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Charlton Prather (CP): Well, it's a pleasure to have with us today, Mr. Bill Tennant. A long time environmental health person in Florida, long time director of environmental health for Escambia County. I hate to reflect his age, but he has really lived through the development of environmental health programming for the State of Florida.

Mr. Bill Tennant, it is truly a pleasure to have you here today, and I thank you sincerely for coming and agreeing to share with us your observations of public health over the years. Tell me whatever in the world got you interested in public health?

Bill Tennant (BT): Well, Dr. Prather, I appreciate being here and experiencing some of the things in public health that I have experienced. But my time with public health started when I got out of the Navy in 1945 and came to Pensacola. And all of my people really were in the police field, City of Pensacola police field, and they wanted me to go to work with them, so I did. And I worked three days as a city policeman and resigned and told them that just was not my line of work.

In doing that I had a good friend that worked for the health department and Dr. Reed, who was director of the health department at that time in the early part of 1946. And I went to work there under the G.I. Bill¹, and then, was promoted up to the directorship of the environmental health program.

CP: How many sanitarians did they have when you first started?

BT: When I first started, Dr. Prather, I believe there were four.

CP: Four. And the population of Escambia County was about what?

¹The Servicemen's Readjustment Act of 1944, or the G.I. Bill, was a law that provided a range of benefits for returning World War II veterans. Benefits included low-cost mortgages, low-interest loans to start a business, cash payments of tuition and living expenses to attend university, high school or vocational education, as well as one year of unemployment compensation.

BT: About 76,000.

CP: Seventy-six thousand. That is a lot.

BT: It is considerably more than that today. But in starting off with the Escambia County Health Department, I felt that it really was my line of work because of being able to give people something rather than arresting them for violations and things like that. So I really liked public health.

CP: But your environmental health was kind of law enforcement also.

BT: Yes, it was in a way, but in a different way. Very much so. And I was sent down to the University of Florida to do my in-service training.

CP: How long had you been employed before you went to the University of Florida?

BT: Probably about six months.

CP: Very quickly.

BT: Very quickly. And there was a class, I believe, of about 16 of us in this class.

CP: Very good. Do you remember some of your classmates?

BT: Well, I remember some of them, but I don't remember all of them.

CP: That is okay.

BT: But let me say that I enjoyed the work at the University of Florida in training.

CP: How long did you stay?

BT: It was an in-service three months training course.

CP: Oh, what all did it cover?

BT: It covered, basically, outdoor privy construction. It covered rodent control engineering. It covered various issues of environmental health.

CP: Okay, food management?

BT: Food management, food service, it covered that. And at that particular time, Florida was—after World War II—Florida was involved with typhus² control programs.

²Typhus is any of several similar diseases caused by *Rickettsia* bacteria. It is transmitted to humans via external parasites such as fleas and ticks. While "typhoid" means "typhus-like", typhus and typhoid fever

CP: Oh yes. And Pensacola was kind of a center of typhus activity immediately afterward.

BT: Escambia County at that particular time had the highest incidents of typhus fever of any county in the nine southeastern states.

CP: Wow. You must have had a lot of rats over there.

BT: We did. In fact, the city attorney of Pensacola came down with typhus, and that was basically one of my first steps in the environmental health was to work in that particular field. We started a rodent control program, a program where we caught rats for the active parasites. We combed them, to determine whether or not the Oriental [*Xenopsylla*] *cheopis* flea³ was—

CP: You even remember the name.

BT: I remember the name of the flea. And that was—I enjoyed that. We swept through buildings. I can remember one time, Dr. Prather, a little grocery store that was owned by one of our county commissioners, and it was on Cervantes Street and in the Brownsville area. We went in there and rat-proofed the building, then, left one hole open for the rats to come in that night. And went back that night and we used A-Dust, Cyanogas⁴, and killed 249 rats.

CP: My gracious alive—in that one building?

BT: In that one building on that first night. The second night we killed a hundred and some odd more.

CP: Really?

BT: That's right. Rats in Pensacola at that particular time was really bad.

CP: I can't imagine that many rats. Did your second night you open up another hole for another crew to come in?

BT: Another crew and we would kill every one of them.

CP: I suspect you just found them lying over everything the next day?

are distinct diseases caused by different genera of bacteria.

³The Oriental rat flea also known as the tropical rat flea, is a parasite of rodents, primarily of the genus *Rattus*, and is a primary vector for bubonic plague and murine typhus. This occurs when the flea has fed on an infected rodent, and then bites a human.

⁴Cyanogas (also known as A-Dust) is the brand name for calcium cyanide, a gas used to eliminate rats and fleas under building structures, such as houses.

BT: Well, we tried to pick them all up that night. We went in with gas masks and picked them up, you know.

CP: Were there any risks? What did you do to protect yourself from the fleas?

BT: Well, we had gas masks.

CP: Okay. From the fleas?

BT: Well, the gas succumbed the fleas at the same time.

CP: Okay, okay.

BT: It was a program put on by CDC [Center for Disease Control]⁵ through the county health departments that allowed county health departments to establish this type of program under their auspices. And we trapped rats, and we calmed them, and we got the fleas off of them. And we done a titer⁶ on them to see whether or not they carried typhus and many of them did in those days.

CP: Really? When did you declare that your rat problem was over?

BT: Well, we started the program in 1946 and in '47. And by 1949, we had not had a case of typhus fever in Escambia County, and I don't believe to this day that we have had a case of typhus.

CP: Well, you all had done a good job, didn't you?

BT: It looked like it.

CP: Yeah. Go back to University of Florida. (Inaudible) about typhus and I am all excited that they didn't—that you had never had another case. Go back to your University of Florida training. Did you get into rat control there?

BT: We did get into some rat control, and we did get into—there was actually about 16 subjects, and hydraulics, at that time, was one of the subjects that was taught.

CP: You better explain that to me.

BT: Well, hydraulics is the flowing of fluids.

CP: Okay. This had to do both with drinking water and wastewater?

