

An Interview with Carl J. Peter, M.P.H., Ph.D., CHES Professor Emeritus, Western Illinois University Spring 1998

Donald L. Calitri, Ed.D., FASHA, CHES¹

¹ Chair and Professor, Department of Health Education, Eastern Kentucky University

Corresponding author: Donald Calitri, Department of Health Education, 420 Begley, Richmond, Kentucky 40475-3105; 606.622.1142 (phone), 606.622.2916 (fax), HEACALIT@ACS.EKU.EDU. Received May 10, 1998.

Interviewer Notes

During February, 1998, I invited Dr. Carl J. Peter to travel from his retirement home in Lexington, Kentucky to my place of employment at Eastern Kentucky University for this interview. I arranged this meeting via e-mail and designated the meeting site as Arlington (Eastern Kentucky University's faculty club) here in Richmond, Kentucky. There were two reasons for this choice of site. One was it got both of us away from the dreaded phone, and secondly and probably most importantly, Carl loves to eat at Arlington. He has been there several times through his involvement with the Department of Health Education at EKU during its SOPHE/AAHE Baccalaureate Program approval process. Interviewing Carl was a pleasant experience. I was truly amazed at his recall of special events in his life, and I was also very interested in all those events and the special people with whom he had worked. As he mentioned many of those names, it took me back to the Foundations of Health Education course that I was teaching. I re-called the names he mentioned and how they influenced the field of health education, and I couldn't keep from thinking, "Here I am in the presence of one of the true legends in health education. A man who has worked with and been a part of many of the important events in health education." I appreciate having the honor to interview a legend who continues to be active in the field and who also continues to be a good friend.

The Interview

Calitri: Carl, let's go back to your younger days and talk about your schooling, your degrees that you have, your background before you got into what you're presently doing...

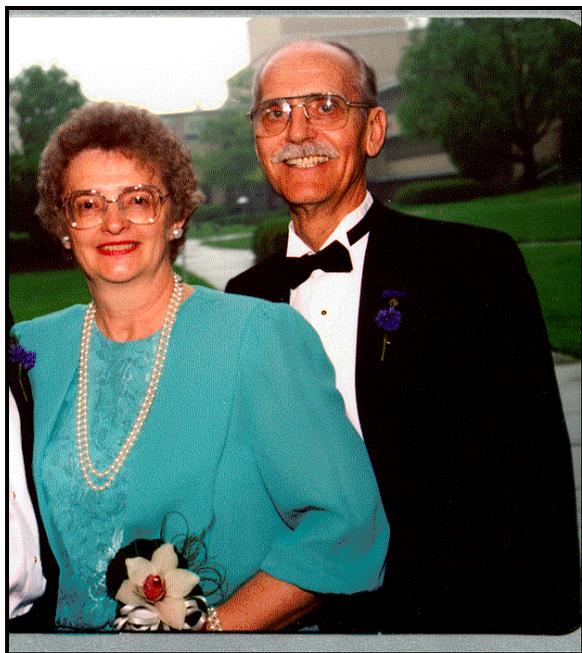
Peter: *(Laughs)* All right. Well, I guess I should go back to Illinois where I was born into a loving family, and I've always felt that I was privileged to have a very sound grade school education in Trenton, Illinois about thirty miles east of St. Louis. We had wonderful teachers that encouraged us and excited us about education. I can remember there were a lot of educational games that we would play, and throughout my elementary and secondary school, I was privileged to have teachers that took an interest in their students. They were good teachers. The school was very small--we had just 22 in our high school graduating class. I graduated from high school in May, 1943. We will be having our 55th anniversary this year of our graduation.

Soon after (that was World War II time) in October of 1943, I was drafted into the

Navy. About 30 draftees went by bus from our county seat, Carlyle, into East St. Louis and took a train from there up to Chicago. I had talked it over with my parents and decided that I would opt for the Navy and so was sworn into the Navy in downtown Chicago with a lot of other boys and men there, and our group got on the waiting train. We thought we were heading for Great Lakes, since the majority of the men were from the Chicago area. They were kissing their wives and girlfriends and mothers and family and telling them, "We'll see you in a couple of weeks. We're just down here at Great Lakes." Well, when we got on the train, it wasn't too long after that the conductor announced this train was going to Farragut, Idaho, and that's when the chins hit the floor, and it was a very depressed group of Chicago people for the remainder of our two-day ride. The rest of us from southern Illinois didn't feel so badly about that, but I remember very vividly how the mood in the railroad car changed when that announcement was made.

While at Farragut, Idaho, after my boot camp, I was placed in the Ships' Company

and scored tests that the men and women took there for placement in the Navy. It was while I was in that program that the wife of a chief petty officer (she worked in that department, and her name was Doris Hewett; I will always remember her) encouraged three of us to take the tests for Navy V-12 and ROTC college program. She thought that we should not get stuck at a lower level in the Navy but try for officer's training. And so, through her encouragement, I did take the test, and DID pass the test, and was sent to Navy V-12 at St. Lawrence University in northern New York state, and then from there in August, 1945, to Tufts College in Medford, Massachusetts which was a part of the ROTC training. World War II ended officially with V-J Day on September 2, 1945, and I had a sufficient number of points to either take my discharge or complete one more semester, have my officer's commission, and sign up for two more years in the Navy.



That choice was an easy one—I chose to leave the Navy and come home to Illinois.

Because the Navy college program was an accelerated one, I found I actually could complete in one semester the courses needed for my baccalaureate degree from the University of Illinois at Champaign-Urbana. But you had to have a year's residency at U of I, so my second semester was almost all electives, and I got my B.S. in June, 1947 with a combined psychology-sociology major.

Before leaving the university, I had signed up with the placement service there. While I was doing that, I saw an announcement for a summer job as a counselor at the Chicago Tribune Charities Camp which was up in Cary, Illinois. And so, I spent the two months immediately after graduation counseling campers. When I got home from camp, there were several letters from the U of I placement office, and one of those was an announcement of a job with the Illinois Tuberculosis Association (ITA) in Springfield. I think I had three or four different job possibilities that I really thought would be interesting, but the ITA one interested me the most. Well, I went up to Springfield for an interview and was hired as a field secretary for ITA. A lot of my work was going to be travel so I had to buy my first car, and I got a new Plymouth for \$1,300. I thought that was a lot of money (*laughs*) at that time, and it was since my annual salary was to be \$3,600. I'll always remember that first Plymouth that I got for \$1,300.

