

NOTICE

Materials in our digital Oral History collections are the products of research projects by several individuals. USF Libraries assume no responsibility for the views expressed by interviewers or interviewees. Some interviews include material that may be viewed as offensive or objectionable. Parents of minors are encouraged to supervise use of USF Libraries Oral Histories and Digital Collections. Additional oral histories may be available in Special Collections for use in the reading room. See individual collection descriptions for more information.

This oral history is provided for research and education within the bounds of U.S. Copyright Law (Title 17, U.S.C.). Copyright over Oral Histories hosted by the USF Libraries rests with the interviewee unless transferred to the interviewer in the course of the project. Interviewee views and information may also be protected by privacy and publicity laws. All patrons making use of it and other library content are individually accountable for their responsible and legal use of copyrighted material.

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

Digital Object Identifier: C53-00052
Interviewee: Willard Galbreath (WG)
Interview by: Charlton E. Prather (CP)
Interview date: June 3, 2002
Interview location: Broward County Health Department
Transcribed by: Renee Perez
Transcription date: March 17, 2016 to March 23, 2016
Audit Edit by: Renee Perez
Audit Edit date: March 23, 2016 to March 25, 2016
Final Edit by: Bianca Smith
Final Edit date: May 18, 2016 to May 23, 2016

Charlton E. Prather (CP): It's a true pleasure to have with us today, Mr. Willard Galbreath, who is the longtime director of environmental health for the Broward County Health Department. As a matter of fact, he was here over 40 years, all the time in environmental health.

He's had the opportunity to witness much important in the development of the public health programming of Florida, right here in this position. He observed the county going from a small, not rural, but a small, around 300,000, population when he came, to about 1,400,000 when he retired.

He made much public health history, too, by virtue of being the director of a rapidly growing metropolitan area and all of the environmental problems that accompany that. Mr. Galbreath was right in the middle of all of that. It's a pleasure, now, to have him review with us his fascinating career in environmental health.

Mr. Galbreath, truly, it's a pleasure to have you here. I say, on behalf of the college of public health and the University of South Florida, thank you sincerely for your willingness to come and spend some time with us.

Willard Galbreath (WG): Thank you for inviting me.

CP: Tell us, what got you interested in environmental health so long ago?

WG: I was interested in physical sciences, and I majored in that in University of Florida. I guess it was in my last year of schooling there that I met a fraternity brother who was a sanitarian with the State of Florida. It piqued my interest, and I thought that was something maybe I would like to do.

I applied, got interviews, and there was nothing available. After a year later, I got a notice that there was a vacancy, and they were interested in knowing whether I was still interested. So I jumped at the opportunity, and the rest is history.

CP: Did you have any specialized training?

WG: Well, my degree was in chemistry, biology, and bacteriology. And, of course, once you become a sanitarian, the State of Florida puts you through basic training and training on the job. Then, I believe, it's a 12-week training at the state board of health, state board of health at that time.

Then, later on, after about five or six years, I was the recipient of a State of Florida Educational Grant and got my master's in public health at the University of North Carolina. So, that was the training that I had for—

CP: As I recall, we don't have that scholarship anymore. This was a full scholarship, you went on, I think. Full salary or part salary?

WG: No, it was a three-quarters of your salary but tax-free. It was a nine-month program for your MPH, master's in public health.

CP: Did the state pay tuition?

WG: The state paid the tuition.

CP: So that's a good deal.

WG: My expenses were strictly my living expenses. That is a very good deal.

CP: Yeah. It was a good investment, best I can tell.

WG: I tried to make it worth their while.

CP: It was a good investment. Well, go ahead, once you were here and trained—did you go for your training before you went on line as a sanitarian, if that's a good word?

WG: No, not really. You started out going in the field with another senior person and getting a feel for the job, and then, gradually, you were put into the job yourself, a little at a time. But then, after you got a feel for it, the basic training at the state board of health is more meaningful, which I think was a proper way of doing it because you knew what they were talking about.

CP: Then under your tutorage here, as I recall, didn't you develop your own sanitarian training program?

WG: From time to time, we changed it some, but we did a lot of our own training, right, which is something that I'm very proud of because I had four or five people under me who went on to become environmental health directors in other counties.

CP: One of those, I would inject, has become the director of environmental health for the state of Florida for the department of health.

WG: That's right.

CP: That's one of your girls.

WG: I look with pride on that.

CP: It's fun to remind you of that because she is very outstanding in many ways.

WG: We sent her off for her master's on that program. Since then, she's, of course, gotten her doctorate.

CP: That's right. Yeah, she does well. All right, so now you're a trained sanitarian. And you came back as just a, quote, beginning sanitarian, so to speak.

WG: Right, right.

CP: I want to emphasize this story because you came in lower than the beginning level, got some specialized training, and finally got up to the beginning level of a sanitarian. But, lo and behold, before too long, you were directing the whole shooting match. I want you to develop that for me some.

WG: Okay. I came back from getting my master's, and I was made supervisor. That was in '62—

CP: Supervisor of what?

WG: Of one of the field supervisors of environmental health or, at that time, sanitation is what it was called.

CP: Did you overview all the environmental health programs or just the ones—

WG: No, it was just a certain area. There were three areas of the county, and I was supervising one. I had about two people under me.

CP: But you did restaurants and septic tanks and water—

WG: Everything. It was a general program, and everything was general. Restaurants, grocery stores, food processing plants, rabies investigations, septic tank inspections, nuisance complaint investigations, all the home park inspections, labor camps—that's something we don't have anymore. That was a big program, at the time, migrant labor camps—water sampling, private water supplies. We had an engineering section that took care of the public municipal systems. But, it was a generalized program.

Then in '64, the chief sanitarian, Richard Almeida, who hired me, left and took a job with the county heading up the solid waste division, which was a promotion for him, of course. I was fortunate enough to be assigned to chief sanitarian at that point. That's when I became the person in charge of environmental health, or sanitation, countywide.

CP: Yes. And you were called chief sanitarian?

WG: It was chief sanitarian at that time, right.

CP: Today, we call them director of environmental health.

WG: Right. Then, when I left, I was administrator of environmental health. Environmental administrator was my title. So it's changed from time to time.

CP: I hope that every time they changed the title, the salary went up a little bit.

WG: It helped a little bit.

CP: It did every time?

WG: I think so. Yeah, it helped a little bit.

CP: That was the way to do it at the state level. In order to get an increase in salary, you had to change titles.

WG: It worked that way.

CP: So this was, really, if I'm adding up correctly, you came in '58, '55—

WG: '55.

CP: —to the Broward County Health Department. In '64, you became chief sanitarian.

WG: That's right.

CP: That is nine years?

WG: Right. We had about 14 people on the sanitation staff at that time.

CP: Okay. And a county population of about a half a million?

WG: Probably. That's probably about right. The largest part of the job was septic tank inspections because it's a growing county.

CP: Why didn't you have centralized sewage plants?

WG: We worked hard to get that and we did. That was mainly the engineering section that was involved in that, but they worked diligently to get sanitary sewers. Dr. Hughes¹ was the health officer, and he preached and preached about the harm that was being done to our environment by septic tanks and this. We made a lot of accomplishments, but there are still a lot of septic tanks in Broward County at this time.