⁵The Centers for Disease Control or the CDC is the leading national public health institute of the United States. The goal of the CDC is to protect public health and safety through the control and prevention of disease, injury, and disability. The CDC focuses national attention on developing and applying disease control and prevention.

⁶The antibody titer is a test that detects the presence and measures the amount of antibodies within blood.

BT: That is exactly right. And—

CP: A plumber once told me just plumbing is very simple. All he had to remember is water does not flow uphill.

BT: But, I remember one of the subjects was they took us out to build outdoor privies. Florida, at that particular time, had a tremendous number of outdoor privies in Florida. In fact, when I first started to work with the health department in Pensacola, the City of Pensacola had over 1,000 outdoor privies inside the city of Pensacola.

CP: Really? Were these pit or service privies?

BT: They were just regular privies, they—

CP: Surfaced.

BT: Some of them were surfaced and some of them had pits in the ground. But it took me about four years to get rid of outdoor privies inside the city of Pensacola. And there was an ordinance by the City of Pensacola that outlawed outdoor privies, they prohibited them.

CP: That is fascinating, fascinating. Well, you learned how to build privies, and I presume these were pit privies—

BT: Yes, they were.

CP: —and did all health departments build privies?

BT: Well, I don't know whether all health departments built privies, but I think a lot of the rural health departments built privies.

CP: Certainly you, the sanitarian, needed to know how?

BT: No.

CP: And I understand that, that you needed to know how they look like. Did you mount any educational program to encourage?

BT: Well, I am going to tell you the story about an outdoor privy doctor. When I was a small kid living in the country—

CP: This is in Escambia County too?

BT: This is in Escambia County. We had an outdoor privy. And we used an outdoor privy and a pitcher pump that is what we had at my house.

CP: I could get by with that.

BT: The outdoor privy was about 150 feet below the house. And we had a nail-shaped porch on our home, and the kitchen was down by the end of the aisle. And when you walked out of the kitchen, you could go to the outdoor privy.

Well, my mother—it was on Christmas Day, and I had gotten a .22 rifle for Christmas. And I had been standing, shooting at the top hinge of the outdoor privy, and in the meantime, somebody drove up out front. And like, oh, a young boy—I was about 12 years old—went to look to see who it was. In the meantime, my mother had come out of the kitchen and had gone down to the outdoor privy. Well, I just started shooting again on the top hinge of that outdoor privy.

And we lived on a corner and there were three little rental houses that my father had, they were rented out, and so a lady by the name of Mrs. Piedmont—I can hear her today—she says, “My goodness, Billy Winston shot his mother down in that outdoor privy.” We all ran down there, and there was my mother laid out on the floor of that outdoor privy with all them splinters all over her, couldn’t say a word. We had to pick her up and carry her to the house.

CP: How were you when she got finished with you?

BT: Oh, she didn’t do a thing, doctor. She was so glad to be alive.

CP: Well, what did your dad do?

BT: He didn’t do anything either.

CP: Well, what did you do?

BT: Well, it scared me, and I got rid of my rifle.

CP: I don’t like that story. Your experience at university—I keep hounding on that because that particular program, cooperative program between University of Florida and the state board of health, which was established in 1945, as I remember in my written history, and it was exclusively for the purpose of developing an environmental health cadre for Florida.

BT: That is exactly right. In fact, I think my class was probably the second or third class that went down to the university, and Dr. Hall⁷ was in charge of it.

CP: Yes, he was health officer of Alachua County.

⁷Dr. Frank M. Hall was Alachua County’s first health officer, serving from 1944-47, when he became health director for Pinellas County.

BT: That's right.

CP: Who was the director of environmental health?

BT: I don't—

CP: Or were they involved?

BT: Yeah, they were involved, but I can't remember, doctor.

CP: I don't mean to embarrass you. I can't remember that either.

BT: I know what he looked like. He was a long, tall, slendered fellow. And he was the one that taught us on the outdoor privy program.

CP: Oh okay. They actually had a contract in Gainesville, for your knowledge, in '49 or '50. They obtained a contract from the Rockefellers to build privies to give to the rural poor. It had been started—there it started during the Depression where WPA⁸ [Works Projects Administration] built there.

BT: Oh yeah. WPA was involved.

CP: Yes. That was before mine and your time—before your time, the WPA. Well, that is fun. What did that involve into for training environmental health folks? I think that dissolved about '52, '54, somewhere along in there, where that school closed.

BT: Well, I think most of the people that were in my class went on to be environmental health directors of county health units.

CP: The health department in Escambia now are one of the larger health departments, I suspect. You established your own training curriculum. Tell me about that. You know, you had hire in a guy off the street—

BT: We would hire in a guy that would qualify. In those days, doctor, it is not like it was now. We had the Florida Merit System⁹. And you had to qualify, you know, and take an examination. And in fact, every increase in salary range and increase in position that I made, you had made to take an examination and pass it.

CP: Oh, you did?

⁸The Works Progress Administration (WPA) which was renamed in 1939 as the Work Projects Administration was the largest and most ambitious American New Deal agency, employing millions of unemployed people to carry out public works projects.

⁹The Florida Merit System was a centralized personnel system that established the hiring of state personnel on a merit basis based on federal guidelines. The system began in 1936 but was not fully implemented by the whole state until 1955.

BT: You sure did. And I can't remember the man's name that was in charge of the state merit system. Angus Laird was the name of the man. And I made one of the highest grades on the test. Yes, I did.

CP: Well, that is good. This is for directorship, for the director?

BT: Yes, yes. And him and I got to be real good friends.

CP: You did? All right. Well, that is how you got started. When were you promoted to director of environmental health?

BT: I think, doctor, it was in 1950.

CP: Nineteen fifty?

BT: Around '50. It could have been '49, but it was early because of the fellow that was working retired. A Mr. Penny retired. He was the director at the time when I come to work there, and I was the next one.