Then in a year, ITA was establishing a new TB office in northern Illinois at Kankakee. They had had volunteers there but no staff, and so in 1948, I went up to Kankakee as the first executive of the County Tuberculosis Association program. Actually, Don, I've had two careers as you will find as I continue talking here. My first half of my professional life was in community agency work at county, and then state, and then national levels. Then about the midway point, I made a shift and

got into academics beginning at the University of Nebraska.

But in 1951, I applied for a scholarship that was the W.P. Shahan Memorial Scholarship. He had been the executive of the Illinois TB Association and had died in 1949. There were several other applicants too, and three of us were awarded scholarships. One was Bob Utzinger, who had been in TB work for several years, and the second was Vivian Shrontz from St. Anne, Illinois, who was also a graduate of University of Illinois. Neither Bob nor I knew her, and the scholarship stipulated that the recipients exchange monthly field reports that we were required to provide to ITA. And so, through those monthly field reports, I got to know Vivian. To make a long story short, she became my wife eventually (*laughs*), and so that's why I'm mentioning her at this time. I always said if it had not been for Christmas Seals, Vivian and I probably never would have met because it was through Christmas Seal dollars and special contributions given specifically for the scholarship that we were funded. Now Bob and I had GI Bill time, too, so we were both on a half scholarship and Vivian was on a full scholarship. Vivian went to the University of Minnesota School of Public Health with Ruth Grout, and Bob and I went to University of Michigan School of Public Health with Mabel Rugen and Bob Bowman.

One of the wonderful things about the University of Michigan program, and I guess this is probably done a lot by the other schools of public health, was that we had numerous guests. Every Friday, they had a convocation and tea, and we would have an important person in the field of public health come in and talk to us. And then there was an opportunity afterward at the tea for us to mingle with those people. So that was how I first met people like Lucy Morgan, Ruth Grout, Dorothy Nyswander, and Haven Emerson who came several times, and each time he came they

said, "Oh, you have to go hear him. This may be the last time that he'll be able to talk to a group like ours, you know." So I think he came back three times the year that I was there. (*Laughs*) Jonas Salk was also there since there was a lot of polio research going on at University of Michigan by Dr. Francis at that time.

I completed my MPH in 1952 and was hired as the Health Education Director for the Macon County Tuberculosis and Visiting Nurse Association in Decatur, Illinois. Vivian and Bob both went to the state office in Springfield. My boss at Macon County was a wonderful lady by the name of Rubye Mochel, and she liked Vivian and thought that the two of us ought to get to know each other better. Rubye was a matchmaker who had never married. She always said she was an unclaimed blessing. (*Laughs*) I always liked that phrase. But she thought that the two of us should become serious about each other and encouraged that in any way that she could.

We had a strong program in school health as well as community health in Macon County. The Superintendent of Schools was on our board of directors. I think maybe that helped a little bit, but that was where my interest in school health, I guess, really began to peak. We had done some school health work in Kankakee--we were doing Tuberculin skin testing and education in the schools. I don't know if you remember when we used to go into the schools and do Mantoux tests. And after each test, I'd bring all the needles back to my office, and I'd have to sharpen those needles with a whetstone so that there weren't any barbs on them for the next day of testing and then autoclave them. I learned a lot about public health in that respect.

In 1954, November 26th, Vivian and I were married in Springfield, and I was privileged to have forty-two wonderful years before we lost our ten-year battle with her breast cancer. Vivian was

diagnosed in 1984 when we were in Macomb, Illinois, and ten years later, she was unable to survive from her battle with that. Because we only had positions for one health educator in Decatur in 1954, Vivian became a professional Girl Scout and worked with the Shemamo Council. I think that was Shelby, Macon, and Moultry Counties or something like that. We did not have a health department full time in Macon County; we had just a part time health officer. So I did a lot of health education work for the health department as well as for the Macon County TB and VNA (Visiting Nurses Association). We had thought when we were in Illinois that when we left there, we would move west. Both Vivian and I loved the far west, and we thought we would eventually go to Arizona or California or New Mexico or Utah or somewhere out there. That was our original plan. Then in October of 1956, my boss got a phone call from Sol Lifson, the Director of the Health Education Division of the National Tuberculosis Association in New York City. He asked Rubye if it would be all right for him to invite me to join their staff at NTA. She said she could kill him, but it was all right.

So I went into New York City for an interview in 1956 near the end of the year, scared to death. I had been in New York City before when I was going to school up at St. Lawrence. One of the fellows lived in Elmsford, New York, a suburb of New York City, and we went into Manhattan at that time. So it wasn't the city that scared me, it was being in the national offices and being interviewed for a position on their staff. Several of their personnel--specifically Charlotte Leach--had been in Illinois for workshops and conferences. Apparently I had impressed Charlotte, and Charlotte had mentioned, "Sol, here's a young man you ought to take a look at for this position that we have." And so, he called around in Illinois and was assured maybe I was the guy that he should talk to.

I guess we had a good interview in New York. I remember going to see Judy Garland at the Palace Theatre one night. In January of 1957, Vivian and I and our dachsie moved to New York City, and I began as an Associate in Health Education working with people like Elizabeth Jordan, Charlotte Leach, Lucille Brownell, Thelma Morris, Ed Sierks, Jules Saltman, Dick Blake--some of those people others will know from their work with the NTA. Thelma Morris was a black lady and had done outstanding work with the African-American population in the South and across the country and had a lot of stories to tell about how she wasn't able to stay in the hotels and had to take the service elevators rather than the front elevators in many hotels in the South. She was just fabulous in her professionalism. Well, all of these people were really great people. One of the things I'll always remember about being at NTA was that I got to know Sally Lucas Jean who was the Grand Dame, I guess, of health education. I got to have lunch with her several times because she was a good friend of Elizabeth Jordan, Brownie, Thelma, and Charlotte, and she would call up in the morning and say, "Have you folks seen the New York Times yet this morning? Look at that story on page so-and-so." (*Laughs*) And she was in her 80's at that time, I'm sure, but I'll always remember having lunch with Sally Lucas Jean and her rather regular telephone calls.

