by Dr. Milton J. Rosenau in 1913 with the purpose of providing the public health industry with a treatise of the recent progress in hygiene research. Since then, five more editions have been printed.

and later became the head of the World Health Organization Environmental Health Program¹⁵ in Geneva and served until he retired from that office.

The man who taught us the laboratory end of communicable diseases, pathogenic bacteriology mainly—although we were sent over to Duke and did a little parasitology over there, too, because they didn't have a parasitology lab at Carolina. Incidentally, Carolina did not have a medical school, then. The School of Public Health that year moved into the new medical building, but they had not yet established a medical school there.

I think we now, maybe, should move on, but let me point out: when Dade County Health Department started, there were, I think, 17 active county health departments in Florida. There had been two or three others who fell out and then later were reestablished. I think there were only 17 when Dade County was started.

Dade County had a rural area, just to give you some idea. There were people with unsanitary toilets, unsafe water supplies, and that sort of thing. We did a lot of rudimentary rural sanitation in Dade County, as well as those.

CP: Yeah, today we can hardly visualize that, that you had a septic tank down there.

AM: Oh, not septic tank—privies.

CP: Oh, excuse me.

AM: Dade County Health Department had a WPA Privy Project, and we built WPA privies¹⁶ for people. And that was a lot of the work that was done in the rural areas: safe water supply and sanitary toilet facilities. And that was down to earth sanitation.

CP: Did you come back to the health department from North Carolina?

AM: I came back to Lake County Health Department for about a month, and then they had the vacancy in Dade County. And it's interesting that the man who was handling the Privy Project

¹⁵The World Health Organization's (WHO) Environmental Health Program addresses environmental issues, such as air pollution and climate change that influence human behavior and health. The focus of the program is to prevent disease and create environments that are supportive of long-term human health.

¹⁶A privy is a latrine, or outhouse.

wasn't accounting for the money too well, and so they discharged him. And they had an opening, and Dr. Cato sent me a telegram, told me I had a job. And I got there as quickly as I could.

CP: Now, Dade County health department rocked along on this scale of two sanitarians working the total unincorporated area of Dade County, because Miami Beach was incorporated, until November '42, when, really, from the very start, Commissioner Charlie Crandon, who was a Chairman of the Board of County Commissioners¹⁷ in Dade County, led the charge to consolidate the Dade County Health Department.

It was the first big department consolidated in Florida, and they pulled it off. And Dr. Sowder¹⁸, as a Public Health Service¹⁹ man, had a part in coming down and helping in that consolidation. I did not know Dr. Sowder then. He met with the wheels, and I was one of the troops. So anyhow, they consolidated the department after bitter court fights by a small group of employees of the City of Miami.

CP: Oh really?

AM: Yeah, who fought. The state, at that time, had no pension plan. The state salaries were not as good as the City of Miami salaries were, which is typical, and they fought it. They had, in effect, a union, you know, and they fought the thing. Well, Dr. Cato, of course, was the health officer, and Dr. George MacDonald was the health officer of longer standing down there. So they brought in a Public Health Service man, Dr. T.D.H. Griffiths, to head the department, and he had been working down in South and Central America and all.

And, down there, the sanitary officers wore uniforms, so he decried that we would wear uniforms. And he went down and picked out some heavy serge wool pants, long sleeve shirts, and it had across the pocket, "Dade County Health Department." And he wanted us to wear those tropical hats, those sun hats, and we were required, out of our own money, to buy the uniforms and to stand inspection.

¹⁷The Board of County Commissioners is the legislative and policy-making body of County government.

¹⁸Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years. His dedication to Florida's health began in the 1940s, when he served as a venereal disease control officer with the US Public Health Service. Under his tenure as a Florida state health officer, he developed health departments in each of Florida's counties. Dr. Sowder was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997.

¹⁹The US Public Health Service (PHS), is the primary division of the U.S. Department of Health and Human Services, as established by the 1944 Public Health Service Act. The PHS has the legislative duty and authority to investigate diseases and control their propagation. Agencies such as The Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH) are all components of the PHS.

Well, needless to say, Dr. Griffiths did not last six months in that job. Dr. Cato being the assistant to him, when Dr. Cato then became the health officer, again, of the department. Now, of those employees we took, first, Dr. Griffiths had everybody submit an application for a job, including the three of us in the Dade County Health Department, maybe Dr. Cato too. Anyhow, we did fill out applications, and so did every city employee who wanted to work, and the men from Coral Gables.

The beach people were not interested; they wanted to work from Miami Beach. And, see, the City of Miami gave city employees the option of going with the health department or taking a comparable job in another city department. That the city was growing and all, and these were the disgruntles who didn't. Anyhow, they lost their suit, needless to say; they were never hired. But Paul Brick, who was in Coral Gables, was hired, and so were a number of city people.

Now, with the city we got, not only people, we got all the city ordinances in Miami and had a much stronger base within the city of Miami for a number of years than the state had or than any other counties had. So that was a part. Well, those men at Carolina had a great influence on me, and when I came back from World War II, I worked through this, and I did a lot of work. I started in Dade County. I started the Migrant Labor Camp Crusade Program down there.

I started in the south end of the county, the food program down there, there being ordinances later. When we had more people, somebody else was moved down there, too, and I had the City of Coral Gables, I had the Coconut Grove and part of the southwest section of Miami in the area that I—we did our general program that way, by districts after the war. I mean, after the consolidation, right, after the consolidation. We worked on programs during that time and started a lot of more programs; we had a lot more help and were a lot better staffed then.

CP: A lot more people.

AM: A lot more people, but our staff grew much faster than the people in the one jump. But we took on more responsibility, too. So anyhow, I went on until 1943, I guess. And I am out in a bar, say, in Coconut Grove and some sailor sitting there, "Why in the hell aren't you in the Army or in the Navy?" And, you know, I couldn't take it any longer, so I went into the service. I went into the service in mid '44 and came back in the fall of '45. And, just for the record, I served in Europe in the Battle of the Bulge²⁰ and in the Rhineland.

CP: You did? You saw a lot in that short period.

²⁰The Battle of the Bulge was a major German offensive campaign launched through the Ardennes region of Wallonia in Belgium, France, and Luxembourg on the Western Front toward the end of World War II in Europe.