CP: So, in less than three years, in essence, from being a policeman to being director of environmental health. And you continued there for the next 41 years, or something like that, as director of environmental health. Does that make you the oldest environmental health—in terms of longevity, did you serve longest as a director of environmental health?

BT: I probably did, Dr. Prather, because I retired in 1981. And from January 1946—or February 1, 1946 to 1981, that was my length of time.

CP: Approaching 40 years—a little better than 40 years. That is significant. Well, you saw a lot of things come and go in environmental health, generally. What do you think was the, in your opinion, most important thing that ever happened for Florida?

BT: Well, I think one of the most important things from the standpoint of public health was the financing of county health units.

CP: Oh, speak to that.

BT: So, at the beginning, the City of Pensacola, Escambia County, the school board, and you had various agencies funding county health units. And they had what was known as county health unit bureau in the state board of health.

CP: Bureau of Local Health Services.

BT: Bureau of Local Health Services. And you more or less had to go to so many people to receive funding that affected your programs each year. And it made it a little difficult

sometimes to get adequate funding for your programs. But when that was changed, I think that was one of the most significant things for public health—

CP: What was the change? What happened?

BT: The change was that the legislature changed the funding for, basically, the funding that come from the state. And they controlled everything, whereas previously with the funding coming from the board of county commissioners and the different agencies, the different agencies had a voice in your program.

CP: Of course.

BT: And you were required to enforce local ordinances, City of Pensacola, Escambia County—

CP: And they provided for you to do that.

BT: That is right. And then, of course, you had fees for service too. You still have fees for service in certain categories.

CP: What did you charge fees for back in the late '40s and '50s?

BT: You charged fees for septic tank installations, which they still do, I think.

CP: Yes. You send the men out to look out or supervise.

BT: You would issue permits for compliance with the standards and then you would charge for that inspection service.

CP: Yes, yes. Okay. When did this major shift in funding occur?

BT: Doctor, I believe that it was in the '70s.

CP: In the '70s, that was one of the more significant events—

BT: Well, I think it was because funding for public health programs are real important issues because without funding you don't have a program.

CP: Well, that's right. Chapter 154¹⁰ of Florida Statutes kind of created this partnership that you are referring to. And as I am recalling that it had some stuff in it about funding. Speak to that. Did you get involved with 154 and all of its implications?

¹⁰Chapter 154 of the Florida Health Statutes covers public health facilities in five parts. The first part covers county health departments, the second county public health trusts, the third health facilities authorities, the fourth health care responsibilities for indigents, and the fifth primary care for children and families. To read more go to the Florida Senate website and look under Laws and then go under Florida Statutes.

BT: Yes, yes, doctor, we did. And 154 was a basic instrument of which county health units were established in Florida. Prior to 154, you had city health departments and you had county health departments operated under the auspice of the State Board of Health under 154.

CP: But the cities did not operate under the state board of health?

BT: No, they didn't. They had their own program. In fact, the City of Pensacola had its own program when I went to work there at the health department.

CP: Oh, it did?

BT: We were able to get them to put their monies into the County Health Unit Fund, and we would participate in their services to the city of Pensacola.

CP: Okay. Was there much outside of environmental health, for my curiosity, did the City of Pensacola do any medicine for the indigent?

BT: I can't remember whether they did or not, doctor, but I believe that they did. I believe that they had a program for giving medication to the indigent and doing some medical services for people in that category.

CP: Okay. Some of the health departments were established solely for medical care of the indigent. In the city of Jacksonville, for example, its prime focus was environmental health. The city health department was for the permitting and environmental health matters, and I suspect Pensacola might have been similar.

BT: Well, it was. Pensacola had some very major problems in the environmental health field—

CP: One was typhus because you got that—

BT: —because typhus was one and mosquito control was another one—

CP: Talk about mosquito control.

BT: —and unpasteurized milk and diphtheria¹¹. I can remember one incidence in Escambia County where there was an outbreak in diphtheria in which blocks of people lined up for their shots. And Pensacola had one dairy that did nothing—sold nothing but unpasteurized milk.

And I attempted to get our legislature to require the pasteurization of milk in Escambia County, and I was unsuccessful. It wasn't but about a couple years later that the whole state required pasteurization.

¹¹Diphtheria is a serious infection of the nose and throat that's easily preventable by a vaccine.

CP: All right, did you get into trouble with unpasteurized milk? Did you have any outbreaks?

BT: Well, they had a diphtheria outbreak.

CP: Oh, related to milk?

BT: Yeah, related to milk.

CP: Oh really? You know, I thought that was a thing of the past.

BT: And, you know, they had undulant fever¹² at that time too.

CP: Okay, tell me did you get involved with some undulant fever? That is a—

BT: Well, I can remember four or five cases of undulant fever.

CP: And you were environmental health director. I suspect you got involved with that, didn't you?

BT: Well, some of it.

CP: Yes, because I can imagine you were out collecting some specimens to pinpoint the source. And all this from the one dairy?

BT: Well, actually, that is true, but at that particular time, a lot of people had their own cows. Families owned farms and all, milked their own cows, and drank their unpasteurized milk.

CP: You recall any tuberculosis¹³? Any cow tuberculosis?

BT: No, doctor, I don't remember any tuberculosis in Escambia County, but at that particular time there was tuberculosis in Escambia County.

CP: Yeah, in the human kind.

BT: In the human kind.

¹²Undulant fever (brucellosis) is an infectious disease due to the bacteria *Brucella* that characteristically causes rising and falling fevers, sweats, malaise, weakness, anorexia, headache, and back pain. The disease is called undulant fever because the fever is typically undulant, rising and falling like a wave.

¹³Tuberculosis, commonly called TB, is an infection caused by *Mycobacterium tuberculosis* and is typically symptomized by respiratory inflammation and tussis.

CP: Yeah, the unpasteurized milk worried us a lot, the public health types, of the moving tuberculosis. So, you escaped that, but you did have the undulant fever and the diphtheria. That's fascinating. You've had some rather interesting experiences. Tell me another one.