NTA was at 1790 Broadway, on the 19th floor, just south of Columbus Circle, and if you looked downtown, you could see the CBS Theater which is now the Ed Sullivan Theater, and if you looked uptown, you could see Columbus Circle and Central Park. And I remember one day while eating my lunch in the NTA board room where a number of us would gather--we brought our own lunches to save money--I looked out those windows and thought, "Boy, you know, you've really come a long way. Here you are, right in mid-town Manhattan, downtown, up-town,

to your left and to your right, and you've really got it made...a long distance from New Baden and Trenton, Illinois." And then I took another bite of my peanut butter and jelly sandwich that I'd carried to work, as usual, and I realized that I still had a long road ahead of me, too. That brought me down to earth pretty quickly, but I remember that day very definitely in my early career with NTA.

Now, this is kind of interesting because whenever I go back home to Trenton, people always, even yet, continue to ask me about this. In 1957 in November, Vivian and I were on a TV quiz show called "Play Your Hunch", and that was because I was working with the TB association and they wanted someone to promote the Christmas Seal campaign. Their producers liked the idea that if it hadn't been for Christmas Seals, the two of us would never have met each other. And so, they played that part of it up as we were contestants on the show. Well, we were on the show, live, for four days as winners and won a number of prizes. Merv Griffin was the MC of the show, and that was where they had the X, Y and Z doors, and you had to play your hunch and select the door behind which would be found the correct answer to their question. And we had in our little apartment out in Long Island City, after all these prizes started coming in, an Amana freezer, Revere camera, a Tappan dual-oven range, Ship and Shore blouses for a year, a dozen boxes of Spring Maid sheets, and the grand prize was a trip to Paris via Air France with a week at the Grand Hotel. Well, Vivian was eight months pregnant at that time, and so we decided that we would delay our trip to Paris. But as it turned out, we never ever got that trip to Paris, and about a year later, I won another trip to Paris and we never got that one either. *(Laughs)* And that was on another TV show. While we were on 'Play Your Hunch', Bertie Crane, who was the Goodson-Todman advance lady that we

worked with at NTA, said, "We have a new show that's coming up. Would you be interested in being on that while they were still in trials?" And it was called "Split Personality". Tom Poston...do you remember him? He was a Steve Allen regular.

Calitri: Umhmm.

Peter: Tom was the MC on that. And so I said, "Sure, that would be fine." And this all happened just before I was supposed to go to Puerto Rico for a trip as one of the NTA team who would be studying their TB control program. I was on several of these study teams, and we would study the whole state or the whole community's tuberculosis control activities including programs of the voluntary and official agencies. The second time I won the Paris trip, we thought, "Now, we're really going to do this," but circumstances just didn't permit it. Even now, when I go back to Trenton, people remember the fact that I was on network television quiz shows a couple of times. *(Laughs)* You never know what people are going to remember about you. So, we never ever did get to Paris.

But we did have our baby. Kathy (Kathleen Susan Peter) was born in 1957 on December 22 two weeks overdue, and she is now an orthopedic surgeon in Minneapolis.

It got to the place while I was at NTA that I was traveling more than I was at home. If people liked you and your advice, they would invite you to come and work with them, consult with them, advise them, and put on workshops (and we did a lot of school health workshops for teachers). And so finally (with a baby to care for and a dog that had to be walked in New York City--not an easy task for a young mother), there was an opening for Executive Director at the TB Society of Toledo and Lucas County in Ohio. I interviewed for that job and was hired. So from 1961 to 1965, we were in Toledo, and while we

were there, we had two more children. David Lawrence was born in 1962 on April 16th, and he is now a chemical engineer with Lexmark in Lexington, Kentucky. On August 15th, 1964, Caroline Louise was born, and she's now living with me temporarily, she and her baby son Lawrence. She is our Peace Corps (Mauritania) daughter and our United Nations daughter. She was with the United Nations High Commission for Refugees in Rwanda. Her husband is with the U.N. World Food Program in Iraq in Baghdad right now. Last year, both Caroline and David advanced me to the status of grandfather--my third career--so I have a grandson and a granddaughter that are just grand and wonderful!

In 1965, the TB and Health Association in Hawaii had reorganized into a single state organization, and they were advertising for staff. And Sol Lifson at NTA encouraged me to apply for the job as Program Director. He felt that, with my background and experience, I was the person they needed to direct their program, and so, I did apply along with lots of others because Hawaii was a very attractive assignment, of course, and was hired for that position. You had to sign a two-year contract because if they're going to bring you out there, they want you to be there at least two years with the option for renewal after the two years for another two years. And so, we went to Hawaii. Kathy had had her first two years of school in Toledo, and we found that her first year in Koko Head Elementary was a repeat of everything that she had had in Ohio. We recognized that the public schools left much to be desired, and we were quite disappointed in that. Hawaii's private schools were great, but they were also expensive. The TB Association salary reflected the thinking that they have such a wonderful climate that that's worth a lot of money, too, and so you should be satisfied with less in dollars because you're getting more in terms of sunshine, coconuts, pineapples, and

mangoes. But that didn't set well with Vivian or with me, so even before my two-year contract was up, we were thinking that maybe we should come back to the mainland because David was going to be ready to start school, and we really, both of us, believed strongly in good education. Vivian came from a family where her father was a superintendent of schools, her mother was a school teacher, her grandmother had been Vivian's school teacher in first and second grade, so she had a long history of association with good education, too. We didn't know exactly where we would go or what we would do, but one morning I got a telephone call and it was Joe Fred Sills. He was at the University of Nebraska beginning a program in community health, and it was very early in the morning in Hawaii. I will always remember that because I thought, "Well, who's calling us this time of the day?" Joe Fred had talked with Mabel Rugen at University of Michigan about his program's faculty needs, and Mabel had suggested that, with my experience, maybe I would be a person whom he would be interested in. A wonderful thing about Mabel and Bob Bowman at Michigan, and maybe other schools are doing this, but they kept in contact with many of their graduates. And Mabel always would say, I can still hear her saying this, "Experience isn't what happens to you...it's what you do with what happens to you. There's a big difference between one year experienced three times and three years' experience." And so, she was always encouraging us to get different kinds of experience and not repeat, you know. And for some reason or other, she thought that I should get a doctorate. She had always been encouraging me to go back to school to do that. Every Christmas card we got, she would mention it, and she also thought that getting into a university setting would be good for me. And there was the opportunity to study for a doctorate at University of Nebraska. So, again, to make

a long story short, we came back to the mainland to Lincoln, Nebraska. People could not understand why we would leave Hawaii for Nebraska, but everyone said, "Oh, Lincoln is like an oasis in the desert. Don't go to Omaha, but Lincoln is great." And it turned out it was a good move for us. Joe Fred had a good faculty there, Tom Hurt, whom I think you know, was on that faculty. Mike Haro...I don't know if you knew Mike or not.