CP: I wouldn't be surprised.

WG: In the older sections. The newer sections have all been developed—they were required to develop on sanitary sewers.

CP: Yes. So you would say that your attention earlier was much given to septic tanks.

WG: A lot of attention. A lot of the time was spent in septic tank inspection.

CP: And new installation because you were growing by leaps and bounds. You were growing into the Everglades?

WG: Yeah, we did.

CP: I don't see how you could have a septic tank drainage field in the Everglades.

WG: When you asked me to talk to you about this, one of the things that came to mind was the change that has taken place since that time.

¹Dr. Paul W. Hughes worked in Florida public health for nearly 33 years, between 1949 and 1983. Over the span of his career, he served as public health officer for Alachua, Levy, and Duval counties as well as director of the Broward County Health Department.

CP: Oh, yeah. Tell us about that.

WG: At that time, there was a major interest in the microbiology of public health. Since that time, there's been an increasing interest in the chemical aspect of the environmental contamination and environmental influence—

CP: You sanitarians have largely taken care of the germs.

WG: So, it used to be, we tried to get rid of the septic tank effluent² by getting rid of it so that you didn't see it anymore. We weren't concerned about the problem that was causing to the groundwater table, which is our future drinking water. This has been something that has grown over the period of years that we're talking about to where, now, that is a prime concern, is our protection of that groundwater.

CP: Is that not one of the major public health concerns to you?

WG: It is.

CP: Where we're going to get our water? Your own water—

WG: And the chemical aspect. We used to be concerned with chloroform bacteria and that was about it. But now, we're talking about chemicals, and chemicals can be organic, inorganic, [and] radiological. There's all types of problems with chemical contamination.

CP: That you look forward to try to do something about.

WG: Right.

CP: Tell me some instances of the growing problems. Septic tanks were there, but from the uniquely environmental health point of view, as you saw more and more and more and more people, more and more and more and more businesses, more and more and more and more focus on profit.

WG: It was hard to sell the county and the developers on sanitary sewers. One of the ways that it was done was by, as I said, Dr. Hughes preaching the public health aspects

²Effluent is the name given to the liquid waste generated by septic tanks and is usually pumped into a river or other body of water.

constantly. Every time we had any type of a public health problem that could be attributed to that, we made the best of it, tried to just use that as the selling feature.

I'm reminded of one instance in a private school, where the septic tank—they had a large septic tank system serving that entire school property. It had an elevated drain field, which required pumps to pump the effluent up into the elevated drain field.

The maintenance man had a problem with the pump losing its prime³, so he found that if he hooked the hose between the water supply and the pump, it would automatically prime. This worked fine, but shortly we found students that were getting sick.

After several days and some investigation, of course, it was determined that there was a cross-connection between the water supply and the sewer system. To prove that, we put dye in the septic tank, we re-hooked up the system the way he had it, and we opened the drinking fountain in one of the dormitories and got green dye.

CP: I knew that's where you were going with that.

WG: Just an interesting—

CP: What did you do? I hope you called the newspapers in the city—

WG: It got some publicity.

CP: Because Dr. Hughes was never one to play footsie with the politicians.

WG: No, he called it as it was.

CP: Yes, he did.

WG: But he was corrected. The pump was replaced. We made sure that there was no connection with the hose. If they had to prime it, it wasn't done with public water,

³Priming of septic tank pumps is a crucial step to ensure that effluent can be adequately circulated; some pumps must be primed manually, while others prime automatically.

drinking water. The system was flushed, chlorinated strongly, flushed again, and samples were taken before it was cleared. We didn't have any more problems then.

CP: This was a lesson, I hope, but the school district, at-large—

WG: This was not a public school. This was a private school.

CP: A private school? Well, hopefully, that's a lesson to everybody.

WG: We only had that once so, hopefully, it was.

CP: Yeah, that was a good lesson, then.

WG: We were talking about water sampling, and it came to mind that one of my jobs was to collect water samples from tankers at Port Everglades when they were transporting drinking water to Guantanamo, back around the crisis with the—

CP: Sixty-two.

WG: The Kennedy crisis⁴ with Russia?

CP: That was in '59.

WG: Was that in '59? I don't remember the year, but I remember going out before daylight to collect water samples out of these tankers because they had to be cleared. We wanted those samples to go to the lab that day. We were clearing the water for Guantanamo.

CP: They were getting it from the municipal supply—

WG: Yes, but we weren't sure how the sanitary the tanks were. But they were—

⁴The Cuban Missile Crisis occurred in 1962, at which point the US naval base at Guantanamo Bay was evacuated.

CP: Did you have any problems with the US Army?

WG: I don't recall that we had any problems. I don't remember them having any problems. Most of them came back satisfied.

CP: You recall [what] that was? Was it army tankers, ships?

WG: I don't remember what cruise ships they were.

CP: Because I think this is the first instance I've heard of transporting water by ship.

WG: It was just for a short period of time. For some reason, they didn't have drinking water that they felt was safe enough, and they were shipping it from here.

CP: You did this as the sanitarian?

WG: Right.

CP: And you had to get up before daylight. Did you get off early in the afternoon?

WG: I don't recall.

CP: You don't recall? Well, I had an employee once who regularly came in about 9:30 in the morning, and I just happened to bump into him one morning in the hall. He was aware that he was about 9:30 just coming in. He said, "Don't you worry about it. I know I'm late this morning, but I'll make up for it this afternoon. I won't leave until 3:30."

WG: Well, that was a big help.

CP: Excuse me. That's terrible. I'm sorry.

WG: That was one reason why we always—while I was chief sanitarian, or director, we always insisted that the staff start their work from the office and they leave to go home

from the office. At least we knew where they were at the beginning and the end of the day.

CP: You're a tough boss to do that.

WG: I knew that there were some problems in other areas like this.

CP: Not in yours, but in other areas.

WG: Not that I'm aware of.

CP: Okay. So, continue to review with us some of the highlights of those early growth days, when Broward was beginning to bust its seams with growth. Because, as the chief sanitarian, I'm sure your challenges were staggering.

WG: Because of busting our seams with growth. Okay. Well, a temporary growth was the rock festival that was held in 1969⁵. You remember that?

CP: No, tell me about that.

WG: Well, there was a—it was—remember Woodstock in New York?

CP: Yes.

WG: We had our own. In 1969, there was a rock festival, which I don't recall how many people attended, but we were expecting a couple hundred thousand. And they were holding it out in undeveloped Broward County, so there was no sense of facilities available there. This was after Woodstock, so we knew problems—

CP: You had some experience already.

WG: Yeah, right. So we tried to get the promoter to install adequate facilities. We were running into trouble, so we ended up with the state attorney and the sheriff. We had

⁵The first annual Palm Beach International Music and Arts Festival took place just three months after Woodstock and drew a crowd of nearly 50,000 people.

several days of hearings to obtain a court order, which required, I think it was about 150 to 200 portable toilets all in a line and one long line of lavatories for hand washing.