BT: Well, I sort of liked the typhus control program more than anything else.

CP: Why?

BT: I can't—well, because it was something that you could get your hands on.

CP: You could count results. A special environmental health person, one from your longevity. I'm also aware you were very much involved with political process in Escambia County, indeed, became a county commissioner after your retirement from the county health department.

But you were a student of the political process locally, very much so and very involved, and at the state process. Can we address Chapter 154 from the local county point of view? What was its good pieces, and what was its bad pieces?

BT: Well, I think 154 gave a mechanism of establishing, clearly, a county health unit. And it provided a mechanism that you could get your teeth in to do something.

And I think that was one of the great assets of 154 is the starting element of environmental health, well, really, public health in Florida. And I think that was a great asset. Though there were some bad features of 154, because it didn't solidify the power in one location for the control and operation of county health units.

CP: And you think it should have been, and where would you have put it?

BT: I would have put it right where it is today, doc.

CP: With the state health department?

BT: Yes, sir.

CP: And you were a county employee?

BT: Yes, I was.

CP: Why? Why would you want—

BT: Well, I believe because it would unify the operation of county health units. Even though there were differences within counties on programs, I think it gave a more solid approach to the field of public health.

CP: It provided uniformity, you know. And I recall how come we have a state board of health, one of their reasons was the in congressed county laws that existed prior to 1889 and one could not even move across county lines in face of an epidemic. So it brought uniformity and undid what was a problem prior to '89, 1889.

BT: You know diseases and mosquitos and rodents don't go by county lines.

CP: No, no they don't. You mentioned mosquito control earlier, and I know that Pensacola is famous in Florida history by having a number of yellow fever¹⁴ outbreaks, which is a mosquito-born disease. Speak to your work with mosquito control.

BT: My work with mosquito control—we did start a mosquito control program of spraying and controlling the growth of mosquitos by giving a mechanism of putting out sprays in the various areas of the county where you had an outbreak of maybe encephalitis in horses, and we would spray those areas. And we would also set traps to find out what the index of the mosquitos were in various areas and would spray based on those index factors.

CP: When you got a lot of mosquitos of a certain type, you would send—was mosquito control under your environmental health—

BT: Yes, it was. Well, mostly yellow fever mosquito they use a zip-tie and the *Anopheles* mosquito¹⁵, which was the malaria mosquito. And we carried on an extension program in Escambia County on spraying. I can remember working all day at the health department and then working that night, spraying mosquitos.

CP: Really?

BT: Yeah.

CP: Well, we appreciate you doing that. I don't recall an outbreak of yellow fever there since about 1882 is the last recorded one that I can think of. And that don't mean that I was there. I didn't work it up neurologically, Bill. I just don't want you to think I was over there doing that but recorded history, I think. The last one was 1882.

BT: Well, I believe Escambia County was one of the first county health units in Florida.

CP: Yes, it was.

BT: It started, I believe, in 1931 from the Chapter 154.

CP: I think so. I think so. Yeah, Perry was the first, and you and Leon as recorded the second, and Escambia was the third. Did you ever have a laboratory?

¹⁴Yellow fever is a viral infection spread by mosquitos and typically causes fever, muscle pain, backache, headache, nausea and in serious cases, jaundice and death. The specific epidemic that is talked about here is the Jacksonville yellow fever epidemic in 1888, prompting state leaders to create the Florida State Board of Health on Feb. 20, 1889, which was the predecessor to the Florida Department of Health.

¹⁵*Anopheles* is a genus of mosquito. About 460 species are recognized, while over 100 can transmit human malaria.

BT: Yes, the laboratories were always under the state board of health and did not operate as a part of funding through the county health unit. It was operated as a separate funding identity through the state board of health.

CP: But you kind of considered that your laboratory?

BT: Oh yeah, it was considered—

CP: Because it was kind of in your building wasn't it?

BT: Well, yes, because there was someone at the county land, because at the particular time that the new laboratory was built in Escambia County, behind the county health unit, I was able to get the county to donate the property to the state so they could build the laboratory. In fact, every county health department building built in Escambia County, I was involved in the construction of it.

CP: Really?

BT: And today, one of the county health unit buildings in Central Florida is called the Billy G. Tennant Health Building.

CP: It is? I didn't know that. Bill, I wish I would have known that. When was that dedicated?

BT: You got me again, doctor. I don't remember what year it was dedicated.

CP: That's okay. That is a nice little testimony. I didn't appreciate that. Well, I know that you were on kind of the cutting edge of standardizing environmental health for Florida through the restoration and recognition of basic standards of competence for sanitarians, speak to that.

BT: Well, you know, the sanitarians at one time were all under the state board of health engineering department.

CP: Yes, environmental health started there.

BT: Yeah, it started there. And because of the different types of services given to the environmental health people, I felt like that we should be an identity of our own and set out to securing national information on how to establish a registration board for sanitarians. And we were able to get that passed by the legislature. In fact, it took one solid day of the legislature to get it passed, but we got it passed.

CP: I'm going to ask, do you remember the date? Do you remember the year?

BT: I believe it was 1959.

CP: Okay. That's close enough for government work, I guess, and I don't remember.

BT: In fact, the legislator from Tampa was one of the ones that opposed it the greatest. And the legislator from Fort Walton was in my area, and he was one of the ones that tried to get it passed; and Webb Jernigan¹⁶, who was a good friend of mine and in legislature at that time; and Philip Beall¹⁷ who was a senator. We were able to get it through, and so my representative from Fort Walton presented the legislator from Tampa a mop on the floor of the house.

CP: After the passage?

BT: After the passage.

CP: Then what happened? Speak to this restoration board. I am aware that its philosophy was to ensure basic competence of the environmental health worker in Florida.

BT: That is true. Well, in fact, I was one of the first chairmen of the board appointed by—

CP: —governor? Weren't you appointed by the governor?

BT: Yeah, I was appointed by the governor. It was governor appointment board and there were five members to the board, and I was appointed by five different governors.