Calitri: I've heard of him.

Peter: Mike was active in American School Health Association and was, later, executive of ASHA. And Joe, of course, and I, that was our Department of Public Health, it was called. And we had a good, strong program going there, I think, that achieved a lot in the middle years of health education. I don't really consider myself as being in early years of health education. I don't consider myself as being a legend. *(Laughs)*

Calitri: Well, when you talk about somebody that you knew Sally...

Peter: Sally Lucas Jean. *(Laughs)* Right, you've bridged that gap, right! Yes, I go back a good many years, being 72 now.

Calitri: Now what was the department called at Nebraska?

Peter: That was called Department of Public Health. We were housed in the student health center, and Sam Fuenning (Did you know Sam?), was the medical director. We had our courses in regular classrooms on campus. But we began one program that got a lot of publicity, and that was the Health Aide Program. We had student Health Aides in all of the housing units--the fraternities and sororities and the residence halls--and they were getting a small stipend, I think fifteen dollars a month. They were paid to conduct health

education in their living unit; on their floor if it was a residence hall or in their house if it was a fraternity or sorority. They also had the responsibility for some environmental health aspects and the first aid program in the living unit with their fellow residents. And a lot of the house mothers didn't want to give up that First Aid box. I remember we had a hard time convincing some of the house mothers that this was something that the students could do. And so each year, we selected what we thought were the more mature student applicants, and the Health Aide Program was, to my knowledge, the first of its kind. Maybe someone will have some other information, but it was a precursor for some of the peer health education programs that developed after that. Dr. Fuenning was able to get some federal funding, and so that's where the fifteen dollars per month for each of the health aides came from.

Calitri: Sounds like early health educators.

Peter: Yes, it was what we called a Peer Health Education Program. That's what the Request for Proposal Application identified it as; a peer health education program. And we went to national meetings to discuss our program and took some of the peers with us to let them do the talking rather than to have us do that. Oh, I started my doctoral work then while I was at Nebraska. I was able to take courses each semester, and the wonderful thing was that I didn't have to pay any tuition because I was a faculty member. And I don't know...does your school provide tuition-free classes for faculty?

Calitri: Yes.

Peter: I think more and more universities now do that. So, I completed my doctorate in Adult and Continuing Education. I thought that would be the best field for me. It was a new program and a strong program and, I

thought, provided what I needed to improve my college teaching and working with adult learners.

Calitri: So you got your doctorate from Nebraska.

Peter: Yes, right, my Ph.D. in Adult and Continuing Education from University of Nebraska in Lincoln. There's UNO now (Omaha) and UNL. At that time there was only UNL. Joe Sills had done a lot of good work at Nebraska, and Joe Hamburg at the University of Kentucky hired Joe to come to UK and begin a community health program in the College of Allied Health Professions. They didn't call it Public Health at UK, they called it Community Health. And so, Joe was assembling his faculty, and he called me to ask if I would be interested in coming to Kentucky, too. We were a little hesitant about moving again, and I wasn't quite finished with my dissertation so there was some concern about that, too. He assured me that I would be able to do my dissertation long distance, and of course, it was easy for him to say that. (*Laughs*) But I talked with my chairman and each of my committee members, and I was far enough along that they felt too that I could probably, knowing me, do by long distance the final bits of work on my dissertation. So we came to Lexington in 1971. Joe had Julia Blondell and John Stoner and Helen Hunt already on his faculty. He wanted Tom Hurt, but Tom chose James Madison instead. Vivian was part-time and taught some of the group dynamics courses, and we had what I still believe was at that time one of the strongest baccalaureate programs in the country. Joe was a fighter for bachelor health educators for entry level positions. We all on the faculty believed that there was a place for bachelor degree health educators. Not everybody agreed with that then. In fact, some of the people at North Carolina, where they had tried this and it hadn't really, I guess, gone over too well, were still questioning the need for

baccalaureate level educators. And I can remember going to meetings, and some of the masters program people would say, "But if you teach this at the baccalaureate level, what are we going to teach at the masters' level." Maybe you remember those days, too. And we answered, "Well that's not our problem. That's your problem." Because we sincerely believed that bachelors health educators had a role to play, particularly in Kentucky where the money for salaries was not competitive for a masters prepared student. They could compete at the baccalaureate level for health educators, but they could not afford a masters level graduate because most of the health departments didn't have that much of a budget here in Kentucky at that time.

Calitri: Are the skills and abilities that you taught your baccalaureate people...how do they correspond to today's entry-level health educators?

Peter: They're very much right down the line because, even at that time back in the early 1970s, there was work being done by SOPHE to identify the skills and competencies for the profession. Lucy Morgan, I think, maybe had headed that group. I know she and Dorothy Huskey, Helen Ross, Dorothy Nyswander, and Joe Fred were involved in it and a number of other people, too. But the basic skills and competencies for health educators had already been identified by that time, and so, our curriculum at UK was, initially, resembling the University of North Carolina at Chapel Hill program. Now, Julia and John and Helen and Joe were all North Carolina graduates. I was the Michigan graduate, and so, I tried to bring in some of the Michigan program that was not in the North Carolina program. And so, we really were a meld of those two programs, realizing that I was outnumbered four to one or five to one there. (*Laughs*) And then, Vivian had done her

work at Minnesota with Ruth Grout, and so she had some input in that, too. That was very helpful also. One of the outstanding programs at UK, maybe you remember, was our Kentucky January Program?

Calitri: Yes, sir.

Peter: That originated in the community health department but then grew so much that it became a separate program entirely removed from the Department of Community Health with Tom Connelly who spearheaded that out of the Dean's office. The idea was to take interdisciplinary teams of allied health students into the small communities of the Commonwealth of Kentucky and to show them that there were a lot of career opportunities in these smaller places, and that not everybody that graduated from the University of Kentucky had to go to Louisville or to Lexington which is where they thought they wanted to go. Kentucky January had a lot of support from Dean Hamburg, and with Tom Connelly's direction, it was a very strong program for a number of years. We had all of the Allied Health disciplines involved, and we even got some of the disciplines outside our college such as nursing, social work, and, every once in a while, a medical student. And we would go into the rural community, be based with the community hospital, and spend three and a half weeks in that town looking at the total community health program and then make recommendations for their program.