AM: I was in France, Belgium, Luxembourg, and Germany in an infantry outfit, and I ended up a squad leader of a heavy machine gun squad and came back with no injuries, except my feet and legs froze. So I spent a good little bit of hospital time, but finally got out and came back to work, and immediately, I knew I needed to go back to school. And I knew that I wasn't going anywhere if I didn't go back to school.

So, Dr. Cato had made two trips up to Carolina to try to get them to take me back in the graduate school, and they took no more special students, you know, they had a big influx. Before the war, they would take special students, but maybe because of that, partly, and because of others, I guess, they set up a BS degree program at Carolina in public health, the broad scale of public health.

And Dr. Rosenau and Dr. Badee urged me to be in the first class of that program. And I was headed up there in 1947, when Dave Lee, who was, then, the Director of the Bureau of Sanitary Engineering, and long time director, said that I had promised him to stop and talk to him. And I had talked to him about going to school, and if I decided to go, that I would stop and talk to him before I went.

So, I did. I stopped in Jacksonville, and Dave entertained me for a day and, before that day was over, I had two jobs in Gainesville, and I was going to be a sanitary engineer. So, I cancelled out—I hadn't registered, or anything, at Carolina—I cancelled out. I went over and interviewed in the engineering school. I already knew Dr. Hall, who was the health officer of Alachua County²¹ and also running the training program for the state board of health. And he offered me a half-time job and I told him, I said, "Well, doctor, I think I have got a job starting in September," this is June, the summer. Well, he says, "You come on in when you come over. I've got a place for you."

So, I did. And I went up there, and I went to University of Florida. And to make a long story short, Dr. Hall had a position of a former—they had just taken over the city of Gainesville—and had a position of a man who thought he had met his retirement from the city and found out he was six months short, so he was obligated, he felt, to take him back, and there went the money so that was there. Wife and kid and no job—the other one didn't start until September. I said, "Well, I can make it until September." But the university then decided nobody, except graduate students, could be in paid assistant jobs; they had too many people, you see.

CP: Whoops. This is too—

AM: So, there went my engineering job, which was probably going to be working at sewage treatment plants. And I already knew something about sewage treatment, and that would have

²¹Alachua County encompasses the entirety of the city of Gainesville, Florida.

been fine, because you could study while you were on duty at night and stuff like that. So, anyhow, there went that job, so I had no job and a wife and a kid, and getting a G.I. Bill. So I had to find a job.

Well, I ultimately ended up as the university sanitarian at the University of Florida, working for the university on a broad scope job under a physician who came out of the Navy, a Dr. Reed, who was new and took over the infirmary. He was the head of the infirmary, and I was under his. The whole works was under Dean Stanley, who was the head of the College of Health, Physical Education, and Athletics.

And Dean Stanley, in effect, told me, when I took the job, he says, “I want it done right, you got my backing,” and we hadn’t had a fine time for a couple of years there. The girls came to Florida during that time, and we had a housing committee set up of Harold Richter, who was the head of housing, with the dean of women, who was newly appointed, and me.

And we were the housing authority and wrote standards. They had no dormitories for girls, and a girl had to have an approved housing site before she could register. So they appealed to the citizens of Gainesville who opened their homes, some of them fine homes and all, to students, and I have been in every one of them. And I not only did environmental health type stuff, I was the morals man too. There could not be any young males in the household, you know—

CP: No hanky-panky?

AM: So, anyhow, we got through that, and I was working more hours than I was going to school for a long time, but we instituted a lot of programs when I was there, and there was no door barred. I checked the sewage treatment plant and the whole works, the swimming pool, and all the food service, all the housing stuff—

CP: Had they had an environmental health program prior to this?

AM: Sam Knowles worked, but he only did food. He was in food and milk; he had a dairy degree, and he worked there, for a time, before I did, and then went to work with Alachua County when he finished school and became the milk man, replacing Jim Scatterday—Dr. Jim Scatterday, veterinarian, who came to state board of health as state board of health veterinarian. Okay so, we get through that period. Anyhow, I did not finish. I went in a degree program at University of Florida, public health engineering, which nobody had ever had before, which they had never had.

And public health engineering, really, was nothing but all the civil engineering plus about 30 more hours of science. That's what it was. And I fought with them the whole time I was there, Let me take some of my kind of science, for instance: dairy science, flu technology, and that. No, no, they had to take those engineering science things. To my knowledge, no one ever completed that degree. Now, they did have, at Florida, an engineering—civil engineering—program with an option of sanitary engineering in the senior year. So they did not have a BS in sanitary engineering; they had a civil engineering degree with an option of sanitary.

CP: With a course.

AM: That's right, that's right. So anyhow, I left, my G.I. Bill ran out. The doors were open in Dade County, and, strangely enough, the university wanted me to stay on and said, Drop out of school and go full time. But I didn't want to do that—I wanted to go back to Dade County. So I did, and I went back to Dade County. Now, that was a time of extreme growth there, from '50-'58 was really big growth. Dade County, in the meantime, had hired an engineer on the staff.

The engineer was under Russell Broamen as director. Dave Lee did not appreciate that, and Dave Lee finally prevailed when Russell retired—that they separated the environmental health. By then, we were sanitarians, and we were in environmental health; we quit being sanitary officers. So anyhow, they finally separated. The first engineer they hired was a good man, and it wasn't long before he was offered a lot more money at a consulting engineering firm doing water, sewage, and swimming pools that sort of thing.

So he left, and he had left right about the time I came back. And we had no engineer, but Dr. Cato had selected the man by the name of Bob Quick, who I had done some work with on the swimming pool. He was getting a master's degree at Florida at the time, and he wrote his thesis on diatomaceous earth filters in swimming pools. One of the early ones was there at the university pool; I helped them put it in and all.

Anyhow, I worked with Bob, knew him. But, for about a year, when I came back, Russell had picked up the slack and was doing the engineering as soon as I got back. I got handed that until Bob came, and then we had to get him oriented and all. That was water, sewage, and swimming pools with a big growth, big, big growth at that time. First, Bob took over the sewage, and I kept the water and the swimming pool. And then, finally, we hired another engineer, and I got out of the swimming pool; by then, I had two people helping just on swimming pools.

I was spending all my time reviewing plans and stuff and very little out in the field by then. Anyhow, we got heavily involved in the swimming pool business. The swimming pool as an icon for the winter vacation and those people would come down, and they'd slather that oil all over them and then get in the pool. I mean, they had big masses—

CP: I call that the Miami Beach smell.