CP: You were. You served on it—at least five to four is 20. How long did you serve on that board?

BT: A long time. I was chairman of it for a long time. And I thought it did a lot of good, I really did. And I think it still, in a way, is in effect because under the Florida Environmental Health Association we have a registration board. And it still is going on today that you have to have a certain competency in order to be a registered sanitarian with this board. So, in a way, it is still in effect.

CP: What was the advantage of the board? How did you sell this to the legislature? Why would they agree to it? What was your pitch?

BT: Well, it actually took three terms of legislature to get it passed.

CP: That is pretty fast. That is pretty fast, just three terms.

¹⁶Webb C. Jernigan served in the Florida House of Representatives representing Escambia County from 1937 to 1956.

¹⁷Senator Philip D. Beall, Jr. (1915-1988) was a Florida State Senator representing District 2 from 1947 until 1962. He occupied the seat vacated by the death of his father, Philip D. Beall, Sr., after whom the three-mile bridge over Pensacola Bay is named.

BT: We got it passed on two different occasions, but the governor vetoed it. So we had to go back and do the same thing over, so it took us three terms.

CP: And then, what did it do? What did registration really do?

BT: Well, it established an academic standard that required the passage of an examination in various categories of environmental health that was recognized nationally as the basic elements of environmental health. And in order to be registered, you had to pass that examination.

CP: And this was a written exam?

BT: It was a written exam.

CP: Did you get some increase money, if I were a sanitarian?

BT: Well, it did provide for some increased monies for the environmental health field for working in the field.

{{{0:33:07.1}}}

CP: Yeah, because it standardized and added professionalism to the field of environmental health. Yeah, that is great, Mr. Tennant. I am also aware that you were on the cutting edge of another piece of significant environmental health program, the training of food handlers in the state, speak to that a little bit.

BT: Well, in the building of the Escambia County Health Department—the new building which was built in 1959, I believe—we built within the health department itself a food handlers' training classroom, kitchen classroom and everything. And during a period of time there, we trained probably about 3,000 food handlers for Escambia County. And the state had a statewide food handlers training program at one time, but we took from that and made it a built-in program of the health department, right in the health department.

CP: Okay, you are being overly humble, and I am very aware that you were one of the shakers and movers for that statewide food handlers training program. You were a shaker and a mover to get that done. And as I recall, too, you did some very heavy lobbying for food management through our legislature for that. I don't want you to be too humble. I want you to speak to the record of how all of that stuff got started, because you were there.

BT: Well, I think that I had a lot of good help, doctor. People in the environmental health field backed the type of program that I envisioned. And Russell Jackson was one of the first people—

CP: The senior or junior?

BT: Senior. Russell Jackson Sr. was one of the first people to be in charge of the statewide food handlers training program and—

CP: Oh, he was?

BT: Yes, he was.

CP: Oh. Thank you for that pearl. That is good. Go ahead.

BT: And he helped me get the legislation through. And I think it helped tremendously from the standpoint of the people's viewpoint of the food service program in the state of Florida, because I felt like it was a program that provided a mechanism to produce some good, not only for the restaurant people themselves that needed that training, but also for the general public in controlling diseases that might be spread through food handlers.

CP: You know, you can't help but see our current attention to *E. coli*¹⁸ in the nation and our resurgence for concern for *Salmonella*. All that has to do with basic food handling techniques.

BT: That's exactly right. Somehow or another, you know, we don't keep up with the past performances—

CP: We don't keep up with the past.

BT: We forget the things that were accomplished and somehow try to emphasis some other issues, but there are basic issues in public health programs that you can't get away from.

CP: Oh, so right, so right, so right. I like your statement that we don't keep up with the past. For those who don't are destined to repeat it, and that is why the University of South Florida, School of Public Health was especially interested in having folks like you talk about the past. Where we will not forget the past; we won't have to repeat it. The thought occurs to me, too, Mr. Tennant, that you somehow were on the cutting edge in partial to landfill creation in this state.

BT: Well—

CP: Getting garbage out of sight.

BT: That is right. In fact, I was instrumental in getting the landfill law passed for Escambia County, and I think that law in itself spread to other areas in the state.

CP: It became the statewide law in due course.

BT: I established one of the first sanitary landfills in Escambia County because the City of Pensacola was handling their own garbage control and trash control program and the

¹⁸Escherichia coli is a Gram-negative, rod-shaped bacterium of the genus Escherichia that is commonly found in the lower intestine of warm-blooded organisms.

law that established the sanitary landfill and put the responsibility and jurisdiction under the board of county commissioners. And that, then, moved the City of Pensacola out of the garbage disposal business and put the county commissioners in the middle of the sanitarian landfill operation. I started the first sanitary landfill in Escambia County was started under the control of the county health unit.

CP: I was aware of that. And that was a first. That was the only one. There are several others since your time where the county health departments have started, but they are no longer in it because of governmental reorg. What caused you to be concerned about hiding our garbage? Did that grow out of your concerns for typhus and rats?

BT: Well, the state established under Mr. Mulrennan¹⁹ a program for arthropod control, and I used that mechanism of securing money from the state to start the program to buy equipment. I used it as an arthropod control program to establish a sanitary landfill. And that got the first sanitarian landfill started in Escambia County.

CP: How did you manage that? Mulrennan didn't see into that?

BT: Well, I think Mr. Mulrennan knew what was going on, but he thought it was a good move because your fly index was based on how you handled your trash and your garbage not only around the home but at the sanitary landfills.

CP: Yes, and it continues to operate.

BT: It operates today.

CP: That was an excellent, excellent program. For the record, you were on the cutting edge of the sanitary landfill program for this state. It's now part of the Department of Environmental Protection Programing.

BT: There were two other programs that were started in Escambia County is—we didn't have a plumbing inspection program in Escambia County. We had one man that was doing it at the time.

And I went to the board of county commissioners and got them to agree to put that program under the health department without any funding and they did. And we carried on that program and expanded it, and today, from that starting of that program, we have a complete building inspection plumbing and gas and electrical department in Escambia County today.