Calitri: Is this similar to what we call a needs assessment, now?

Peter: Similar, yes, in part. The work's the same, but the names change. (*Laughs*) Terms go in and out of vogue, I guess. The objective of Kentucky January was to increase the number of allied health professionals

going to work in the smaller, more rural communities in Kentucky.

Calitri: What kind of people were on the team? You said interdisciplinary...

Peter: We had dental hygienists, a physician's assistant, a clinical pastoral counselor, a respiratory therapist, a medical technologist, a clinical nutritionist, and we had a community health education student. That was the core for each team, and then occasionally, there would be nurses from the nursing program, a social work student, or even a medical student; occasionally we would get a medical student who was interested in practicing in a rural area. Well, studies were done that showed that most of the health personnel were getting their preparation in secondary and tertiary kinds of treatment facilities and not at the primary community level, and so one of the purposes was to get these people involved in the community to show them that these little hospitals were really doing an important job. And it was quite different for the students because the UK Medical Center Hospital is a big hospital in a rather impersonal setting, and when the students were in these small towns in the community hospitals, they saw that everybody knew one another, the patients were your neighbors and your friends and your relatives, and the physician knew the patients by their first names. It was a good program, and I don't know if that program was picked up then by other schools or not because it was still in effect when we left Lexington. It was a federally funded program at that time. Then, another interesting thing at University of Kentucky...in June of 1979, our department brought a group of people deemed, at that time, to be the pioneers in health education, to our campus. And our idea was to get a video record of these pioneers telling their own stories about themselves, sort of similar, I guess, to what you're doing here now. But these were the

real pioneers, and we brought in Mayhew Derryberry, who was the director of health education for the public health service in the Department of Health, Education, and Welfare; Dorothy Nyswander (California), Mabel Rugen (Michigan), Ruth Grout (Minnesota), Lucy Morgan and Eunice Tyler (North Carolina), Vivian Drenckhahn who had directed the health education program with the WHO in Geneva, Switzerland, and then she developed the health education program at the University of Hawaii. Sarah Stice who was Kentucky's pioneer (you remember Sarah) was very active nationally and was responsible for a very strong health education program in Kentucky through the state health department. One regret that I've always had was that we weren't able to get Helen Martikainen who had been at WHO. She was not able to come. She was up in Maine, I think, at that time. It started out as just a small project. We were just going to take them into the Med Center television studio and interview them, and then people heard that they all were coming, and they began asking, "Could we come, too? Could we come, too?" It branched out into a two-day conference with around 75 or 80 people here out at our education center, but once the word got out about what we were planning, the project just sort of snowballed. It was an interesting highlight in my career at UK because it really got us on a very personal basis with all of these pioneers. At that time, I thought, "I wonder why they're so nervous about going in front of a TV camera?" knowing them all from the way they had taught classes and talked to professional groups, but now I can better understand it when you're the target yourself. *(Laughs)*

I also supervised the student internships for our department. We developed a Field Work Manual that sort of became a model for a number of other universities. One of the particularly valuable things we did at UK was to bring our field site supervisors

to campus for a two-day workshop with our students, and we'd have someone like Wilma Dean Henry or Liz McMahan to talk to them during that time. It gave supervisors and students an extra opportunity to get acquainted and discuss expectations for their internship. This really was an important part of their preparation.

In 1980, I got a six-month sabbatical from UK and went as a Visiting Professor to UCLA. I worked with Ruth Richards there who was on their School of Public Health faculty and developed a patient education course for our UK program. That was a real privilege to work with Ruth, Snehendu, and the other faculty at UCLA.

From 1980, we were told that we had probably prepared as many health educators as Kentucky needed. One reason for that conclusion was that the majority of our health education graduates were now going out of state, and also, there was a concerted effort at that time to get a program on health administration into UK. Since there was not room for a new department, Community Health became the site for a health administration program. That was not my primary area of interest at all, but I stayed until '81, and from '81 to '83, I was at East Tennessee State University. And, in my opinion, that was a big career mistake so I won't talk too much about that. *(Laughs)* But it was not a good move for me.

Calitri: What were you teaching there?

Peter: ETSU had baccalaureate and masters students. I taught personal health, community health, patient education, and was faculty sponsor for our Eta Sigma Gamma chapter. We were each teaching 15 hours of classes minimum, and that was not being done in any of the other departments. But our department chair felt to show that we really were needed, all of

our faculty should teach 15 hours of courses.

Calitri: Did you meet some people there that you would later become involved with?

Peter: Well, yes; Bill Cissell being one of them. Some of the people were wonderful. Some of the people were not wonderful. Some of the people felt they had personal ownership of department resources such as movie projectors, classrooms, films, and things like that. There were two telephones in the department for ten people; one was in the chair's office, and the other was on the senior secretary's desk. All of our calls were at that second phone. Let me just say that while ETSU was an interesting experience, I consider it the low point in my career. Oh, there is one exception, and that was my work with Eta Sigma Gamma students. We did get the National Chapter of the Year award in 1983. *(Laughs)*

So, at the 1984 American School Health Association meeting in Louisville, Bob Synovitz came over and talked to me, and he had talked to me before about coming to Western Illinois University because they were expanding their community health education program. And he said, "You know, I've really got an offer that you can't resist." And I said, "Well, maybe it'll work this time, Bob." And so we sat down and talked, and as a result of that, I went to Western Illinois in 1984 and was there from '84 to '94; the last couple of years as chair of the department. That was a very good experience working with Bob. I hated to see him retire because he was an outstanding mentor for me and just a lovely gentleman and still is, for that matter. I retired then in July, 1994, and came back to Lexington. We still had our house here. Now that's a long story, and I know you won't want to use all of that. *(Laughs)* But that takes us through to the present time.

Calitri: As you look back on the accomplishments that you've had, are there two or three as it relates to health education that you would emphasize that you feel like these were your contributions to health education?

Peter: Oh, that's a hard question.

Calitri: I know you started several programs, and you brought with you a lot of experience as it relates to agencies and to the academia.