There was no drinking water that was approved out there. There was a well. So our engineers had to work on developing a treated water system for these people, and it was —

We didn't have anybody get sick that we know of, from lack of sanitation. A lot of sickness from drugs and problems like that, but it went satisfactory far as we were concerned. It rained. There was mud. Everybody had a good time, I guess.

Pause in Recording

CP: Can you estimate, how much money that cost the department?

WG: I don't have any idea. There was no reason to estimate the time because we weren't getting reimbursed for that. But there were days, and went into the night, in court before a judge, pleading our case. But we did get the order, which we asked for. They insisted that there would be no problem, but they had not made any provision for sanitary facilities at all. So there would've been—

CP: Yes, there would've been.

WG: It went from Friday afternoon through Sunday noon, I guess. It was one of the highlights in my career.

CP: It was?

WG: The fact that we got through it.

CP: That you got through it without a massive epidemic of some sort. There were several deaths in Woodstock, if you remember.

WG: I don't think we had anything like that, that we—

CP: The promoter tried to insist that these all are adults, and they know how to conduct themselves.

WG: I'm sure. That's right.

CP: I'm sure too.

WG: So you asked about some of the changes that have taken place, that I have seen change. I mentioned migrant labor camps. That was a big problem when I started because there was a lot of farming in Broward County at this time.

Shortly after I started, we had one full-time person working under our grant, just working migrant labor camps. We were trying to get rid of unsanitary pit privies, of people living in deplorable housing, unsafe drinking water, and lack of medical facilities. The nurses took care of that.

But the environmental conditions were improved. Along with that, we gradually lost migrant labor camps, and then they eventually took care of the problem because of growth. The sub-dividers came in. Land was too valuable for agriculture, and they became subdivisions.

CP: So you got rid of your migrant labor housing problem?

WG: Growth created some problems, but took care of another.

CP: Go ahead with the changes. I like this. That's very useful to us.

WG: All right. You remember when we had health cards?

CP: Yes, I remember health cards.

WG: We finally got rid of those, which served no purpose.

CP: How'd you do that?

WG: Well, I think you might've had something to do with that.

CP: I did.

WG: The state health office, with your help, reasoned, finally, that they were serving no purpose. Along with that, we got into requiring food handlers—I didn't call [them] handlers—food worker training—they're not supposed to handle food—which was required for food establishment managers. That sort of replaced the health card. I don't know when the state started requiring that, but we required that here in Broward County prior to the state requirement.

In fact, with the food program, in 1972, I believe it was, we found there were problems in some food establishments, which we couldn't get resolved. There were really no teeth in our sanitary code, rules or laws. We worked with one of the cities, who assisted us in getting a city ordinance, giving us authority to order restaurants closed if they were having a severe health threat.

Also, requiring, along with that, food manager training and the requirement that they have the plans approved before they developed any new restaurant. And, then, they had to have a permit, which we eventually started charging for. But that one came from the City of Hallandale. As we saw that, it worked.

So, instead of going to the state to the—used to be county solicitor's office, instead of state attorney—and they would subpoena the violator in, talk to them, and nothing really happened. So we ended up getting some teeth in our enforcement program.

And we went to other cities. There were, then, 29 cities in Broward County, plus the unincorporated area. We gradually went to each city and asked them to pass—Well, first, we went to the county and asked them to pass the ordinance and, of course, they would have no part of it. That's the state problem. When you have enough rules, it's hard enough for these people to—

CP: Make a living now.

WG: Right. So we went to the various cities. After, I believe it was two or three years, we ended up with all but two cities in the county, which had our ordinance. One of those cities only had 28 residents in it and no restaurants, so it didn't make any difference.

At that point, we worked with the county restaurant association, got them on our side, because they saw what was happening, and they saw we weren't abusing this authority. So the current president of the restaurant association said, "We'll support you."

After going to the county commission for the ordinance twice and being turned down, they went with us, and we got the countywide ordinance passed. So then I had to go back to all these cities and ask them to rescind their ordinances, so we would have one countywide ordinance, which we did. I believe it was in 1975 that the county came under one ordinance. After working this hard to get the food program underway, I was really disappointed when we lost the food program later on.

CP: Yeah. That occurred about that same time. It came down to the '76 reorg⁶.

WG: Well, when the department of business regulation took over, I think it was more like about '88 or '90.

CP: Oh, it was?

WG: Right. I think it was later on. Then they came on, and it went through various stages, and they finally took it over. But we still, the health department, still has the authority to go in and investigate foodborne illness. But, of course, that's after the—

CP: That's after the horse is out.

WG: After the horse is out. But we do still have some activity there, which is good. But public health is supposed to be prevention.

CP: That's what I thought. That's what I was taught in the school of public health. But that's an outstanding program.

⁶Following the passing of the Health and Rehabilitative Services (HRS) Reorganization Act in 1975, all state public health bureaus, sections and units were restricted and redistributed to be governed by one of eleven HRS state offices or three central administrative units in Tallahassee.

WG: In the past, the state public health program was strictly education, and this was good. But education would only go so far, and enforcement is another form of education. That's what we saw. I felt that we accomplished quite a bit when we did get that authority passed.

CP: You got the ability, by law, to turn on the light to the learning process.

WG: Right.

CP: Yeah, I understand. Other dramatic changes?

WG: Nursing home regulations. When I first started, I think there was one or two pages, a little rule on nursing homes, and we used to go around with a nurse. In fact, I was one that did that when I was a field sanitarian. A nurse and I would go around and inspect the nursing homes.

Some really deplorable situations, not only in sanitation, but in nursing care, custodial care. They've come along way to really help them, for the last 15 or 20 years, where they've gotten a very detailed set of laws and regulations for nursing homes.

CP: Has it improved the nursing homes?

WG: Oh yes.

CP: Okay, this is another one of those, a light to turn on the educational system.

WG: We've come a long way. You could say the same thing for childcare centers. There was no program at all until probably in the mid '60s, I would guess, when the first childcare regulations were adopted. They progressed to where they became great, great detailing, very finite in their coverage. These are two programs that were nothing and became large programs.

CP: Consuming a lot of your time. Originally, you were troubleshooting, apparently. If you had a problem, you went out and tried to solve the problem and, now, we go out to prevent problems. Is that what I'm hearing you say?

WG: Right. That is public health. We had a rat control project, which was federally funded, back in '75 or '80.

CP: I can't believe Broward had any rats.

WG: That's what people said but, really, they were there. There were areas that never saw rats, but there were other areas that we infested with rats. Some of those areas that had a lot of rats could be our best neighborhoods.

Fruit rats. Eating fruit off the trees and nesting in people's attics. So, it wasn't just bad conditions that were creating the problem. But that program lasted five years. I thought we had accomplished something, but the money died. We continued the rodent control program on a complaint basis. And, of course, that's not really prevention. That's fighting fires.

CP: That's right. Do you think there's been any impact on the rat, quote, "problem," unquote?

WG: It's been so long now. It's hard to say. I think that limits of the substandard living conditions at the time have been improved, not only by what we accomplished, but also through the enforcement of minimum housing standards, and this was the building department. So that's not something that we can take credit for, but it happened along with our efforts.