AM: And that was a key ingredient down there: the beaches and the pool and the weather is what sold the tourists. We had an extra emphasis on that pool, and then during that period they built new hotels, and then every old hotel that didn't have a pool had to put one in and squeeze it in and that sort of thing. So anyhow, we had a lot of work, and we did a lot of work and had some fine operators of those little water treatment systems.

So, we got together with them, and Ralph Baker, at that time, headed up in Dave's shop in the Bureau of Sanitary Engineering—the swimming pool program. And Ralph and I worked with those fellas and put on the first training classes for them, and, in effect, we sat one night and wrote the constitution and the by-laws of the Florida Swimming Pool Operators Association. And they adopted that, and we wrote, also, a state board of health certification program for swimming pool operators, devised tests and tested them, trained them, tested them, got them going, and even got them accepted at the university at the engineering conference. So that was something that was done.

Anyhow, in 1953, Russell Broman retired out of Dade County, and Russell—Dr. Cato had a little dilemma. I had been sent up to Gainesville to get an engineering degree and come back and run this program, and I came back without the engineering degree. Incidentally, I went to the University of Miami and took everything they had in the field, but Dr. Cato called me in one day and he says, "When Russell retires, I'm going to appoint Louis as director." I said, "Yes, sir, I understand why, and we are going to separate. And Bob Quick will be the head of engineering," which he should have been.

So he says, "You're going to be like the assistant director of both, and you are going to be the bridge, and you are going to settle the arguments, and all that." And I was like, Well, that's what you want to do. That lasted about a year. And finally I had to choose a side. And, you know, we all liked each other, but we had some difference of opinion. So I went to him one day and said, "I am resigning from that kind of job." I said, "I am going to be just the assistant director of the division of sanitation."

So that was okay with him, and by then we had other engineers and all. So what I became is I became his troubleshooter when he didn't get the right answer from engineering. Now, that man was like a father to me, you know, but I got in some middle scrapes in that. But Louis and I were life long friends, and we've never had any problems. So, I had a free reign in things, so I started doing some things that needed to be done. We had a staff then of about 45 people, and a third of them had never had any kind of training.

CP: This was in environmental health?

AM: In the Dade County Health Department of Environmental Health. Now, all of the new ones had college degrees, but they weren't necessarily in a related field. So, over the years, I had built up good contacts with the feds because we had always had a close relationship in the local health department with the feds. And I got some of the guys from training branch and worked with them, and they worked with me.

And I devised a program of training those one-third of staff over a period of a year to bring them up, at least, to a certain level and keep them on the job. And we did, and it was successful, and it was approved by the state board of health and by the US Public Health Service²² being equivalent to their course. And we made certificates for them and all like that, so we did bring our staff. The other thing, I started doing some analyzing of what we were doing, but nobody had ever had time to do any of that stuff, and they just let me have the time to do it—

CP: It needed to be done, though.

AM: I studied the programs we were doing, and I had been acquainted for a number of years with Dr. Ben Freedman²³ out at Tulane and with Louisiana State Board of Health. And Ben was the guy that wrote the book, the *Sanitarian's Handbook*²⁴, and Ben had done a little bit of work on that type of thing. So I worked with Ben and got his material and then modified it some to fit our situation.

He had a four-point program; I broke it down to 40, so I could have degrees in between. And we analyzed the workloads of the people that we had, we had like 50 people out there working. And what are they doing? And are they working? We found one guy had another job. But anyhow, and after I got it all out and laid out, I just put the numbers out to them, you know, about they weren't turning in a day's work. So that makes you popular too.

Okay. So that was some of the things we did, and the other thing we did—I did the first county-wide survey of any big populated area in the South anyhow, and probably in the country, when I made a detailed survey of the solid waste²⁵ program in Dade County, Florida. And that led to a lot of things over a lot of time. That paper was published in all the waste journals and all that

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²³Dr. Ben Freedman, MD, MPH, served as Director of the Bureau of Health Conservation under the Louisiana State Department of Health and was a professor of public health administration in Tulane University's School of Public Health and Tropical Medicine.

²⁴Dr. Ben Freedman's *Sanitarian Handbook: Theory and Administrative Practice*, was first published in 1957, and has since been revised two times. The handbook details numerous sanitation activities and practices and discusses various proposals for environmental health sanitation programs.

kind of stuff, and I've got copies of those materials. That was some of the things we did. I also decentralized the staff. Except for Miami Beach, all of our people were coming into the courthouse, and we finally had to move out of the courthouse into rental quarters.

CP: You can't afford that.

AM: And it was just too bad. So, we then established as Miami Beach and three other centers to put—no, four other centers—no, we had five all together—so three others: the main office, Miami Beach, and three others: south, north, and in between.

CP: Let me jump back to your solid waste survey—what was the objective of your survey?

AM: To define what the problem was in Dade County. I mean, everybody knew we had a problem, but nobody had ever smelled out what the problem was. There was a far lesser problem on collection than there was on disposal, naturally. And the big thing was that the waste from the municipal areas was then deposited out in the county—is what the county was, a recipient of all of the waste from all of the cities.

In 1958, the state board of health created a division of sanitation, and I, among others, applied for the position as the head of this new division. And, at that same time, several other changes occurred up there. The Bureau of Sanitary Engineering reorganized; they had grown unwieldy, and they reorganized into some sections. And, finally, I think I was given the job in around July, but I did not report until September because I was obligated to do some things, and they had a board meeting scheduled at some date in September. And all of us: Nathan Snyder was appointed the head of the laboratories and a bunch of us at that same time—

CP: Oh really?

AM:—at that same board because the five-man board actually had to approve the appointments. Dr. Sowder appointed, and they approved. So anyhow, the division was established, and the original establishment of it did not, in effect, break up the sanitation and engineering programs, which all—well, not all, but most—were vested in the Bureau of Sanitary Engineering.

What we did as a starter is that we were given the responsibility of providing consultation in environmental health out to the county health departments; we were charged to take the men

²⁵Solid waste refers to any form of waste (liquid, solid, or gaseous) produced by a municipality, such as agricultural waste, demolition debris, municipal garbage, industrial waste, etc.

going basic training program for sanitarians, which had been in Bureau of Local Health Service, as had the couple of consultants that they had and—

CP: This was largely modeled after yours in Miami, the basic training course for sanitarians?