CP: Okay, but that is not a part of the health department?

BT: It was—

CP: It all started before.

¹⁹Dr. John Mulrennan was also interviewed as part of the Florida Public Health Oral History Project on June 23, 1997.

BT: —at the time. That's right. It started under the health department. I started it under the health department. We passed the laws, we wrote the laws, and secured passage by the legislature, and funding.

CP: That is outstanding, outstanding. The parts of all of this is water supply. Now, I know that you had some stuff to do with the water supply in Escambia County and, as a result, the state at large. Speak to that.

BT: Well, at that particular time, the city of Pensacola had its own water system, and you had a number of systems around the city for the individuals. And I felt like you needed a unified effort providing water service to metropolitan areas and also to the surrounding areas because the surrounding areas of Pensacola was growing, and the difficulty of public water supply was through the city of Pensacola was a problem.

So, I went to the legislature and got them to pass a law to put together all of the systems. In fact, we have the operation of a system over there now that was started by this law that required a combination of bringing together these systems, and it has been proven to be very successful.

CP: Yes, it has. Now, do you remember when you started your plumbing inspection from the county health department? Mostly small county health departments based on your pattern did plumbing inspection. As you know, part of our sanitary code too, I think, which grew out of your rules. The state sanitary code picked up your rules for a basic state plumbing code.

BT: Yeah, you have a state plumbing code now that is patterned after from the Escambia County plumbing code.

CP: I think so. I think so. And it started out through the county health departments entirely as a county health department program. And I am remembering some of my early days that it was the sanitarians. As a part of their routine duty, they did the plumbing inspections in the small county departments.

That is no longer true in cities. All the cities now have their own building department. That is the water supply, and you got that all coordinated. Were you ever there when you didn't treat your water system, your public water was not treated?

BT: No, no. The public water systems were treated with chlorine and handled in that manner. It has always been that way, dealing with the larger public systems. But you had smaller systems throughout the state where you didn't have that chlorine treatment in smaller public systems.

CP: Very true. The military. The part of your public water system, I suspect, grew somewhat out of the military's presence there. The Navy has been in Pensacola since as

long as we have had a Pensacola, actually. Speak to the relationship of the Navy's concern for environmental health and your participation.

BT: Well, we always had close contact because the Navy was one of the instruments that I used in securing funds from the City of Pensacola and the county because we use them as an instrument of going before the board of county commissions and the city to secure funds. And the Navy had what was known as a disciplinary control board, which was one of the estimates that you could use to control various businesses, such as food establishments and bars and things of that nature, to get to bring pressure upon the establishment to bring them in line with compliance of the existing laws. And I served on that Navy disciplinary control board. And that was very effectiveness from it, though.

CP: For environmental health programing? Really? I think you need to speak some more about that. Did you ever use them when you had a recalcitrant?

BT: Absolutely, absolutely.

CP: Because they could declare it off base for navies, and that would impact any business in Pensacola.

BT: In Pensacola, it would. I can remember at one of our establishments, one of our main establishments that had a dirt floor in the refrigerator.

CP: In the refrigerator?

BT: In the deep-freeze area of the refrigerator area. It was a large establishment. Anyway, I had tried unsuccessfully to get it repaired and fix it without really putting him out of business, so I just brought the Navy in and got it done real easy.

CP: The way you go about getting things accomplished. I know when you began, if you had the numbers of privies that you quoted to me, you've obviously had some growing pains for septic tanks.

BT: Oh, yes, that is true.

CP: Speak to that.

BT: The number of outdoor privies, which I had previously stated, was about 1,000 inside the city of Pensacola. And many of these homes had TVs and all of that but then sewer was available and all. But it was an effort to get the removal of those outdoor privies inside the city of Pensacola, but as construction occurred in the outskirts of the city of Pensacola you had to use septic tanks because sewer lines were not available, and consequently, you used septic tanks.

CP: Wasn't there a lot of resistance to getting folks to put in a septic tank? How about your zoning with the land for such inside decisions?

BT: I can remember one time dealing with septic tanks where I had a complete investigation of my department by the state because a sub-divider was going to put in a subdivision, which was in a reasonable distance to sanitary sewer. And I refused to issue him permits for his septic tank permits for a subdivision.

And so the state, they sent in an investigator to investigate my department to see whether I was treating everybody alike. And the outcome of the investigation, they took all my files went through them, was that I treated everybody the same way and he put in sewer.

CP: Was he also a legislator?

BT: He was—he since then become a close friend of mine.

CP: Very good, but you are an honest man, you know. And I would hope that he would want you to be an honest man.

BT: Well, he did.

CP: Septic tanks, any other interesting incidents about septic tanks because, if my history tells me correct, that getting community sewer system in this state has been like pulling out teeth. Because we started out with surface privies, you know, and you sanitarians have finally got in a few septic tanks, but you had to fight like a dog to get in community sanitary sewage systems.

BT: Yeah, that has been one of the major problems of the state of Florida. It also was a major problem for Escambia County because it was much easier and cheaper to use septic tanks rather than put in sanitarian sewers.

But through the law that was established that required the extension of sanitary sewer to developments that were within a certain distance of a sanitary sewer to use sewers. And I use that very extensively in Escambia County to get most subdivisions to put in sanitary sewers rather than use septic tanks.

CP: Yes, yes, yes. All right, and it was successful?

BT: Oh, yes, it was.

CP: How many septic tanks do you have in the city limits of Pensacola today, you reckon?

BT: Well, I don't think you have any in the—

CP: And I remember you retired in '81.

BT: You might have a few, but I doubt there is too many of them out there.

CP: Did you ever get into trouble? Did you have epidemic—any disease outbreaks secondary to septic tanks?