Peter: I think that having had half of my professional life on the firing line in the community working in health education and community development enabled me to be a far better teacher than I otherwise could have been, and I sensed that the students saw that, too, particularly the graduate students. Albert Schweitzer said, "Experience is not the best teacher, it is the *only* teacher." In working with the graduate students, my work credential was probably more important than anything else that I brought with me to the classroom because I had been in all kinds of situations, and I could speak from a personal understanding of working with the politics of the community, identifying the leadership within the community, following basic community development principles and applying those principles because they *are* basic, and they can be applicable to work in any community. I think that was really important. And then our work in Nebraska with peer health educators enabled me to see the power of the peer in the education process--that no matter how much I might preach or my faculty associates might preach, that if it was coming from someone the learner lived with day-in, day-out in their living unit--that meant a lot more to them than being talked at. I think that was very important, too. The opportunities for a variety of kinds of experiences...that was important, too. Like Mabel said, a big difference between three years' experience and one year experienced three times.

Getting involved up to your eyebrows in community work is the best way to learn community work. Getting involved in teaching is the best way to learn teaching. You can't learn it by reading out of a book. You have to get into the trenches and really dig in and follow through. And then, I've been privileged to work with a lot of great people who were willing to share with me. That, I think maybe more than anything else, the opportunities to not only know these people, but to know them as associates and as friends and as teachers because I've learned an awful lot from the people that I've worked with. Also, I've always felt, as a teacher, that it's important to really get to know your students, and so I would try to get to know their names and even put their names out in front of them in my graduate classes particularly. And I had seating charts, and I would follow those and get to know my students by name so that they weren't just a face in the class. I'd tell them they weren't allowed to hide in my classes. And at the beginning of my undergraduate courses and even some of the graduate courses when I didn't know the students too well, I'd always have this little exercise. I'd have them write answers to these three questions: what do you hope to do, what do you hope to be, and what do you hope to have? I'd learned an awful lot about my students by just asking those three questions and having them write it down. Often times, you would get some things that are very personal that you can work with a student who has some problems on a one-to-one basis outside of the classroom so the other members of the class wouldn't know that you were doing this. But, I don't know where I got that idea. It wasn't original. The highest form of flattery is to steal somebody else's ideas, so I've flattered an awful lot of people in my 70 some years (*Laughs*) because I blatantly just steal any idea that I think is a good one for student learning and transfer it or adapt it into the classroom. And there are a lot of things

that you can do in the classroom besides talk at your students. There is a place for lectures, certainly, but I like the involvement aspect of the teaching, and I do miss it in retirement. I don't miss the grading of the term papers (*Laughs*), or the writing of the final exams or mid-terms, but I do miss the contact with the students.

Calitri: You mentioned about the Kentucky January program--was this your first involvement with a team approach to health?

Peter: I guess in a way it was, where you had such an interdisciplinary group, because I learned an awful lot about the other allied health professions. And our health education students needed a personal relationship with med tech and respiratory therapy and clinical pastoral counseling students. I saw that we all had a lot of common goals and roles in our professions that revolved around patient and professional and community education. We all are involved in providing health information. One day, while looking at the word "EDUCATION", I saw that if I moved two letters, I formed "DUE ACTION". Health Education is health due to action by the learner. With information, you may not act on what you've been given, but you are still informed. Once you transfer information into action, the educational process has occurred. I always liked the idea of the action as a result or as a potential of what you have learned. Until you transfer what you've learned into action, it hasn't really become education. The potential is there to do something with it, but if you don't do anything with it, of how much value is it? Maslow said there is a satisfaction, for those who have self actualized, in just accumulating knowledge. But the need to know is not at the higher levels of his hierarchy of needs.

Calitri: As you look back at your experiences, most of those have been in agencies and then

teaching and then you finished out your career as a department chair. How did you like that particular aspect?

Peter: That aspect? Well, administration is no popularity contest. You know that, and you usually find that out very quickly when you move into that kind of job. I was hesitant to apply for the chair position. Truly, I was, and those who were at Western knew that, too. Then, several people came to me and suggested that I apply for the chair, and somewhat reluctantly, I did. Once I was approved by the department to be their chair, I decided that I would be the best damn chair that I could be, and I'm not sure that everybody in the department agrees that that's what I was. But I tried my hardest to really have, first and foremost, the interest of my faculty at heart. And you're a chair, Don. You know the dilemmas that you face in that position. Also, and equally almost, is the responsibility that you have to your students, and some days, that's more dominant than the responsibilities that you have to your faculty. So it's kind of a seesaw, I guess. It depends upon which end of the board the problem is on as to where the chair's major responsibility lies, but you do have to protect your faculty, and you constantly have to protect your students from themselves and sometimes from the faculty.

Calitri: It's like using an old eastern Kentucky saying that when you're department chair, it's like being caught between a rock and a hard place.

Peter: *(Laughs)* That's the truth. Yes, you definitely are. But there is also a lot of satisfaction as chair, and you get to know your faculty in a way that nobody else gets to know them which can be good and can be bad--well, not bad necessarily, but different at least. And you find out a lot of things about people that you wished you

didn't know also. *(Laughs)* It was a pretty big department at Western Illinois...

Calitri: What kind of programs...bachelors, masters?

Peter: We had both. No doctoral, but we had bachelor's and master's. Well, I started out as just a regular faculty member there, then became the advisor for the graduate students, and then became the chair. Advising the grad students was really an interesting and satisfying kind of responsibility because you get to know those students really well, and they all were very committed--almost all were very committed students--who knew why they were in school. They were there for a purpose. They know what they wanted to get. They wanted quality program, and we attempted to give them quality program. And I think we did achieve that. I guess it's because of my experience with Mabel Rugen and Bob Bowman. You almost become possessive. You know, they're MY students. Even in my undergraduate classes, I kind of felt that way, that they were MY students, you know. And you have a responsibility for them. You probably feel that way, too. But with your undergraduate majors and graduate students, you want them to get the best preparation that they can get, and you want them to have the best teachers teaching the courses that they must have. And so sometimes, your faculty don't understand that entirely, or they think that they're the best to teach a course when, in fact, they may not be the best teacher for that particular class. And that's difficult to make that kind of change. Being a chair ain't always easy, and I'm not sure that it's always fun either. Do you think it's fun? *(Laughs)*

Calitri: Well...some days. *(Laughs)*

Peter: Some days better than others. *(Laughs)*

Calitri: Carl, you mentioned that you had two phases of your life, and, I guess, I met you in two different times in your life when you were at UK and then you left for that period of time to Western Illinois. And now, we have met again with our involvement with the graduate standards. Would you comment on how you got involved in that?