AM: Yes, going back to that, just a minute—I developed my course during a low between the closure of the training program of the state board of health in Alachua County Health Department and the establishment of a program at the state board of health level. And I actually worked with them in developing their program, and they, some of them, participated in my program. We also were charged to expand the training program, and we were charged to develop a better method of food handler training.

Didn't take over any program responsibilities as such. The other charge was that engineering and I would sit down together and work out a split of division of the non-engineering programs over there in engineering, and that we did. And Sidney Berkowitz, who had been a regional engineer, was appointed at the same time I was, as Assistant Director of the Bureau of Sanitary Engineering. So Sid and I worked for months in working out a division of responsibility and then prepared a document, a mutually agreed document, which we presented to Dr. Sowder, and he approved it.

CP: Enough to get to the board?

AM: And that did not go to the board, I don't think. The board was very much interested, though, in division, and I came back to the board and made reports, but I don't know that they voted on it. Now, as a result of our agreements, in July of 1959, about nine months later, the division of responsibilities were put into effect, the counties were notified, and there is a document to support that. We took over 16 of the programs that the Bureau of Sanitary Engineering had.

Now, we still had in environmental health the milk program under the veterinarian, rather than under either of us. We still had some non-engineering programs over there in engineering, but we had as much as we could handle at that time. It may be interesting to note that, of these programs, we had tourists and trailer parks, food processing plants, camps—including migrant labor camps as a separate entity—bottled water plants, rendering plants, all the food service, meat markets, grocery stores, slaughter houses—which are called abattoirs—common carrier certification—that's the food and water above railroad trains, airplanes, and ships, and the waste from them and the food that is served on them.

We had responsibility for school, housing, childcare centers, private water supplies, and private sewage disposal, garbage and rubbish, and sanitary nuisances. So there were 16 definable

programs that we took over all at once, and we got some additional staff to go with that. We worked, then, in setting up those programs and doing the paperwork and all that stuff, which meant five of those programs required, by law, state permit. And we had to go into the permit issuing thing and all that and do a lot of housekeeping type stuff.

But, during that time, we really started to make some advances out in the counties. By that time, I had five well-qualified consultants working in five areas of the state and actually housed them out into their respective areas; of course, one worked out of the central office. I also had another person to help me in the office because from the time I came to the state board of health, I had started to work over representing the state board of health before the legislature and worked with other people at some times. And then, for a number of years, I was the head of the thing.

I started with Bob Carter; Fred Riegler and I started together with Bob Carter. And, after a couple of years, I took over and did more of the work. Fred handled the money part, which was an important part. Anyhow, you're familiar; you've worked over there. Now, we started to do some things, too. During that time of division, I had worked, not only on the job, but with the professional association—with the Florida Association of Sanitarians it was at that time, now the Florida Environmental Health Association²⁶. And we had tried to pass a legislative bill to set up a registration and qualifications and so forth.

During that time, I did some work on a survey of the nation to find out about who were sanitarians in the various states, what was their educational background, and that sort of thing, and that helped us into doing some of those things. During that time, I worked with Dr. Nathan Snyder in the laboratory, and we were co-recipients of a National Institutes of Health²⁷ grant to study, particularly, foodborne diseases in ready-prepared foods. We ran that project for two or three years. Unfortunately, there was never adequate publication of the results of that. We had two good people working on it, neither of whom were writers.

CP: Oh, too bad.

AM: And Dr. Snyder didn't have time to sit down for weeks and work on the thing, and neither did I. And it never got properly presented—

CP: That's too bad.

²⁶The Florida Environmental Health Association (FEHA), formerly known as the Florida Association of Sanitarians, is a nonprofit group of environmental health professionals who seek to increase the standards of environmental health practices in order to promote public health.

²⁷National Institutes of Health (NIH) is a biomedical research facility. It is an agency of the United States Department of Health and Human Services.

AM:—and there was some good information. Dr. Hardy had given us a wealth of information about the enteric diseases²⁸, and he was our guiding light behind this thing. And some good work and some good findings were made, but they never got proper publication.

Finally, a presentation was made by the fellas—one laboratory and one environmental health man—before the Florida Public Health Association²⁹. But I don't know that the paper was ever published even in the journal, I don't know. And so, I couldn't find that. Now, during that time, I started I had always known a lot of people in public health through Dade County because Dade County was a magnet to attract Washington [University] grads from the Public Health Service and all.

And through the southern branch of the American Public Health Association³⁰ [APHA], the old fellas in there, when I first went in, took me in their arms, and I learned a lot from them. And I finally became President of the, then, Sanitation and Engineering Section of Southern Branch APHA. I was active in the big organization also, but anyhow, that helps you get these kinds of things. I had four or five grants during that period.

We made studies on interstate highway food service places and had a grant to study those places and compare them with comparable size and type of places off the interstate highway. And guess who won? The interstate highway were all new places, all—practically, all—chain or franchises with systems and training programs. And they, hands down, won it. But people wanted to know about that. So, I also during that time got big money out of the rodent control people, the rat control, typhus fever³¹ control, and that sort of thing. And we had big, big expensive projects in Tampa, Fort Lauderdale, and Miami going for a long time.

CP: For rat control?

²⁸Enteric diseases are infections caused by viruses and bacteria that enter the body through the mouth or intestinal system, primarily as a result of eating, drinking and digesting contaminated foods or liquids. Cholera, typhoid fever, *Salmonella*, and *E.coli* are some of the most common enteric diseases.

²⁹The Florida Public Health Association (FPHA) was established in 1931. Its purpose is to serve and represent public health professionals and students through various programs centered around professional development, advocacy, networking, and fundraising.

³⁰The American Public Health Association (APHA) is the only public health organization in the U.S. that influences federal policy. The duties of the APHA include, but are not limited to, setting safety standards to protect workers, developing school nutrition programs, educating the public about personal health and disease prevention, and tracking disease outbreaks. The APHA publishes *The American Health Journal*.

³¹Typhus, sometimes called “jail fever,” is transmitted by vectors such as fleas or lice, which become infected by feeding on the blood of people or animals (primarily rodents) with acute typhus fever. Symptoms of typhus fever include high fevers, headaches, nausea, vomiting, and diarrhea.

AM: For rat control. Yes, sir. And they poured big money. That rat control program was really a misnomer; it was really clean up the slums. Because, in effect, that's what the effect of it was. And that was why I was so interested. We did have a minor typhus problem, but not any great deal. Now, during that time—oh, go ahead.