BT: Not that I can recall. I don't remember any specific disease outbreak from septic tanks, but you had a lot of problems with septic tanks overflowing because of the simple fact that if you had a soil condition that was not conducive to the use of septic tanks, so you had a hard pan. In Escambia County, a lot of the area of Escambia County, has a hard pan, three or four feet under the ground, and a septic tank is not going to operate too successful under those conditions.

CP: Yeah, water just won't perc [percolation] below that. So, did you have any trouble with your county politicians trying to enforce the septic tank code?

BT: No, doctor. Somehow or another my experience with the political aspects for the county commission, the city, and the state have been very good, very good—

CP: To what do you ascribe the success, Mr. Tennant? Why do you think your relationship was good?

BT: Well, I think one of the reasons was I was able to articulate the issues very successful to show them the value of what needed to be done. And I think that itself has proven to be very successful in dealing with the city, the county, and the legislature. I think most people in the field or in the legislative field, or the political field, if you can show them what is right and interest them in what needs to be done, I think you are going to be successful in convincing them that is the way to go.

CP: You were reliable. I know from the state legislative point of view, you were reliable. When you spoke, you could depend on what you said.

BT: Well, I can give you an example, doctor.

CP: Go ahead.

BT: One time, Dr. Sowder²⁰ was having difficulty getting his budget through.

CP: That was about every year, but go ahead.

BT: Well, he was having difficulty getting his budget through for a certain amount of money. And a friend of mine, Mr. E.E. McGovern, and I went over to legislature and got him what he wanted and that—you know, it pays to have good friends.

²⁰Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years. His dedication to Florida's health began in the 1940s, when he served as a venereal disease control officer with the US Public Health Service. Under his tenure as a Florida state health officer, he developed health departments in each of Florida's counties. Dr. Sowder was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997. There is an interview between E. Charlton Prather and Dr. Wilson T. Sowder in the USF College of Public Health Oral History Project collection.

CP: In the high places. No, I think it was your ability to talk and your honesty, Mr. Tennant. I would ascribe that to it. But you have been very successful in the political circles and your history shows that well. What enticed you, running now rather forward to run for the county commission?

BT: Well, I was appointed to the board of county commissioners after I retired from the health department. And I ran and got beat, doctor.

CP: Well, I wasn't going to mention that.

BT: Well, that is a part of the story. Anyway, I ran for the utility authority and served as the chairman of the utility authority for two years and served as two terms—eight years in the utility authority. And the utility authority was the instrument that I used to establish the utility authority.

You know, I wrote the first law and got it through the legislature establishing a utility authority for Escambia County, and because of some problems with the City of Pensacola—they tried to impede the establishment of the utility authority because water and sewer facilities were owned by the City of Pensacola. But the next term in the legislature we got it through and, of course, were instrumental in getting the City of Pensacola approximately ten million dollars for their facility.

CP: Well, I hope that they said thank you.

BT: That helped put it through.

CP: What was your motivation for wanting a utility authority?

BT: Well, like I said, the establishment of the utility authority places the water and sewer facilities for the whole county under a utility authority.

CP: Under a master plan, so to speak.

BT: Under a master plan. And eliminated artificial barriers, such as city lines, because you could do anything, you see. And the utility authority in Escambia County has been very successful.

CP: Yes, the history shows that very clearly that they have been. So, that has been a fun political history of yours. One other issue that I think about in your long tenure there was when the law provided for the platting of subdivisions, which had to do with water distribution and sewage collection, and I know you had some fights there. Speak of some of those.

BT: Well—

CP: You don't refer to them as fights, I know.

BT: No, they were discussions. We had a lot of discussions in the development of subdivisions. And the only area that really could develop was the outside area of the city of Pensacola because most of the area inside the city of Pensacola, it being an old town, was already built on.

And the subdivision regulations required that certain standards be met dealing with the development of subdivisions and all. And those standards have proven to be successful, and I believe the standards of subdivisions has been statewide.

CP: Yes. Didn't they grow out of Pensacola, the statewide standards?

BT: Well, I am not sure they did, doctor, but—

CP: Well, the original battleground was in Pensacola for awhile. Yeah, it might not have grown out, but they were tested there.

BT: Yeah, it was tested there.

CP: They were tested there, and you were still being too humble in the influence you have had in statewide environmental health programing, Mr. Tennant. I am trying to pull you out on some of these things. Looking back over your whole career, what was the three most joyful or outstanding things you remember from your career in Florida public health, environmental health?

BT: Doctor, I think probably the removal of the sanitarians out from under the engineering department of the state board of health.

CP: That was one outstanding event.

BT: Now, I think that act itself—and I was chairman of the committee that went before the state board and discussed the issue and got them to vote. You know, Dr. Byrne was, at that time, was from Pensacola, and we were able to get them to vote to establish a division of sanitation and put the sanitarians under that. And with that—

CP: Dr. Byrne is a member of the state board of health, just for the record.

BT: —with the establishment of the sanitation act, registered sanitarians was another one I believe. And really, I think the rodent control program, which I think was very successful.

CP: Obviously, it was.

BT: In Escambia County, I can remember very vividly some of the things that occurred with the rodent control program. I feel very proud of that program, especially since there has been no cases of typhus fever in Escambia County since 1949.

CP: Yeah, I see that is great. In contrast, what was your worst most disappointing element of your long career?

BT: Doctor, it is hard to say because of the simple fact that working in the field of public health has given me an insight of people and issues and things that working in this field has made me feel like I have contributed to the improvement and welfare of my fellow man. And I think that, in itself, is an issue that I—

CP: That is a prideful one.

BT: Yes, but the disappointing one was when the legislature got rid of the Registration Board Act.

CP: Yeah, speak to that. And how come did they do that?

BT: I have no idea yet, doctor, as to why they did that. I think that it impeded the employment of people in a way in the local county health departments because of the standards and the requirement that was still there and I think that was one of the issues, the biggest issue, and that is why they got rid of it.

CP: Was this caught up in—

BT: I think it was caught up in the statewide reorganization.

CP: Yeah, you remember that when we lost the state board of health in '69²¹—

BT: I sure do. And I fought it to the bitter end.