CP: Yes. You were partial. It all came along together. And it's the end product that we are most concerned about.

WG: That's right, conditions being improved. Medical waste and needles.

CP: I remember some newspaper accounts showing needles and some other good stuff floating in your beaches.

WG: I often wonder how they got there.

CP: I wonder that, too. Was that a good way to dispose?

WG: I still wonder how they got there.

CP: Oh, you're being serious?

WG: A whole industry developed from this.

CP: I knew it.

WG: If you read my mind?

CP: I do read your mind.

WG: Certainly was a need for more concern of the handling the treatment of these items.

CP: Medical waste.

WG: We started making special collections of these materials. Then they had problems with the incinerators that burned these because it was all plastic, and you had the air pollution problem coming from the incinerators that were burning needles and some sharps. One problem leads to another.

CP: You keep talking. You don't leave me just there. You hopefully solved the problems.

WG: I think that they are. The problems are under control now, yes. But had talks about solid waste and when I first started, the burning or the method of disposal of solid waste—garbage, trash, all household waste—was by dumping it in a pile and burning it.

I don't know if you came in through Fort Lauderdale airport but where some of the highways run right now, going into the airport, there used to be an open burning dump that was run by the airport authority. They would dump truckloads of their trash and waste there and just openly burn it.

In Dania [Beach], they used to have the county mosquito control office on Sterling Road, and right behind that, which was on a canal, was an open burning garbage pit because all of Dania [Beach]'s garbage was dumped back there and openly burned. There were rats there.

Mosquito control was in front, but they couldn't control all the mosquitoes that were coming from those empty, burned out containers that held water. A lot of my time was spent, in the early years, trying to close open dumps.

I worked with one of the people from state mosquito control office, and I'm trying to remember his name. He worked with John Mulrennan⁷. Ernie Fowler? You remember Ernie Fowler?

CP: Very well, yeah.

WG: Okay, he came down and helped us—

CP: Thank you for reminding me of his name.

WG: I'm surprised I remember it. But he came down and helped us a whole lot in closing a lot of open burning dumps, by writing a report and distributing it, as to the problems related to open burning.

It was along about that same time at which I made a move from chief sanitarian to the county on solid waste, and they built two incinerators. So there was reason to eliminate open burning because the county had provided incinerators to dispose of this waste, so it all came together. But it was cheaper to open burn.

CP: Well, I suspect that it was, and so there was some reluctance.

WG: Yes, that we had to work long and hard on that. This was not only an air pollution problem. It was a vector problem, from the mosquito standpoint, but it was also a water pollution problem because our ground waters are close to the surface. A lot of this waste was going into the groundwater—

CP: Directly.

WG: —and bacteriologically, and also chemically, because you had all kinds of chemicals in garbage.

⁷There is an interview on file between Charles Prather and John Mulrennan under the USF College of Public Health Oral History Project.

CP: Let me go back to disposal of sharps/medical waste. I want to recall that you, in Broward County, were on the cutting edge. You had a lot of stuff in place before the state gave formal attention to it. As I remember, a lot of what y'all had worked out was—

WG: For the sharps?

CP: Yeah.

WG: We had a county ordinance, I believe, pertaining to that, which might be what you're referring to.

CP: I am, yeah.

WG: We got quite a few county ordinances passed. Not all that we asked for, but we made some progress that way. At that time, we had some friends in the county commission that were helpful.

CP: My point is that you set the pace. You would set the pace, even for our disposal of medical waste for the state of—

WG: Well, maybe the problems came to light here faster.

CP: I think they did. I think those flutes that you found in—somebody saw in the ocean was part of that.

CP: As a matter of fact, that drew worldwide attention, as I recall.

WG: Yes. That didn't sit well because of the tourists. They're interested in immediate answers to problems.

CP: Oh, that's right. Right now. What are you going to do about that last night?

WG: Or what have you done?

CP: Yeah. What have you done last night? But, yeah, that's another little subject I want you to address before we quit is your relationship with the media, because you enjoyed an excellent with the media.

WG: I never felt comfortable with them, but I always knew that if you tried to hide anything, you were in trouble—

CP: You were next thing to being skinned alive.

WG: Right. So I tried to be as forthright and open, but I didn't attract them as much as some people, maybe. They hurt me at times, but they did us a lot of good, too.

CP: Oh yes. What was your philosophy in dealing with media? One, honesty.

WG: Honesty. Try to make sure you get your point across, and don't try to hide anything. Don't try to cover anything up.

Pause in Recording

CP: Did you have any special relationships with special reporters? You try to create relationships, nurture relationships?

WG: Can't really say that I did. There were times that reporters would take a special interest in one of our programs, and when they did that it was much to our benefit because we could really sell our educational efforts then. I guess one of the things that stands out was the "Not on the Menu" series, which one of the local—

CP: I remember that they got state awards for that.

WG: Now, see, that came about the time that we were looking for a county ordinance for food too. That all helped.

CP: Yes, "Not on the Menu." That TV station got a state award for that.

WG: Bob Maher of the CBS station in Miami was very helpful on that. I think that the Florida Public Health Association⁸ gave him an award for his work on that.

⁸The Florida Public Health Association (FPHA) is the primary association responsible for supporting and representing Florida's public health students and professionals by providing public health services throughout the state.

CP: Yes, they did. But he got some others too.

WG: I'm sure he did.

CP: He got some on his investigative reporting or public benefit reporting or something like. Excuse me. I interrupted you, now. We were talking about significant or important or notable changes during your beginning and your retirement.

WG: Rabies.

CP: Rabies. I hadn't thought about rabies. You still had rabies?

WG: They had rabies in a dog before I started in Broward County. Excuse me. We didn't have rabies, except in raccoons and bats. I believe that was all maybe one fox for 42 years. That was fortunate.

We knew it was there. It could come out at any time. It finally did work its way down from north of us where Broward County has had a number of cases of rabies in wildlife in the last couple of years.

But, we were fortunate during my time here. What I was leading up to is that there were no laws, no requirements for rabies vaccination, which we do have now. That was one of the things that we've made progress in, is dog and cat rabies vaccination. I don't remember what year that came about, but that has been enforced, maybe not as strongly as it should have been or could have been, but it has made a big difference.

CP: But effective. You haven't had rabies in a domestic animal—

WG: It's been effective. It's been effective, right.

CP: But you know this is all around us.

WG: It's all around us.

CP: If you go out into the edge of the woods of Broward County and sample your raccoons, I'll bet you, you have rabies.

WG: We know it's there.

CP: Yeah, so your vaccine is a nice barrier, keeping it out of the metropolitan area. That one's very significant because there are a number of areas in Florida that still are fighting rabies. There's very little in domestic animals anymore.

WG: But it's here now. Just in the last couple of years, as I said, they've had rabies alerts in certain areas, which we never had in my 42 years. So, it's come this way, which we knew it would.

CP: Be alert, you left a good legacy there.

WG: St. Louis encephalitis⁹, another one that we monitored for. Sick sentinel chickens. What was it? Every spring, we would buy chickens. We had one person that—well, we would put them out in about six locations. The people that would allow us to put them there would agree to feed them for us, if we provide the feed. Then, of course, we'd give them the chickens when we were done with them.