CP: Your special studies into food on the expressway system, weren't you involved with airline food service?

AM: Oh, yeah. We had contracts from the Public Health Service. We were the agent of the US Public Health Service and the Interstate Transportation Program. We had all the airline stuff, all of our men were specially trained, were certified by Public Health Service—not all the sanitarians, but particular ones in doing that work. Yes, and that went on for years. We were the agents for Public Health Service.

CP: Yeah, I just remembered you were involved—

AM: Yeah, the interstate travel thing. We also, during that time, got heavily involved in injury control and product safety. And we initiated programs in that, and that was under a part of Public Health Service, but the nucleus of that became the Product Safety Commission of federal, see, of the feds. As a matter of fact, I went before a congressional committee and testified. And we had some help from Senator Chiles³² and Senator Dick Stone³³ in passing that product safety legislation. We were very active in that, had grants in it.

That went, then, to we ran a network of hospital injury report stations all around Florida to report all these product injuries and all. And we handled all the work on it and the reporting and that sort of thing, and we had that leading all the way into HRS [Health and Rehabilitative Services]³⁴. Had the interstate program, had other programs that were discontinued, in effect, because HRS couldn't handle them. It hurt Florida—it really hurt Florida.

CP: Yes, it did.

AM: Now, during that time, we really expanded our training program into specific topical courses on the different program areas. And for several years, we carried on, not only our basic 12-week course, but we carried on courses five to six to seven courses a year in the specific

³²Senator Lawton "Walkin' Lawton" Chiles, Jr., (1930-1998), earned a seat in the Florida House of Representatives in 1958 as a member of the Democratic Party and went on to run, successfully, for the Florida Senate in 1966. He retired from the United States Senate in 1989.

³³Senator Richard "Dick" Stone served as a member for the Florida State Senate from 1967 to 1970 and Florida Secretary of State from 1970 to 1980.

³⁴The Florida Department of Health and Rehabilitative Services (HRS) is a subdivision of the Florida Department of Health that delivers public rehabilitative health services.

special area. Also, tried to upgrade our supervisor and started teaching our supervisory people about planning and budgeting and that sort of thing.

And it really made a difference—all of that went by the boards when HRS came. I still continued the basic course over there until, finally, I lost the front. John Awad of district two got my furniture; I had a big conference table and all for the training room and had no where to put it, so I gave it to John Awad, and he let us use the room for a couple of years to carry on our training program. I saw John the other day and I told him, I said, “You got my good furniture,” which belonged to the State of Florida, anyhow.

CP: Are you going to speak to the oyster program before you get done?

AM: Yeah, I can speak to the shellfish program, but I never ran the shellfish program. I knew a lot about it, and I used to do my fishing in Apalachicola³⁵, but I never—I’ve run the state board of health boats.

CP: I guess it was always in engineering.

AM: Yeah, I knew the shellfish program, but, for some reason, Dave didn’t want to turn loose of it. Dave Lee was a long-time, well-known director of the Bureau of Sanitary Engineering. He also had some very good people working for him: Sidney Berkowitz, Ralph Baker—I mean, highly technical and knowledgeable people—and another one was a man, an engineer named Charles Cook.

And Charlie Cook was the one who was running those environmental, basically, non-engineering programs, and they never wanted to take all of it away from Charley. Now, Charley and I were always close. Charley was the training coordinator for Dr. Hall in the state board of health training program in Gainesville.

CP: Is that right?

AM: And I knew Charley from there because I had association there with him. Charley and I never had any problems.

CP: Is he still living?

³⁵Apalachicola, Florida, is a historic city about 80 miles southwest of Tallahassee and sits at the mouth of the Apalachicola River. Apalachicola is a hub for oyster harvesters and shrimpers.

AM: No, I think he died. However, Charley did retire. And, by then, they had a man who took over that program, who really sold it out to the Department of Natural Resources³⁶. Now, he didn't do it all by his-self; I mean, the politics that carried it to natural resources, which was a wronger (sic) from the word "go."

But I knew the program. Dick Hardison, who worked for me, really developed the program over in Apalachicola, set up the first laboratory that we had for shellfish and that sort of thing. And Dick was probably the most knowledgeable person of the shellfish program in Florida. Anyhow, I never ran the program, but I had a lot of close association with them, and I put on training courses for the shellfish program.

CP: Yes, you did. I remember those.

AM: The milk program—after Dr. Scatterday died, we had another veterinarian, and when he left, I took over the milk program; it was transferred to me. During that time, I continued to represent the state board of health at the legislature. After '69, when the department was created, we maintained as a division of health, virtually the same way that we had been operating, only we were responsible to the department.

During one of the sessions of the legislature over there, I was able to have a fine friend as chairman of the appropriation committee [The House Committee on Appropriations] of the House of Representatives, and that was Rep. Ed Fortune³⁷ from Pace, Florida, in Santa Rosa County. We were then getting two million-something a year for county health departments. Ed put in an increase of six million dollars for the county health departments in that budget; and we had enough friends in the Senate to hold it in the Senate, and we passed it, and we got it.

The health departments had gone to a point where Pinellas County³⁸ was putting up about 90 cents on the dollar for running their health department. Dade County³⁹ was putting about 85 cents on the dollar for their health department. And the county health departments were really the guts of the program, of the public health program in Florida, and it started out with those people back in the '20s who devised the program of cooperation of county health units in Florida.

³⁶The official name of Florida's Department of Natural Resources is The Florida Fish and Wildlife Conservation Commission (FWC). The Florida Constitution authorizes the FWC to enact rules and regulations regarding the state's fish and wildlife resources.

³⁷Edmund "Ed" Fortune served in the Florida House of Representatives from 1966 to 1978 as a member of the Democratic Party.

³⁸Pinellas County is located on the west coast of Florida; it is comprised of twenty-four incorporated municipalities, including St. Petersburg and Clearwater.

³⁹The Miami-Dade County is the southeastern-most county on the continental U.S. Its jurisdiction includes cities such as Miami, Coral Gables, and Hialeah.

And they passed legislation in 1931 to set up the County Health Unit Act and gave the counties the ability to levy ad valorem taxes⁴⁰ in the small counties of up to two mills; in the medium counties, one mill; and, in the larger counties, half a mill; to support their county health department. And the idea was to have a partnership, a real partnership between the government. Well, that says 50-50—well, we never got 50-50, and that is a real shame. We got this big boost this one time. Well, that was good, but I do—if I can philosophize for a minute.