Peter: I got involved on the graduate standards committee because I was chair of the SOPHE-AAHE Baccalaureate Program Approval Committee. It really was an approval process. It was an accreditation, but we called it "Approval" for a number of political reasons, and we still say that the programs are approved. We were recently advised by people in the accreditation field to use that word accreditation, and they say that we could and I hope that that will happen. I was chair of the SABPAC, as it's called, and when graduate standards were to be developed, that committee began with the SABPAC committee as half of the committee, and the other half were AAHE members from their NCATE committee. You were one of those. Were you on the AAHE-NCATE committee at that time?

Calitri: Yes, I think AAHE/NCATE selected me.

Peter: But it was a good mix, and I was just going out as chair of the SABPAC, and Steve Stewart was coming in. And so Steve and Margaret Smith who was chair of the AAHE-NCATE committee, two fantastic people, led us over that process in a way that I don't think anybody else could've done, with a lot of help from Aileen Frazee and Becky Smith and the staff at AAHE. We've wrestled for many years with the question, "Is entry level at the master's or baccalaureate?" And I've always been a strong advocate for a professional certification process for programs and individuals and was involved in some of that in its early years, too, on the first

Professional Development Committee of the National Commission. I have also been very active in SOPHE and AAHE and, at one time, with ASHA and ACHA but dropped out of them because I just couldn't devote energies to so many national organizations, and I had to make a decision. I think we all have to professionally, and so I opted to direct my energies into SOPHE and into AAHE. Through SOPHE and AAHE, I made wonderful professional contacts with people and was able to, through those two affiliations, become involved nationally. I think, if you really want to, Don, anyone can become involved nationally with their professional organizations, and I would encourage students to do that. They should get involved as early as they can with a membership--a student membership, because the dues are usually less with a student membership--in their professional organization. I'm a strong believer in certification. When I see a job announcement--and a lot of them are appearing on the HEDIR in e-mail now--when I see that they are identifying CHES preferred or credentials for CHES preferred, I write to that program--just a quick response--to say thank you for including that in your job description. Well, a lot of them are called position announcements, and I'm always reminded of someone who will remain nameless who was talking about another program in their state, and they said the students--their graduates--always want *positions*, they don't want *jobs*. (*Laughs*) I think that the opportunities to become involved in national committees is there for anyone who wants that opportunity. Years and years ago, I used to hear that there were cliques that ran these national organizations. Now, I don't believe that at all. I know the opportunity is there if you really want to work, and it is work, but it's very satisfying work and you get a lot more back than you put in.

Calitri: We know about the influence of the entry level competencies. Where do you think the graduate level competencies are going to go to or need to go to?

Peter: Well, I think they're already impacting on preparation programs from what I understand from people who are doing program review. There has been a lot more serious review of programs within the last five to seven years by the programs themselves and by the administration in the universities and colleges, too. Programs are being held more accountable. Administration is making the programs responsible because they're being held responsible.

Calitri: Do you see graduate standards, then, becoming a kind of a certifying for those that have masters level programs?

Peter: Yes, I do. I think it's going to impact in curriculum first, and that's what is happening, and then, if the graduate student isn't getting these competencies and skills in their preparation programs, they have to ask, "Why are we not getting this?" While I have not been involved in writing questions for the CHES exam, I know people who have, and I think that by strengthening that examination each year as has happened, that our profession becomes stronger, too. And as I said, every time the announcement "CHES preferred" appears in a job announcement or position announcement, that strengthens our professionalism. I'm a strong believer in professionalism, and that's where I've had some of my problems with my faculty when I have told them that I didn't think that they saw professionalism as I did, and let's talk about it, you know. I see our professional role as being a dominant role in how we live and work and teach and relate to other people, and that we're modeling, if we know it or not. In the field of health education, I think people are looking at us all the time. There has

recently been much HEDIR discussion regarding the health educator as a role model. Like it or not, we all **are** exemplars to others...our children (and grandchildren), our relatives, our associates, our clients and patients, our neighbors, and our friends. Once it is known we are in a health profession, we become a health exemplar positive or negative. And I prefer that word "exemplar" to "role model." Especially, I believe, we are above all else exemplars of professionalism. Again, positive or negative. There are "givers" and there are "takers." I have always believed my satisfaction has been derived from trying to be a giver. It has meant a lot of overtime hours, but I always considered that time to be a professional investment.

One of my great concerns has been that health education has not had the blanket visibility that it deserves and should have. For many years, even today I think, but not as much, SOPHE, for example, for their national meeting had to go through APHA, and any publicity about the SOPHE national meeting, in terms of speakers, had to be channeled through APHA, as I understand it. And that kept us from getting good news releases. We had people of international and national prominence speaking at our meetings, and nothing was appearing in the papers about this. I felt like a voice in the wilderness proclaiming that we needed more PR. We needed more visibility. I think now, with Elaine Auld, who's doing a terrific job at SOPHE, and Becky Smith at AAHE, also terrific, that we are beginning to see some of the light that is reflecting on health education and the role of health educators. And I will be very interested to see what kind of dialogues develop relative to health promotion/health education and which way the field will go because the field is changing, and it should change. If it wasn't changing, I'd be worried, but it has changed. And in my relatively short lifetime, it has changed tremendously, too,

and now, with HEDIR and Mark Kittleson's work, that, to me, is one of the greatest...what's the word I want. It's not a discovery, and it isn't an invention. It's a technological accomplishment, I guess, that is the greatest in terms of getting the word out and getting dialogue started and getting information and ideas exchanged. I think that's going to be a key--well, it already *is* a key--to the way in which our profession is growing and will continue to develop.

Calitri: Carl, you mentioned a lot of other people throughout your life who were also pioneers in your opinion. If you had to pick out one or two of these people who were the greatest influence on health education from your views as a person who was in an agency and worked on college academic campuses, who would you, if you were teaching a class, which one or two would you pick out and make sure your students knew about?