But, in the meantime, then, about twice a month, if I recall, we had one of our people go around and draw blood from half of those chickens, and we sent the blood to Jacksonville, the state laboratory. They looked for antibodies for St. Louis encephalitis. There was a warning that the virus was circulating in the wildlife bird population in this area.

In the last few years before I retired, we withdrew from that because we felt that it was better to control the mosquitos, whether we had the St. Louis problem or not. We also relied a little bit on Palm Beach County, which continued their sentinel chicken program. But we withdrew from that.

CP: Did you ever have any St. Louis? Did you ever have any human infections?

WG: Once or twice, we had a few infections. I don't recall having any deaths, but one year, we had, I believe it was six or eight cases—

⁹St. Louis encephalitis is a strain of potentially fatal, viral encephalitis that is transmitted by mosquitoes.

CP: Human type cases?

WG: That's right, human case of encephalitis. I don't recall any deaths. We might have, but I don't remember. But it was a concern. Of course, now you've got the—what's it called, the Nile?

CP: West Nile virus¹⁰.

WG: West Nile virus, which is something I didn't have worry about—

CP: It's come along since you left. It's come along. I don't know whether it's been picked up here or not. I don't keep up with those data.

WG: I think it has. I think it has.

CP: That's serious to be dealt with. Another is the tiger mosquito¹¹, which came in about the time you left via Jacksonville surplus tires, used tires, which in itself is fascinating because tires from Japan, brought to this country used tires.

WG: I don't know why—

CP: Because I thought we had plenty millions of our own, piling here in Broward County—

WG: Well, I know that we had tire accumulations in Broward County, used tire accumulations that bred mosquitoes and also caught fire occasionally. Once the tire pile catches fire, it's weeks before it goes out.

CP: It's a mess.

¹⁰West Nile virus is a mosquito-borne virus found in temperate and tropical areas.

¹¹The Asian tiger mosquito is native to Southeast Asia but was accidentally introduced to the US in the 1980s; it is known for being able to transmit a myriad of viruses.

WG: So we were shipping tires to South America, used tires to South America. Why they would be bringing them in from other countries, I have no idea.

CP: I know the answer to that, but it just blows my mind.

WG: Which leads me to another item, which was—I'm trying to think of it—anthrax¹².

CP: Anthrax. You, locally, around here, close by, have had some recent exposure to anthrax.

WG: Yes, they have. The year before I started with the health department, there was an anthrax epidemic in cattle in West Central Broward. I wasn't involved in it, but I heard the story.

CP: I hope you know who was involved in it.

WG: When the cattle died, of course, they'd burn the carcasses. I'm told they were out shooting buzzards because they would spread the anthrax. As I recall, they were concerned because the anthrax spores could live up to 40 years. And, evidently, they did a good job because we never had any more problems with anthrax during the 40 years after that.

CP: Yeah. I was here, by the way.

WG: Were you here on that?

CP: I was here on that, yes.

WG: But we had other concerns with anthrax because, during that 40 years, we had goat skins coming in from Haiti that were infected with anthrax spores. We had wool from Pakistan that we had to advertise and have it turned in, in plastic bags, and we would accept it and then take it to the incinerator and make sure it was properly disposed of.

Pause in Recording

¹²Anthrax is a rare but serious bacterial illness. Most forms of anthrax are lethal and can be transmitted through the inhalation of anthrax spores or contact with infected animals.

CP: All right, this anthrax, did you do special sampling for the presence of anthrax?

WG: No.

CP: Did y'all do any surveillance?

WG: No, we were told that it was coming in, and that there was a threat of anthrax in these items that had been found. We did not sample for it. So at any time, we advertised that anybody that had any of this material, they were asked to turn it in, in tightly tied plastic bags, and then we saw that it was properly disposed of.

CP: It was a health hazard. I saw a couple of cases, personally, of the anthrax from goat skins at the Jackson Hospital in Miami.

WG: I hadn't seen that, but this was something of great concern at that time.

CP: Yes, it was. Not nearly so much concern, then, as it is today, which I find interesting, with the different—

WG: At that time, it was happenstance, now it's threat of purposeful—

CP: Yeah, that's the difference. It's a bad disease. Okay, that's a significant difference, and you haven't had any. The cases that we had were up in Palm Beach, weren't they?

WG: Right. Just across the line, Boca Raton.

CP: Yeah, that's right. But it's close enough that I suspect it'd frightened your guys around here.

WG: I wasn't here, but I'm sure it did.

CP: That's amazing, these changes that you think of. Go ahead.

WG: Well, let's see what else we have that—well, one of the new problems, there was homeless camp, the homeless camp.

CP: Oh really?

WG: We probably always had a few homeless individuals but, in the last ten years, that became a problem. A spot was set aside in downtown Fort Lauderdale for the homeless, and it was just tents out in a vacant lot.

The city put in some sanitary facilities, which we worked with them on. We didn't have to go to court or anything. We just worked with the city officials, and they provided safe drinking water, bathing facilities, toilet facilities for those people. There was a problem with overcrowding, even for the facilities that they put in.

That was a concern for TB, the close people on cots close together, with the homeless especially. I'm not aware that we had a great problem, but I know the medical staff here was very concerned about that.

But since I've been away from the health department a while, the city has—I guess, the county has provided several homeless shelters to cut on the camp downtown. But that was a really nice or, it was a shame on everybody that that had to be there. But it was the best that we could do at the time.

CP: Interesting. Now, of your involvement, did the city ask your counsel or did you go to them with ideas about sanitation?

WG: I think that we found the problem and went to them. They tried to cooperate. It was difficult, but—

CP: I'll bet it was.

WG: We were on them all the time, and they tried to cooperate the best they could. It was a joint effort.

CP: Your career is amazing. Go ahead.

WG: It's been interesting.

CP: Yeah, it has.

WG: Indoor air was not a problem when I started. We didn't worry about indoor air.

CP: We could just breathe any time we wanted to?

WG: Well, we had no air conditioning, I guess, and we opened the windows. But with the advent of air conditioning and tighter buildings, we had people getting sick from indoor air problems, primarily, in work locations. We would get complains. These people would all get sick, and we would send staff out to try to monitor the air and find out what the problem was.

Sometimes we would find that it was a buildup of carbon monoxide or it was lack of oxygen, or sometimes we never found out what the problem was. Mainly, it was ventilation. Sometimes it was mold because the air would be too damp and people would be getting respiratory problems.

We had particular problems with the Broward County Courthouse. People were always getting sick in certain areas of that courthouse. We worked with them. We had federal people come in to help us monitor that, and I'm not sure we ever found the basis for it.

CP: Did it disappear?

WG: From time to time.

CP: It would disappear from time to time?

WG: It would come back.

CP: Do you reckon it's still going on?

WG: I haven't heard anything about it lately, but I haven't been here at the health department, so I don't know—

CP: You haven't been in a place where you could hear.

WG: Right. So I don't know what the situation is there, now. But there's been a gross, a tremendous remodeling of that building over the recent years, so hopefully it's eliminated now. But it was an old building and, like I said, it was built without air conditioning in mind and it was overcrowded. People were working on top of each other at desks, and that's what created the problem.