CP: Please do.

AM: I am real concerned, right now, that we do not have the partnership, even with the new department of health, because some of the counties aren't putting up any money now. Dade County doesn't put up a dollar; it's all state money. You can't have a partnership like that. And other counties have taken programs out of the health department and put up other agents—put them into other agencies—because it was their money, anyhow.

So, the new system, as it exists today, is not ideal in my mind. And this isn't sour grapes at all, this is just not right. This is not right, to not have the partnership. You will not have as good a health department if you don't have the partnership. Even though it has political problems, all kinds of problems, it still is the best there is. And while we are talking about that right now, let me say one other thing.

I have noticed a trend in public health—I don't know all the facts at this time—but I have noticed a trend that has come from the department of HRS and from the legislature that Environmental Health Services⁴¹, unless they pay for themselves with a fee, are not performed. So what happens right now?

People do not, today, around the state of Florida, know whether there is pollution in the beaches or not because they don't go out and sample them, because there is no revenue to be derived from that. There are dozens of other programs that are in the same fix. They don't do that anymore. It used to be, a man—a person, now, cannot bring a sample, or the sanitarian cannot pick up a sample and take it to a laboratory, except for a fee.

CP: Oh, really?

⁴⁰Ad valorem tax is any tax based on the actual value of the item being taxed. Nearly any tax, therefore, can be considered an ad valorem tax under this definition.

⁴¹Environmental Health Services Branch (EHS) is an agency within the Center for Disease Control and Prevention. It was created in 2000 with the purpose of providing practice-based research, training, tools, and guidance for environmental health practitioners in the U.S. Its programs are primarily aimed at food safety, water protection, and performance improvement of environmental health programs.

AM: Yeah. Now, see, that's the kind of stuff that ought to be covered by appropriation, in general public health, that should be done, but the ones in the counties, right now, the ones that are not fee-based, and they show in their budget they don't do anymore, and that's a crime. It is a crime to me.

CP: Well, we are going to suffer because of that as a state, will we not?

AM: Dr. Prather, we are going to suffer as a state. Let me give you another example, just from what I have learned from reading. There is no public health nutrition program in the state of Florida for the general population of Florida.

CP: I was aware of that, and that causes me to cry.

AM: There is no program. If it isn't WIC⁴², they don't do it. Now, that is an important segment of the population, but it is only a small segment of the population. And if it isn't WIC, they don't do it. The rest of the population did not get public health nutrition services, and that's just an example of what is going on. Now, that is something that somebody needs to bring out, is that public health is for all of the population, all of time, in all of the programs, if they apply. It is that simple to me.

CP: I totally agree.

AM: I just think that is something that has worked on me. Now, I'll talk about my personal situation for a moment, and that is, I was given a lot of different programs and transferred to me. I took over the drug program, I had the bedding program, I had several other programs. The milk program had already come in.

CP: You said the drug program?

AM: Yes, I took over the drug program for a period of—from the time that the Florida Department of Law Enforcement was formed, the legislators in their wisdom transferred all of our narcotic inspectors to the Bureau of Law Enforcement with the implicit understanding that they would continue to do that work. They were immediately assigned general law enforcement work.

⁴²Women, Infants, and Children (WIC) is a Special Supplemental Nutrition Program that provides 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.

They were all registered pharmacists trained in the narcotic program, and those people—a couple came back to the state board of health; many of them went on their way. They all quit the Department of Law Enforcement, and that was probably the aim of that department. That depleted the resources that, even though we lost the Criminal Narcotic Program, we still had the responsibility in Florida for the drug devise and cosmetic sections of the state and federal Pure Food and Drug Law⁴³.

Now, albeit, the Bureau of Narcotics never did much work in that area. Doyle Connor⁴⁴ built an empire and buildings and all on the food part of it, the Department of Agriculture⁴⁵, and we didn't. Well, when I got assigned it, I went over to legislature, and I got new drug inspectors to go, and we started looking at drug manufacturers. There are hundreds of them in Florida; we started looking at them. Under law, we licensed them, but they would just send in the money, and they would send them the license. So, anyhow, we got that kind of straightened out, and the agency, as far as I know, still has that responsibility for enforcing it.

CP: Do they do anything about it?

AM: I don't know whether they do or not.

CP: I haven't heard about it an inch.

AM: They didn't when I did. When I ran, they didn't.

CP: I am afraid that is another one that has gone by the wayside, buddy.

AM: They may not have any money for it. But, anyhow, when I got all those programs, Dr. Sowder wanted to make me a bureau, you know. The hierarchy was state health officer and then the bureau directors and then the division directors. And I had a lot more programs than most of the bureaus did.

⁴³The Pure Food and Drug Act of 1906 was passed by the federal government as an attempt to regulate the American food and drug industry. The law mandated that meat products had to be inspected and forbade the sale, manufacturing, or transportation of poisonous patent medicines and unadulterated food products.

⁴⁴Doyle Edward Conner, Sr., was an American politician who served as Florida Commissioner of Agriculture from January 3, 1961 to January 8, 1991.

⁴⁵The Florida Department of Agriculture and Consumer Services institutes programs to protect Florida's agricultural ecosystems as well as the safety of customers.

So, went two things: tried to get, organizationally, the bureau set up and get me a new job classification. And I got the job classification, and I became the state hygiene director. And I held that position as a state hygiene director, but HRS would not let us set up another bureau. And so, we never set the bureau up, and I never became a bureau director. So anyhow, in 1975, the whole thing changed. You became health officer when, in '74? You became health officer in '74, and then '75 legislature abolished all the divisions and threw the whole thing into turmoil.

Under your direction, I ended up as a director of environmental health—no administrator—I was environmental health administrator. And I had about 40 programs, but, in effect, we were in the health program office, which was in planning, and we could not run programs per se, so the programs got split up. I transferred two to three of the programs to the counties and let them start permitting things, the ones that required permits. I don't really know how they stand now. We had to get out of the operational thing, you know. And we did, and the whole thing—I was not happy the whole time.

CP: You weren't alone, buddy.

AM: Incidentally, I got shafted on job classification along with it, and I wasn't happy about that either. So I had been able to retire for a number of years, and when the man came around and told me that, "I will pay you money to pay you what you are making now to work half-time for me on a year contract." I said, "This will be a good transition."

