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Charlton E. Prather (CP): I propose that we just move right along, and I am going to do some sort of introduction for a response—I will make something that you're in—that we are kicking off here. Take note that you are the first one. Then, I'll tell you about Sowder[1], who can't come, by the way. He can't come to Tampa—

Carl Brumback (CB): I'm sorry.

CP: But Jane and I talked about us going up there.

CB: I hope so.

CP: We will. All right, how long have you been involved in public health?

CB: Well, it's hard to believe, but actually I think it must be over 50 years.

CP: You aren't that old, are you?

1Dr. 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.

CB: Well, I am afraid I am. I must be.

CP: Over 50 years. What got you interested in public health?

CB: Well, I really started out in the 1930s to become a microbiologist. I had a fascination with microorganisms and, also, the related sciences, serology, and all of this and their capabilities. And so, I had a research project comparing serologic tests for syphilis[2]. And to get my raw syphilitic serum, I had to go to the state health department, and this was in Kansas. And I first, that way, I first became acquainted with the fact that there was such thing as public health.

CP: You finished medical school?

CB: No, I had not. I had my—being a microbiologist was my only goal at that time.

CP: Oh, all right, all right.

CB: But I became fascinated by what I saw going on there. The idea of prevention appealed to me. And so, I wrote to Harvard and Hopkins' schools of public health to get their catalogs. And this added to my store of information, and I read everything. And this made me want to go to medical school. Because I felt, to do what I thought I would like to do, I would need a medical degree.

And so, my career was interrupted for a while by World War II when I served in the medical corps[3] of the United States Army in the states and in Europe. And I did get some very valuable experience early as a venereal disease[4] officer in Europe.

CP: Venereal disease? Really?

CB: We called it venereal disease, then, not sexually transmitted. And so, when I returned, this was after I had had—I didn't join the army until I had completed an

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2 Syphilis is a bacterial infection spread primarily by sexual contact. If left untreated it can result in damage to the brain, nerves, and heart.

3 The Medical Corps of the U.S. Army is a staff corps of the U.S. Army Medical Department consisting of commissioned medical officers.

4 A venereal disease, more commonly known as sexually transmitted disease (STD), is an infection transmitted through sexual contact.

internship with the United States Public Health Service[5], which certainly furthered my desire—

CP: Where were you with public health service?

CB: I was in the marine hospital in San Francisco.

CP: Ah, yes. Doing clinical medicine?

CB: I was doing clinical, mostly clinical, but I got a better idea of what the US Public Health Service was all about. And actually, I wanted to join the public health service, but I couldn't pass their physical.

CP: Oh, well their loss, their loss.

CB: So the army was glad to have me. I had a reserve commission. And after the war, I was separated from the Army at Fort Sheridan, Illinois, and I thought I would pay a visit to the University of Michigan, School of Public Health.

And there, people like John Hanlon[6] and Henry Vaughan[7] and a few others like that, they finished the job. If I had any doubts at that time of whether I wanted to go into public health, they convinced me that that was the career for me.

So I spent a little time in southern Missouri in a very rural area, serving as a health officer temporarily until I could go to the school of public health. And it was a very valuable experience. I learned about some of the very real problems that are faced by people in these rural areas.

CP: Like poverty.

5The United States Public Health Service was established in 1944 as the primary division of the United States Department of Health and Human Services.

6Dr. John J. Hanlon (1912 – 1988) had a long, distinguished career in public health. Among the many titles he held during his lifetime, the most salient are assistant Surgeon General of the United States Public Health Service and president of the American Public Health Association (APHA).

7Dr. Henry F. Vaughan (1889 – 1979) was the founder and dean of the University of Michigan School of Public Health. In his lifetime, he held positions such as Health Commissioner of Detroit, editor for the American Journal of Public Health, president of American Public Health, and many more.

CB: Yeah, poverty and everything related to it. All kinds of health problems and very few resources. So at the University of Michigan, where I went to get my MPH [Masters of Public Health], I was fortunate in the fact that, while I was there, they had a series of meetings, conferences, on local health units for the nation.

Dr. Haven Emerson[8] from Yale came over and conducted these conferences, that was his thing, and he saw that a great part of the United States did not have the benefit of public health. And so he wanted to see the country covered with public health agencies, with staffs that were confident in facing the problems and who would emphasize epidemiology and prevention.

So, I became interested at that time in a potential role for local public health in partnership with the private sector and the others in the community in addressing all the problems in that jurisdiction. And I just wanted to see what could be done with that sort of an arrangement.

And when I was leaving the university, I talked to the faculty about opportunities that might be available to do this. There would have to be some flexibility to experiment with different ways of running this partnership about. And they told me that the United States Atomic Energy Commission had asked for a reorganization of their public health system in Oakridge, Tennessee.

Now, that was a rather large community. And one of the features that attracted me was that they had ample resources to do the job and there was flexibility. Whoever attempted this had their permission to try anything that would be effective, and improving the system.

For a while, one of the faculty members from the university commission joined me there, but then, I continued on. And, by 1950, we had done a pretty fair job, with the cooperation of the private sector medicine, the hospital, and others in the community, of reorganizing the system with a partnership arrangement to identify and to develop programs to deal with the problems there. So this was a very valuable experience, but then I wanted to find another community in the United States that had similar problems and similar resources.

CP: Before you go on, let me ask, go back to Oakridge. You worked with some of the major problems in that community from the atomic industry point of view.

8Dr. Haven Emerson (1906 – 1997) was an American inventor of biomedical devices, specializing in respiratory equipment. He greatly improved the iron lung, an artificial respirator used to treat polio patients.