In the '70s, we increased our program by adding radiological health. I think we were one of the first counties to add a radiological health program. It was about the time that the state was developing such a program.

Several counties followed suit, but I believe that Broward is the only one, now, that still has their own physicist on staff and do their own monitoring. But it's done with our staff but being supervised by the state office, now. We're all under one set of rules and guidelines. One of the people that worked for me as a physicist went to the state office and became their training officer for the radiological health program.

CP: Just another one out of Broward County under Willard—

WG: I don't want to brag.

CP: No, this is okay for bragging. That's what I want you to do.

WG: Smoking restrictions came in about the same time that indoor air problems occurred. I don't think it had anything to do with that because cancer was the reason for the smoking restrictions, but it all fell in place with this, together. The indoor smoking created some of the indoor air problems.

CP: Okay, what did y'all do about that?

WG: We did anything other than follow the guidelines that were put forth by the state and federal indoor people. The state started passing laws that you couldn't smoke in certain areas and we enforced those.

CP: They passed another one this year.

WG: Gradually tightening up on that.

CP: Yes, they are.

WG: Okay. We can brag in Broward that we have 100 percent of our public water supply on fluoride. I'm not sure how many counties in Florida can do that, but I had nothing to do with it. Our dental director and our engineering director worked very hard for a long, long time to accomplish that. Dr. Hughes was a strong supporter of that.

CP: Yes, he was.

WG: That's one of our accomplishments.

CP: Okay. Yeah, I think that's notable. There are other counties whose, all their municipal supplies are on fluoride, though, and I'm kind of figuring that 87 or 88 percent of Florida's children now drink fluorinated water.

WG: That's good.

CP: Yes, it is good.

WG: Fluoride in the water was very rare, back 40 years ago.

CP: Yes, it was.

WG: I remember one of the people that I worked with, who came from North Florida—I'm trying to think of the town. Suwanee County?

CP: Live Oak?

WG: Live Oak, right. He had never had a cavity. Turned out that there was natural fluoride in the water there.

CP: That's correct.

WG: That spoke for itself.

CP: As far as I'm concerned, it speaks for itself.

WG: Right.

CP: Yes, it does.

Pause in Recording

WG: —about to graduate in the science degree from the University of Florida, I met a person who was a sanitarian in another county in Florida, and it sounded like an interesting job. The next time I came back to Ft. Lauderdale, I applied because I wanted to live in my home county. There were no vacancies at that time but, later on, there were vacancies. I was fortunate enough fill one of those.

CP: You've been at it ever since, or at least for 42 years of it?

WG: Right.

CP: That's some record. That really is. I have to admire people who stick it out for that long. They've got a lot of stick-with-it or a lot of joy. Now, with the changes that occurred during this long period that you were watching, what else has been significant?

WG: Well, I mentioned about the chemical aspect of environmental health.

CP: Yes, you did.

WG: There have been a number of chemicals that we have had to monitor for and watch closely. One comes to mind: lead in the water. This has just been in the last, maybe 10 or 15 years, it's become of concern.

We were told to monitor all of the water in our schools for lead. In doing so, we found about half a dozen of our schools that had public drinking water that had higher than the standard allowed for lead.

So, for a while, until they were able to change some of the lead solder¹³ in the plumbing and that type. That was the cause of it, why we had some of our schools that were on bottled water, to avoid the lead for the children.

CP: Yeah, that was my first question: Aren't the schools on municipal water?

WG: They're on municipal water, but it was not the water itself. The water was caustic enough to leach out some of the lead in the solder of the plumbing that connects the copper joints of water lines.

CP: What did you do? How did they correct this?

WG: The public water system added some chemicals to make the water less caustic, and then, in some cases, where they found the bad solder, they went back in and replaced that solder with lead-free solder. Of course, the leaded solder is cheaper, and it's easier to work with. So that was why it was being used before this problem came up.

CP: Yeah, we've heard of this, over the years. You see accounts of solder being leached, but this is kind of modern.

WG: Yeah, that's something relatively new to—

CP: But you suspected that right off, I imagine.

WG: Well, I didn't. We were advised that this was the source of the problem. I can't take credit for that.

¹³Solder is a low-melting filler metal used for joining together less fusible metals.

CP: How did it come to your attention? Did you have clinical cases of the state?

WG: I guess with federal authorities started finding a problem, and everybody in the country was asked to monitor—

CP: Oh, begin monitoring. Wow. I wonder how long it'd been going on. Are you aware of any—

WG: It probably wasn't high enough to create problems in itself, but along with other sources of lead that the children were in contact with, it could create problems with learning abilities and functioning.

CP: Do you recall was there a real case of lead poisoning in a human?

WG: There were some elevated levels, but I'm not aware of any children that were actually showing symptoms. I wasn't aware of that. But you were talking about leaching of chemicals, a couple of times, we found copper being leached into soft drinks. Soft drink machines where you put the cup in and the machine and your money, you had to put that in.

The carbonic acid that's mixed with the syrup, the carbonic acid comes through a copper tubing. If that carbonic acid backs up into that copper tubing because of a backflow problem, then you have a leaching of the copper. We had several cases of people getting copper poisoning—

CP: That would've been a fascinating epidemiologic study. How did you trace this copper poisoning back to Coke machines?

WG: I forget how we did it, but I know of two cases where that happened. We did trace it out and get samples, and the level of copper was high in the drink.

CP: How did you correct that?

WG: We had that machine refitted and eliminated the—it was a faulty backflow preventer in the machine because it was designed not to do that, of course. Something went wrong with the backflow.

CP: I hadn't heard of that. That is fascinating. That's fun. That's fun. You've had a great—what else?

WG: Epidemiology is the fun part of public health.

CP: That's true.

WG: That's where you try to solve the puzzles.

CP: Yes.

WG: We had a severe case of hepatitis in a restaurant on a boat that was docked here in New River. The boat was called the *Ancient Mariner*. I don't know if you recall that name or not.

CP: It was a restaurant.

WG: It was a restaurant on a boat. We had over 60 cases of hepatitis. We found that it was coming from a carrier for poor sanitation, for hand washing, I assume. We had 60 cases. Restaurant was closed, and eventually the boat was pulled out. I don't know what happened to it. It might be a reef by now. But it's not causing problems.

CP: How did this come to your attention?

WG: Calls from people that had infectious hepatitis, and we got a number of calls. And then, for each case, you'd try to find out where they'd eaten. Of course, the incubation period is so long for infectious hepatitis, that it's not easy. You have to have a number of cases, really, to tie things together, but all those went back to this one restaurant. We had people from all over the country that were found to have eaten there and—

CP: Evolved hepatitis.

WG: Yeah, right.

CP: Well, I'm glad I wasn't in town when that was going on.

WG: We had a number of recalls. Every once in a while you'd get a notice from Consumer Product Safety or FDA [Food and Drug Administration], saying there's a recall. It was my staff that was responsible for going out and trying to make sure that the product was pulled from the shelves.