CP: —then we established, really established, the HRS²² that most know came into being in 1976. Speak to all of that. How did that impact you as a county environmental health director, and you as a political animal, and you as very interested in the matters of the public's health?

BT: Well, it didn't impact me greatly, but it was an issue that I felt like we had worked so hard to establish the program that we had and the movement to do away with that process

²¹1969 Reorganization (Act) revised the Florida state constitution in 1968, consolidating 200 state agencies and boards into 23 departments. The next year, the Florida legislature created the Florida Department of Health and Rehabilitative Services (HRS) and the state board of health was abolished. County health departments were transferred to HRS under the Division of Health.

²²HRS, the Florida Department of Health and Rehabilitative Services was created to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health standards.

and that organization was structured would be detrimental to the view of public health, and, as you know, it has proven to be so, very much so.

CP: Yes, I'd testify to that.

BT: And it just was something that I thought was unnecessary.

CP: And we suffered. I think the state of Florida suffered.

BT: Oh, I do, too. I think the whole public health program in the State of Florida suffered. And, you know, the legislator, the senator from Jacksonville, is the gentleman that—

CP: It's the '76 reorg²³.

BT: And the man they brought in from Georgia.

CP: You remember—Georgia now, that's our close neighbors. Let's not have anything derogatory to say about them.

BT: I didn't say anything derogatory.

CP: Okay, I knew it. Things are turned around. You didn't mention the massive reorg in so many words of the environmental health portion. Now, the '76 reorg really didn't impact environmental health directly so much, but the establishment of the Department of Environmental Regulation, for example, made the transfer—

BT: Well, the movement of some of the programs out from under the local control or local issue was an estimate that you couldn't give it the service that really the program needed because of the inability through the reorganization of the environmental health to be in the field directly where it was occurring, and I think that was a part of it.

CP: And detrimental to the public. I think of milk control was first. That grew up as a public health activity.

BT: Well, I think, doctor, when the change was made, you lost the food service program, you lost the sewage program, you lost the water program, you lost many of the—

CP: Air pollution.

BT: —you lost many of the programs from the environmental health field and county health units where you had local controlling issues over what was being done.

²³In 1975 the Florida legislature passed the HRS [Health and Rehabilitative Services] Reorganization Act to both decentralize and unify health, rehabilitation and social services in the state. As a result, all state public health bureaus, sections, and units were restructured and re-distributed to be governed by one of 11 HRS state offices or three central administrative units in Tallahassee.

CP: Do you think it was wise for the public's good to have administrations of those programs outside of the public health involvement?

BT: Well, I feel that way, but, of course, I am biased. I'd always feel that way because—

CP: It just makes eminent sense to me.

BT: It does to me, too, because these programs all are a part of the overall health programs in the State of Florida.

CP: Why are the people interested in government being interested in such programs? It has to do with their personal health. Who is the personal health organization of government?

BT: County health units.

CP: The county health units. It just makes eminent sense. That is where all those things should be to me.

BT: But, you know, as you get back to the issue of politics, there are so many people out there that operate in the field of politics, whose basic interest is just themselves. They are not interested in the overall picture of how it affects the general public. They are there to establish a program for their own benefit and the benefit of their friends.

CP: Yeah, I am sorry that that sometimes so it seems to me. If you had all of this to do over again what would you change?

BT: You mean my work in the field of—

CP: Yes.

BT: I wouldn't change a thing, doctor, I really wouldn't. I think it has been an experience of my lifetime that I greatly appreciate having the opportunity to do. And I felt good about the programs that I have carried on, the things that I have done.

And, in fact, my peers have shown me how much they do really appreciate what I have done by electing me president of the Florida Public Health Association, president of the Florida Environmental Health Association. And it is a good feeling even though my time in the field of public health is coming to an end.

CP: You are slowing down, at least. You are slowing down not ending, just slowing down. Mine is too. If you had some words for your great-grandchildren that will be watching this tape, what would you say to them?

BT: I think that I would say to them that they couldn't get into a better rewarding feeling than the field of public health. I think that it is an issue that affects everybody. I think it is an issue that will give you a good feeling of your accomplishments and pride.

And I think that whatever field you pursue, I think you have got to have that type of feeling if you are going to be successful. And I think by me feeling the way that I did was one of the reasons why that I was so successful because I put all the effort into what I was.

CP: You were 100 percent, weren't you?

{{1:05:14.4}}

BT: I tried to be.

CP: Nine days a week, I'll testify to that. You were 100 percent, nine days a week, in environmental health. No matter where we saw you, you were Mr. Environmental Health. Yeah.

BT: Well, I appreciate that comment.

CP: Any summary remark? There will be—what we are doing, we are recording for historians to see you and to hear you. You've brought for us a lot of paper. We can look up in the libraries a lot of your accomplishments because it is written record. What did you bring to us today in the way of paper that you are leaving with us?

BT: I am just leaving you some batched past reports and issues of journals and things that occurred in the '70s for you to review and to do with whatever you would like to do.

CP: We are going to make that a part of your formal record of your appearance here, to be a part of the formal historic collection of Florida public health.

BT: Well, one of the things that I would like to say too, doctor, that to be successful where you have numbers of people working under you, you have got to have their support. And you have got to have their ability to carry out things that you need carried out.

CP: They are going to have to be confident. They are going to need to trust you. You are going to need to trust them.

BT: Absolutely. And I have been very successful in dealing with the people that have been under me.

CP: Successful in a sense because you dealt with them honestly and variably and straightforwardly, and most of us will do what you expect us to do. You just let us know what you expect us to do, and I think you did that Mr. Tennant. You were excellent for those things.

Let me tell you on behalf of the School of Public Health, University of South Florida, and its library systems, and myself, Mr. Tennant, I thank you sincerely for coming by today and sharing with us some highlights of one of the most colorful public health careers,

contemporary public health persons in this state. And on behalf of us all, I thank you sincerely, Mr. Tennant.

End of Interview