Peter: Actually, I used our "Pioneers of Health Education" videotapes in my classes. I thought our students should meet all these people. But, certainly Mabel Rugen and Bob Bowman at the University of Michigan because they gave me a very strong foundation in my master's program. And I really didn't know that much about public health at that time, and so the Michigan program was a good experience for me. I got a lot of mentoring and counseling from Sol Lifson at the National TB Association, and his staff, Charlotte Leach, Thelma Morris, and Lucille Brownell, were very very helpful and supportive of me. Having the opportunity to work with Joe Fred Sills was a real plus, too, because he was a different kind of a cat. *(Laughs)* And you know that I say that from a loving heart. *(Laughs)* And Joe was a visionary. I was not that much of a visionary. I was more the nuts-and-bolts kind of person, and so the two of us made a good team. Joe would come up with a lot

of the ideas, and then we'd all help him implement the good ones. Joe wasn't that interested in rollin' up his sleeves and gettin' into the midst of the work, but he was willing to turn it over to somebody else. And then he would be there to advise and counsel, but not necessarily to criticize in a negative way. He was always very encouraging.

Calitri: I was involved with Joe, too.

Peter: Oh, is that right?

Calitri: He was a nuts-and-bolts kind of visionary. *(Laughs)*

Peter: OK, yeah. No doubt about that. I do believe that in my old age, I have become a little broader of vision, and I'm not quite so narrow as I once was.

Calitri: What about the people you worked with while on sabbatical at UCLA?

Peter: On sabbatical at UCLA?

Calitri: Yes. You said the folks that you met out there...anything you remember in particular?

Peter: Well, I remember their discipline. They were a highly disciplined group and very research-directed. I remember, more than the faculty, the UCLA students because being kind of a neutral person, I was not fish nor fowl while I was there. *(Laughs)* I was just there. And a lot of students would come and talk with me for some reason or other. Being able to just run at the elbow of Ruth Richards was a fabulous kind of an experience plus the fact that it made it 90 percent easier to develop my patient education course because she had all of these resources in the LA area. And she helped in assembling a schedule for me, and I went and talked to all these people that she already knew. All I had to do was indicate Ruth had recommended them and

they were willing to welcome me as a friend of Ruth's. If I had gone to an institution where I didn't have a Ruth Richards who had made those bridges out into the community, it would have been 90 percent more difficult to achieve all that I was able to do. Well actually, although I had a six-month sabbatical, I only needed three months out there to make all of my contacts. I really thought it was going to take me six months to do all that. I had all of my material collected in three months and then came home and worked on it back in Lexington instead of living out there.

Calitri: This was on part of your dissertation?

Peter: No, that was part of the patient education course I developed. An interesting thing happened when I was there. I was looking for housing, and housing was expensive. And I saw advertised in the *Daily Bruin* where there was what sounded like a very low-cost housing, it was on campus at UCLA, and it included room and meals so I went over there. It turned out to be a fraternity house, and it was sleeping in an upper bunk in their house. I forgot what the price was, then, but I said, "Well, no, I think you boys would rather have somebody a little bit younger than I." (*Laughs*) I kept on hunting for housing, but I remember they were kind of surprised when they saw me there--an old man. (*Laughs*) Although, I was younger then.

Calitri: I know you're retired now, Carl, but I know you still keep involved in the health area as I said with the graduate standards. I know you're doing other things. You mentioned about going to China and some of the other things you're doing here in your, I guess, if you call agencies your first life, and your second life in academia, then your...

Peter: Third life is retirement. (*Laughs*) Yes, I am planning to teach for three weeks this

summer in China in a program out of Louisville called the Crane House Asian Center Program. They will be sending sixteen of us that have been approved to go over for three weeks to teach teachers of English in the Chinese schools. I will be with three other American teachers at a teacher-training college in Chunking (now Chongqing). We will teach Monday through Saturday, and have Sundays off. I'm going to take a fourth week and just see some of China. We pay our round trip fare, and they cover our cost of housing and food and travel on-site while we are there. Crane House has sponsored this teacher training program since 1988. Also, I'm on the board for the International Book Project based in Lexington. We send quality books upon request all over the world. These are requested by librarians, hospitals, churches, clinics, and teachers. It started with a lady in Lexington who saw that books were much in demand when she traveled, and she saw that people were standing in line to get into the libraries to look at books and waiting hours and hours and hours for that opportunity. That was in 1966. Harriet Van Meter was her name, and the International Book Project grew out of that. At first, she was just shipping books out of her basement. Last year we sent almost 200,000 books--large shipments and small--but all books that were requested.

Calitri: So, the fun things you try to do now relate to your grandchildren?

Peter: My grandchildren, uh huh, right. I would like to do some more travel, and I enjoy getting to national meetings to see my friends, keeping those contacts up by telephone and e-mail (CPETER3208@AOL.COM). I think e-mail is just the best thing since sliced bread, or whatever they say. But it enables me to keep in contact with people, and I have valued the friendships that I have

been able to make over the years. I've worked with some fantastically talented people everywhere; they are everywhere. And I love to visit with my graduates.

Calitri: What are some of the awards you've won over the years?

Peter: Well, I've received an Eta Sigma Gamma National Distinguished Service Award and National Chapter of the Year Faculty Sponsor Award, a Society for Public Health Education Distinguished Fellow Award, a Western Illinois University Faculty Excellence Award, the Western Illinois University College of Health, PE, and Recreation College Teacher of the Year Award, and the first Midwest District AAHPERD Health Education Award.

Calitri: It sounds like, to me, that you have been really happy with your life and your contributions that you've made...

Peter: I have, yes.

Calitri: ...and have no regrets.

Peter: No...well, I have a few regrets, yes. I regret that we, Vivian and I, weren't able to do some of the things that we had wanted to do. I would like to take this opportunity, for all women who are reading this, to urge them to do regular breast self-exams and have their mammograms. That is very important. And I regret that I didn't marry earlier because now I'm an old grandpa instead of a young grandpa as a lot of men are, and I regret that my wife didn't have the opportunity to see our grandbabies. I've been blessed with good children; no problems. They've just been wonderful. And a wonderful married life--43 years we were married...celebrated our 40th wedding anniversary, and our children came and we had a great time. But health is a very nebulous thing, and when you've got it, you've got it, and when you ain't, you ain't, I guess. So it's a valued asset that

most people don't recognize until it's too late. And I remember thinking why some people don't talk about their health until they lose it, and then they don't talk about anything else. And I've known people like that, too.

I'd like to close this with my adaptation of an exhortation by John Wesley, Don, and it goes like this:

*Do all the health education you can,
In all the places you can,
At all the times that you can,
With all the passion you can,
In all the ways that you can,
To all the people you can,
With all the love that you can,
For all the good that you can,
As long as ever you can.*

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