When I was looking through some of my clippings, I found that we had cadmium-tainted candy beads that were beads that the kids would put around their neck, and they would suck on them, and they were candy. They were laden with cadmium¹⁴. So we pulled those off.

We had—you'll recall this—the cyanide in the Tylenol. We had mercury in some of the fish found in the Glades. We were advising people not to eat certain types of fish that would concentrate that mercury. I'm not sure if they ever found out how the mercury got in the fish out there.

CP: No, they have not.

WG: I know special studies were being done in that. We had botulinum toxin¹⁵ in canned mushrooms—

CP: Commercially canned mushrooms?

WG: Right. We pulled those from the shelves.

CP: That's nice.

WG: But, yeah, I can't think of anything else. Well, we had several zoo workers with leptospirosis¹⁶. We traced the leptospirosis to a bear that they were taking care of.

¹⁴Cadmium is a heavy metal that can result in poisoning in humans who are excessively exposed; symptoms of cadmium poisoning include emphysema, vomiting, and anemia.

¹⁵Botulinum toxin is a heavily poisonous biological substance that causes botulism; it is spread through the consumption of infected food or water, typically canned food.

CP: A bear?

WG: A bear.

CP: Really?

WG: They have that a little zoo out in the Glades, right.

CP: That's fascinating.

WG: We had wells that were contaminated from a garbage—actually, petroleum dump, and they were contaminated with vinyl chloride¹⁷. No, it was the garbage dump that was a vinyl chloride. But we had other petroleum products that were contaminating wells from a petroleum site.

But they spilled oil over the years, and that leached into the groundwater. It was not too far from public water supply wells. It didn't get into the water supply wells, but private wells, in the meantime, when that underground water was pulled by that heavy pumping, it was pulled to these private wells. So we provided drinking water for those people for a while.

Ciguatera¹⁸ poisoning? See, I'm getting in the interesting stuff, now. When people get sick, it gets interesting. But we had a number of, probably, half a dozen to a dozen kids that were going to a high school prom, and they went out to eat before the dance. They all got sick. They were showing the reversal symptoms of hot things feeling cold and cold things feeling hot. That was ciguatera.

CP: That is ciguatera.

WG: But they had eaten fish, but supposedly the fish that they had wouldn't have caused the ciguatera but we know that sometimes when you buy a certain type of fish, order a certain type of fish, you get a substitute fish—

¹⁶Leptospirosis, also called Weil's disease, is a bacterial disease spread through the urine of infected animals. Its symptoms include bleeding, chills, vomiting and liver damage.

¹⁷Vinyl chloride is used to make plastic and vinyl products; however, exposure to high levels of vinyl chloride can lead to cancer, liver damage, and damage to the central nervous system.

¹⁸Ciguatera is a foodborne illness caused by eating reef fish whose meat is contaminated with harmful algal blooms; ciguatera poisoning symptoms include nausea, vomiting, and neurologic symptoms.

CP: You may not get what you were told you ordered.

WG: Right. So that's what we thought was happening here. But, of course, we couldn't prove it because there was nothing wrong with the fish. There was nothing the restaurant could do except to fry the right fish. Sometimes it takes a long time to recover from that type of poisoning.

CP: Ciguatera is as serious as anything. Yeah, I'm not remembering ciguatera, but you were involved, too. It came out of Key West, originally, scallop, scallops. There was reason to believe that the scallop being served was punches out of sharks.

WG: Sharks. Right. I figured that.

CP: Yeah, shark meat. The health department amounted appropriate studies to try to determine that. I'm remembering a shark washed up or some sanitarian, I think, in Key West, found a shark carcass that had all these punch holes in it. It was significant in the state's case, this shark that was picked up off the coast.

WG: It had been de-scalloped.

CP: Yeah, had been de-scalloped.

WG: I hadn't heard that.

CP: The labeling law. That was a direct result that caused the state's truth in me-and-you advertising law.

WG: Right. But we had some interesting occurrences.

CP: In 42 years, I would hope you'd had some interesting epidemics. But you've probably had more than your share.

WG: That was the interesting part. You always tried to get through them. You didn't enjoy it at the time but, in looking back, it was interesting to—

CP: Interesting, educational, and exciting.

WG: Right.

CP: You're worried about the public, in most of these, the public press, especially, wants to know what you did about this last night.

WG: Or why did you let this happen?

CP: Yeah. Why did you let this happen? That's right.

WG: That's the question.

CP: If you had to put your finger on a couple or three highlights of your total career, what would they be? That really stand out, that made it all worthwhile.

WG: That made it all worthwhile?

CP: I can take that back if that causes you trouble.

WG: I'm not sure I can come up with highlights. And so casting that food ordinance, I felt that, that was one of my biggest accomplishments. Also, later on, we passed an ordinance establishing an environmental health enforcement board.

CP: That's right. That was a first in Florida.

WG: I believe it was.

CP: That was first in Florida, yeah.

WG: That was something we had fought for.

CP: Tell our listeners, a little bit, what this board is. I think it's still functional, isn't it?

WG: It is functional. It consists of—it's been so long that I've been away from it, I'm not sure, but I believe it consists of about eight members. Members were representing the [Florida] League of Cities. A member appointed by the county commission, who had to have a science background; a representative of the county restaurant association; a representative of the medical association; a [Florida] League of Women Voters.

I believe the county medical examiner was an ex officio member. I can't remember who else but, then, they would meet once a month, more often if necessary, in an emergency, ordinarily, once a month. The health department attorney would help us in preparing and presenting a case.

That board had the authority to revoke operating permits, which we issue, which would, in essence, close a business. They could levy fines, not high-level fines, I forget, though, the maximum would probably be 200 dollars but it got people's attention. It was something that saved us from having to go to the county solicitor or, later on, the state attorney's office, who was more interested in murder and rape and armed robbery than public health violations.

CP: Than somebody not having the adequate chlorine in his ridge water.

WG: Right. Another program that I hadn't mentioned is the public swimming pool program, which, you mentioned chlorine in the water. A number of our cases that came before that board had to do with lack of maintaining their public swimming pools.

This had to do with the disinfectant and the chlorine or the pH of the pool. It also had to do with the safety requirements. So, probably a large percentage of our cases involved public swimming pools. This county had the largest number of pools of any county in the state.

CP: I would imagine they still do.

WG: I imagine. I don't know. But that was two, I guess, highlights, getting those ordinances passed. There's always a tough job involved in getting an ordinance passed.

CP: Were you involved with construction of this?

WG: Construction?

CP: Yeah, there's a state law having to do with construction.

WG: Not really. Our engineers wouldn't be involved with the construction relative to approving septic tank permitting because, in this county, the engineering office took care of the issuance of the septic tank permits. Where, in small counties, the sanitarian had full —

CP: That's right. He did all of it.

WG: Right. But when your county had an engineer, which we always did, they handled that. In fact, after I became environmental administrator, which oversaw the engineering program too, I transferred the septic tank program total to engineering so that the same staff was issuing the permits and making the inspections.

CP: That's good. Did they do swimming pool surveillance? Did the engineers—

WG: The engineers?

CP: Yeah.