So, I retired the end of August 1979. Immediately went to work for the National Institute for the Food Service Industry out of Chicago. And there, they publish educational materials and conducted training courses and that sort of thing for food people. NFTE [Network for Teaching Entrepreneurship]⁴⁶ as they called it, was the educational arm of the National Restaurant Association⁴⁷, a not-for-profit educational foundation.

And so, I went to work for NFTE and did technical stuff on reviewing their material and that stuff, but, mainly, my fieldwork entailed working with the colleges and universities to try to incorporate management-training courses into their hotel and restaurant curricula, into their food science curricula for the people. And those programs, indeed, were already in some of the places, and we put them in others. FSU used some of them, had Dade County Community College using them, and I spent that time.

⁴⁶Founded by a public high school teacher in 1987, The Network for Teaching Entrepreneurship (NFTE) is a non-profit organization that provides entrepreneurship training and education programs to young people from low-income urban communities.

⁴⁷The National Restaurant Association (NRA) is the primary foodservice trade association in the world. The NRA conducts research, tracks legislative developments that could affect the foodservice industry, and provides restaurant owners with guidance and necessary tools in order to promote professionals in the foodservice industry.

The other thing I did for NFTE was to attend environmental health and public health meetings around the South; I didn't go all over the country. And, for instance, I worked as one of the people in the booth for NFTE at the National Restaurant Show in Chicago and that sort of thing. And that was a real nice deal, and I liked it, but it was a lot of travel. And I really wasn't too eager for that.

So during that period, I was appointed by the United States District Court in Jacksonville as the expert in environmental health in the *Castello*—the *Wainwright* case⁴⁸ against State of Florida. Florida prisoners suing for inhumane living conditions and that sort—it had been going on for years, the case had. I had had exposure over in Jacksonville, when the same Judge Scott in the case of the Duval County Jail had us going in and make an evaluation, which we did, and report it to the court.

Judge Scott told the State of Florida and the state board of health—I guess it was, could have been division of health by then—he told them, “You are not carrying out your mandate of the Florida law, and you do not have any standards for places of incarceration, which was clearly spelled out in the charges.” So, I wrote the standards for the prisons and jails in Florida, of which I knew pretty little about, but I went to the top. I went to Federal Bureau of Prisons⁴⁹ I got all of their data and information, and then I toured federal prisons, including a big, new one being constructed in south Dade and got a pretty good idea of what was needed and what wasn't.

CP: This was after your retirement from HRS?

AM: No, no, no, no, that was when I was with the department. I wrote those prison regulations and all, but that's why I am sure that Judge Scott decided I'd be a good man to be appointed. Now, I had once before been requested by the medical committee to provide them with somebody to do some environmental and had sent one of my men around with the medical team. But when I got appointed, I was appointed separate from the medical team, but in conjunction with the medical team.

CP: As, really, a consultant or advisor to the court?

⁴⁸*Costello v. Wainwright* came before the court in 1975, after Richard Miller, an inmate at the Duval County Jail, handwrote a lawsuit against Louie L. Wainwright, the Director of the Division of Corrections, wherein he decried the inhumane living conditions at the Duval County Jail; the prison was heavily overcrowded (about 1,300 inmates over capacity), understaffed, and marked by rampant violence among inmates and inhumane treatment, according to reports. The defendants were found guilty of violating the prisoners' constitutional rights, after which, Florida's prison system underwent a series of reforms to improve the living conditions of prisoners.

⁴⁹The Federal Bureau of Prisons (BOP) is the federal law enforcement agency responsible for the administration of all U.S. Federal Prisons. The BOP was created in 1930 with the goal of improving the overall conditions and quality of care provided by the state to federal offenders.

AM: But I had some charges; I had some charges to evaluate specific things and all and report back to the court and that sort of—which I did. I spent a year or so doing a thing and I've got a copy of that big report in there, the prison report, that I brought down here. Well, we are getting near time. I think I could conclude my remarks. To say that I served during the term of 12 governors of Florida, and this is a joke because Dr. Sowder served as state health officer under 11 governors. And so tell him about that.

CP: We'll let the tape replay it.

AM: Now, I served under four state board of health, health officers—served under four. I served under one acting, Dr. Albert Hardy, and I served under two health program office directors and who, later, I think, both were designated state health officers, isn't that correct?

CP: Yes.

AM: Okay. So I had a bunch of them. But there were a bunch of them real early in my career. At first, I knew Dr. Macfall and his son was a sanitary officer in the county health department, but I never worked under him. Dr. McCreary was a state health officer; he died. Dr. Pickett was appointed, and, then Dr. Hanson, and, then Dr. Sowder.

CP: Did you have any track with the guys prior to Dr. Sowder or Hanson, for example? Did you sit with him any, did you know him as a person?

AM: I didn't know him that well. I met him, but I never, never really knew him. I never knew him, no. He had been health officer earlier, too, Dr. Hanson had, but I only met him.

CP: That is a notable piece of history, four health officers—actually, more than four.

AM: Oh yeah. Five, seven, I think, counting Dr. Hardy, acting, and then you, and—

CP: You were there for Keen.

AM:—what do you call him?

CP: Howell⁵⁰.

AM: Howell, Jim Howell.

CP: Weren't you there for Keen for a short while?

AM: He was never health officer?

CP: Oh, you had left. There was a fella by the name of Steve Keen that came in afterwards.

AM: Oh, okay. Howell had replaced you when I came—when I left. Now, let's see if we got anything else. Okay, I just want to reaffirm that I think, maybe, three people had a great effect on me—well, maybe four, because my father had a great effect on me. Although, I turned him down on being a pharmacist, I think he finally understood.

But Dr. Cato, who was like a second father to me. And then, later, Dr. Sowder, who was completely different from both of them, and yet, I tried to learn some things because he had a great tact, and he didn't go around insulting people or hollering at people. So I think those people, and scholastically, I think Dr. Rosenau and that group up there really got me interested, not in a job, but in public health.

CP: In a profession.

AM: Now, I got a lot of documentary material to cover some of the stuff. I found more stuff than I knew I had.

CP: We will leave that in the library. Buddy, summarize in one paragraph, as short or as long as you want it, in a nutshell, your career in Florida public health. How would you summarize it? That is not a very good question, I guess.

AM: Yes, I understand the question. I don't have a very good answer. I think I always believed, in public health, that it wasn't just a job. I never dreaded going—I dreaded going to work some

⁵⁰Doctor James T. Howell is an accomplished public health physician in Florida, serving in various positions throughout the Florida public health system, including that of State Health Officer and Secretary of the Florida Department of Health. An interview with Dr. Howell is available in Digital Initiatives and Services' USF College of Public Health Oral History Project.

days, but I never dreaded the job because it was very—well, it was exciting in a lot of ways and very varied. Now, the thing I liked least, I guess, was sitting behind a desk and playing with papers all day, and I hated that.

CP: Which is what you did most of your later part.

AM: Yes, I hate that.

CP: That is one of the disadvantages of promotion.

AM: Yeah, but those real smart administrators find somebody else to do most of that paperwork. And sometimes I think I wasn't smart enough. But I had a lot of help; I had a lot of good employ-ers and -ees. I had employees, too. We had a good time. And I will say something else, too, I was never afraid to steal something that somebody else thought up first, you know? If it was of use, I tried to use it.

But I had a network of people, just as an example, the Public Health Service had their food research people in Cincinnati, that was the old water pollution thing, and they set up food labs, and Dr. Milton Folder headed up that food lab; he later came into CDC [Centers for Disease Control and Prevention]⁵¹ and headed up pesticide stuff.

But, Dr. Folder, I don't know, we just got along good. I had him, once, help in a training class or something, and he had another, Dr. Hall, who worked up there, and there was another one named Angelotti, that worked up there with him—all of them real top food society. If I ever had a question or something, all I had to do was pick up the phone and find out the answer to it. And I don't think there is that much networking going on now—I really don't. I learned a lot from other states, and I think a lot of states learned stuff from Florida, too.

CP: I would think so. You didn't mention the area of the cruise line industry, at large. And my memory says that, somehow, you guys in Miami were a cutting edge for cruise lines.

AM: Yeah, two or three things happened in the cruise thing. As it started to grow, there became a tremendous increase in the case of food poisoning, or, as it turned out, water—enteric disease from water. One cruise ship pulled into San Juan Harbor and turned the wrong valves and pumped in harbor water into the drinking water. Well, by the time they got back to Miami, three

⁵¹The United States Centers for Disease Control and Prevention (CDC) is the foremost public health agency in the United States. The CDC works at the local, state, and national levels to prevent disease outbreaks, implement prevention strategies, and improve the overall state of national health.

days later or something, everybody on the ship was sick. So we told them that we had to do something.

Well, Public Health Service was stopped; they had no authority on foreign registry ships. So we just told them, We either come in, and you work with us, or we station a health official there with a big card warning: do not enter this ship, because you may be exposed to disease.” And they came around. It took some guts to do it, and Dr. Cato backed that up. And so, we tackled them.

So, when they came around to our side, they came all the way. And they came to us and said, How can we do, and what do we do? First, we went on and told them what to do. Then, how do we do it? Well, our crews are off at certain times during the day. If you will send your people to put on training classes, they come on the cruise, and they give them the training when they are off duty. And we trained, and had vacations among several members of the staff. Not including me—I never went on one.

CP: Did the sanitarians all volunteer for that job?

AM: The sanitarians took annual leave, and went aboard, and took cruises, and taught classes on food safety.

CP: Fascinating.

AM: But they still have an outbreak every now and then.

CP: Yeah, they do.

AM: Now, we worked very close with the quarantine officers.

CP: Yeah, I knew you all had that piece of history, and you didn't mention it. Do you have any thoughts about where you see us going, where public health—the present trend versus where you think it ought to?

AM: Are we off? We are off, aren't we?

CP: No, we are still doing okay.

AM: Oh, we are still on? Well, I told you my two concerns. My two concerns are the lack of partnership, which isn't universal, but which is going to grow. As soon as some other boards of county commissioners find out, they say, Why are we putting tax money into the health department? Dade County doesn't put any in. The other thing is this business of confining programs, to that for which you get a fee.

CP: That is contrary to what the basic public health.

AM: That is basic public health. Nursing, can even say the same thing. When I grew up, public health nurses were out in the field working; they also ran clinics, but their primary job was out in the field working. You don't find them out there; they stopped that years ago. They only hold clinics now. Well, they don't reach the people that don't come into the clinics. It's that simple.

CP: They don't find the earache while it's still treatable.

AM: See that? It's that tight. And part of it, public health alone cannot control the legislative; the whole philosophy and before the Republicans took over, it was still that way. The philosophy is that if the restaurant doesn't pay a fee, he doesn't get the service. Well, that's fine, except the people don't get the service.

CP: That scares me.

AM: That is what frightens me. And when I think about it, I hate to see that trend, because it looks like it is continuing.

CP: To the future student of public health, do you have any advice?

AM: Oh, I think it is a good field. I think—and I hope we don't get too far—generally, the higher the education in the environmental field, the further away from the field you get and the more you get into theoretical and, as you say, paper stuff instead of people stuff. It is the rare PhD that goes out amongst the problems. You know, that type.

You need a lot of them sitting there figuring out solutions and things, but you need some bright people, also, out there in the field. I think it is a good thing. I think it is a shame that we don't attract enough young and energetic physicians into public health. I have always felt that way. We attract a very few like a BIS [Bureau of Industry and Security] officer and that sort of thing. But the money just isn't there. They can't afford to go—

CP: It still isn't, even today.

AM: But, I don't know, I think we got a new start with a new department. And I do not know how they made out in the legislature, if they got enough staffing and that sort of thing. I hope they did, but they are going to have to go in there and fight, to get the money. They've got to compete with everybody else.

CP: That's the way it has always been. It's always been, nothing is going to change. Well, Mr. A. W. Morrison, the long time director of the environmental health of the state board of health, who has been a formal part of public health activities since, if I'm figuring right, 1936. Correct me on that figure.

AM: Yeah, that is close; it might even be '35.

CP: Since 1935, and I doubt we can find any still living who can match that record.

AM: Well, you might. Now, let me add one thing.

CP: Please do.

AM: My wife is still in public health, so, although I have nothing to do with it, I do have a reach through her. And I try to tell her things about public health, and she listens sometimes.

CP: Mr. Morrison, buddy, we are truly complimented that you would take the time to share with us your great career, and long term career, in public health. And it is a pleasure to sit here and hear you reminisce. And, on behalf of us all, thank you.

AM: Well, thank you for inviting me.

End of Interview