WG: They did, but at the same time, I transferred the routine inspection of pools to the general sanitarian staff because there were more of them out in the field, and I felt that they could do that while they were doing their other activities and cut down on the cost of travel.

CP: And it did.

WG: I'm sure it did.

CP: Yeah. Fascinating. You had a marvelous career.

WG: I've enjoyed it.

CP: If you had some advice for a young person coming along, looking to a career in environmental health, let's say, what advice do you have for them?

WG: Don't expect to get rich. It'll be challenging, and you get out of it what you put into it. We went through a period of time in the '70s when my staff turnover was running around 40 or 50 percent a year. You can't accomplish much when you're continually training new people and losing them.

That was very inefficient. I said, at the time, I wished I could pay the people more and have less people and keep them. Keep the good staff and pay them what they deserved, and we would do a far better job. But that wasn't in the state's—that wasn't possible.

CP: What was your turnover due to? Was it money?

WG: Paying. Right. Occasionally, somebody just wasn't suited for the job, but that was rare. Usually, I insisted on having a college degree in the sciences because, along that same time, we had registered sanitarian's requirements, and I tried to maintain the quality of the staff, which I hired.

To keep those people, you had to pay them—some went to private industry, to Red Lobster as a sanitarian. They'd get trained here, and they'd end up going to private industry and do the same thing for a much higher salary.

CP: Then you're just training for them. See, that was nice. You were a nice boy, training for the industry.

WG: It didn't do a job for us, though.

CP: Yeah. Dade County, once upon a time, had a program for training ship inspectors. They can call them sanitarians, but that's what they did. They did environmental health type work among ships. The Dade County Department of Health had a contract with the several shipping companies to train new guys.

WG: I remember they did, right.

CP: Yeah, and they got out of training at their expense and then the shipping industry hiring them. It worked out very nice for both. I don't know whether that's still going on or not.

WG: Yeah, I remember they did that. I don't know what the status of it is now.

CP: I thought it was a good program, then. But that's for the person wanting to come into environmental health. Is it a good job for girls?

WG: Sure. We, when I started, there were no female sanitarians. There were no black sanitarians in the state of Florida. I read in one of the environmental health journals, just a couple of months ago, that one of the counties had hired the first female, back in so and so, such and such a time, and another one had hired the first black sanitarian. I can't dispute that.

I thought we did, but I can't dispute it because I don't know the year that we did, so it makes no difference. But yes, we have, probably, about—I don't know what they have now but, usually, we've been running about a third to a half female sanitarians, I guess.

CP: They fit in very nicely. They fit in very nicely. One specific industry you haven't mentioned, which is of interest to me, is barbershops.

WG: I had that in my notes, but I stayed away from it because I think we had barbershop inspections one year.

CP: And beauty shops. The girls—

WG: I don't think we went to beauty shops. We had barbershop inspections one year and, to be honest with you, I don't think our staff was ever adequately trained to know what they were doing when they made those inspections. I was far enough along that I didn't do any myself. I don't recall that the state provided training for that program.

CP: No, I don't recall any specific training for barbershops.

WG: I felt very in lack of confidence, incompetent, in pursuing that program, but we did some inspections. I was happy when they took it back. Not that we couldn't have done it if we were properly prepared for it.

CP: May I ask, was there any impact on your programming with the HRS systems, particularly after '75? The '69 reorg—oh, let me ask that. The establishment of the HRS was done in 1969, and the state board of health became a division of health. Did you feel any impact of that?

WG: Tremendous impact.

CP: Would you mind speaking to that some?

WG: I felt that public health was being put subservient to the welfare programs. I felt that there was a need for both, but I didn't see that they were compatible in the same agency. I felt that there was more emphasis placed to the welfare side.

I felt that public health was drastically deemphasized. I felt that the monetary support, as well as the programmatic support, from topside was diminished. It was demoralizing.

CP: Oh boy. How'd you get over it, or did you? That's a very editorial reach.

WG: I'm not sure I ever did. We became a separate state department of health about a year before I retired, but I think a lot of damage had already been done. Hopefully, it will be built back. Hopefully, it is now. I don't know.

CP: I don't know, either, but you felt that as environmental health director?

WG: Very much.

CP: How could you compensate, or did you compensate? Just took your blows as they came—

WG: Just tried to do the best you could. There were times when I felt that we had to make decisions here, which maybe should've been made at a higher level. Sometimes, I preferred that higher level not know what we were doing. We were better off without them, if you want my honest truth.

CP: I want your honest truth, and I understand that. I want to ask you for some examples, unless you wouldn't give me some.

WG: No, I'd rather not.

CP: Okay, I won't ask you for any examples, then. What have we left out? For being an environmental health director during turbulent times in two counts: one rapid growth of population, and the other turbulent time was a massive confusion of administration to programming because of the state government reorganization.

WG: Along with that, we had a closer relationship with our county government, prior to —

CP: The reorg.

WG: The reorg. I think that we lost an awful lot because it used to be the state-county relationship and, at that time, I think we lost that. Everybody in the county looked at us as being, That's HRS. That's state—

CP: Don't bother me with that.

WG: We have nothing to do with that. If anything went right, it was a county action that did it. If anything went wrong, it was the health department and the state—

CP: Yeah, it got screwed up again.

WG: It was their fault, right. So, we lost a lot.

CP: There's a major effort, for your information, going on presently, a PR effort to rekindle that state-county relationship.

WG: That was a big thing back then, state-county partnership.

CP: Yes, it was. I think the success of our public health programming was entirely due to that because the counties were bought in. That's my program.

WG: That's right. They felt like they were part of it.

CP: The eyes of the general public don't think they're going to the state. No, HRS tried to train them to go to the state with their complaints, but I can put my fist around a county commissioner's throat about an issue in public health. That's the way I think it should be, personally. I thought it worked very well.

WG: I feel very strongly about that.

CP: Good, we came out of the same pea pod. Have we left out anything?

WG: I can't think of anything. I think we've pretty well covered it.

CP: Yours is a fascinating story, Willard. I'm sorry I didn't observe this during all the tempest going on. I knew you were a busy person, and I was a busy person, and my bosses kept my tail straight, as your boss was keeping your tail straight.

WG: You were involved in all of it in a different level and a different perspective.

CP: We had different perspectives, so our paths didn't cross very often. Usually, when they did, it was some problem that brought us together, if you remember that, but you always managed to solve the problems to my satisfaction.

WG: Not always. Not to everybody's satisfaction, no.

CP: To mine, you did.

WG: Not always to my satisfaction.

CP: Well, to Mr. Galbreath, let me just thank you sincerely on behalf of the College of Public Health of University of South Florida and the libraries of University of South Florida, for sharing with us your fascinating career in public health. I assure you that this

tape will be especially useful to students, both current students and students of the future, in the matters of how Florida's public health history has evolved. All these pieces are important to the big pie that we're trying to show here, and your contribution is a significant piece to that.

WG: Well, I appreciate your asking me to participate, and I hope it has been helpful.

CP: I just thank you so much, I do. Let me tell the audience that it is June 3, 2002, and we are in the Broward County Health Department, and I am Skeeter Prather. Thank you.

End of Interview