CB: Well, it was an interesting community. It had quite a diversity of population there that had been attracted to work with atomic energy. Of course, a disproportionately large number of them were scientists of various types, but they were people, just like anywhere. And they had the private physicians that worked in the community, had their offices. There was a hospital.

I think what was left was that these people didn't talk to each other a whole lot, the providers of health service. A little health department, and it kind of kept to itself. In fact, it wasn't looked upon with great favor because, I guess, some of the directors, as directors, had been too aggressive in their approach. Well-trained, perhaps, but—

CP: Motivated.

CB: Yes, they didn't make friends too readily. And so, there was a lack of partnership; the hospital was off by itself. There was a department of social services, and these people just did not talk together a whole lot. So what we did was to plan meetings of the local government, the medical community, the hospital, the school people—

CP: Today's folks would call that networking.

CB: Networking, yes. We didn't have that term, then. But when we got through, they were friends, and they were working together. And they saw and faced the problems together and worked out the solutions and developed a cohesive public health program that we thought was fairly effective. And, at any rate, I felt that I had done all that I could do, and then, was looking for another place to go that had a similar situation.

CP: Yes, so you found another cluster of scientific communities on the edge of the Everglades?

CB: Well, it wasn't exactly a scientific community. In fact, after I had gone down to visit, I went back and reported to my wife. And she said, "Well, what did you find?" Well, I said, "All kinds of problems and almost everything conceivably wrong." The organizations meant to deal with these problems.

And I said, "I think we want to go there." I had just received a handwritten letter from the mayor of Concord, Massachusetts, inviting me to go there, but he accompanied it with a

300 year history of the town. And I said, “You know, that’s a little too much history to have.”

CP: Yeah, Palm Beach County had—when was it chartered? Just for the record.

CB: Well, it hadn’t been there very long. The City of West Palm Beach had a so-called health department, and an elderly gentleman was in the position of looking after it. And then he also, sort of, had something to do with helping to try to organize the county health department, which really hadn’t gotten off the ground.

But he told me that when he graduated from medical school, he went to Miami to set up a practice, but there weren’t enough people for three physicians, so there was Dr. Jackson and himself and one other. And the two left and left Dr. Jackson because there weren’t enough for him.

And he couldn’t find enough population between Miami and Fort Pierce. Well, there was one family practitioner in West Palm Beach, but that was—he had all that he could do. So Dr. Ben Lanningham went to Fort Pierce, where he tried to take part among the Indians, turned it into his office up there.

CP: How did you learn about Palm Beach?

CB: Well, actually, I first learned about it, I guess, by reading in the 18 page note some of the things that Dr. Wilson Sowder had done, and the fact that he was particularly interested in developing local public health agencies, that appealed to me.

CP: Dr. Sowder was state health officer for Florida.

CB: Yeah, he was, at that time. And so, I arranged a visit with him and with Dr. George Dean, who was director for local health services. And I was very much impressed, you know, with what they had done and their plans for the future.

And Palm Beach County was the last of the large counties to get a health department—for some reason, was very conservative. As I said, it had all sorts of problems. But there was a willingness on the part of the people there to develop a program, a public health program.

CP: What sort of problems do you remember?

CB: Well, there was almost everything imaginable in the way of disease: polio[9] epidemics, tuberculosis[10]—it had some tropical, subtropical—there were some malaria[11], there were some dengue, there was a lot of childhood illness, there were maternal and child health problems.

CP: Do you happen to remember the maternal death rates or infant death rates?

CB: Not on hand, I don't. The infant death rate, was very, very high—higher than for the rest of the state.

CP: Oh, boy. Were you having any migrant labor in the western Palm Beach?

CB: This was the largest occupational group. Actually, we had a census taken in 1950. And I think it was slightly over 100,000 people in the census, but there were an estimated 55,000 seasonal farm workers, including a great many agricultural migrants that included family members.

CP: This was in 1950?

CB: This was in 1950. So, the first thing that had to be done was to establish relationships with the board of county commissioners and the county medical society, the health and related agency representatives, and leaders in the community. And it was imperative to have strong working relations with them. We had many meetings together.

CP: Speak to that more. What did you want from the medical community, from the practicing physicians?

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9 Polio is a highly infectious virus that may cause paralysis and primarily affects young children. After the invention of the polio vaccine in 1952, the virus was effectively eradicated in developed countries.

10 Tuberculosis is a potentially serious, infectious bacterial disease that mainly affects the lungs, resulting in symptoms such as fever, fatigue, and chronic coughing with phlegm or blood.

11 Malaria is a disease caused by a plasmodium parasite, transmitted by the bite of infected mosquitoes. Symptoms include chills, fever, vomiting, and muscle pain.

CB: Well, actually, it was the other way around. I wanted to find what they wanted from me. And they met with me before I came down there, when I was just getting interviewed. And they wanted to know—a question asked was, Exactly what plan do you have? You know, visualizing, perhaps, socialized medicine, that terrible thing, that I might be establishing beachhead corps.

And, without any hesitation, I simply said, “I really don’t know because I don’t know what the problems are. But I thought, with your help, we could find out what the problems are. You can help to tell me, and then, together, we can develop some plans to do something about this.”

Well, they kind of liked that idea, and I could see that they really were waiting to be invited to help because it was a sincere interest. The board of county commissioners that had taken—or, they had, at first, voted to authorize the health department, then, they reconsidered. And just before I got there, they took a vote to abandon their plans to establish a health department, which came out three to two in favor of keeping it. So there wasn’t a tremendous amount of support, originally, and I had to—

CP: That was a challenge. How did you win them over?

CB: Well, first, meeting with them and finding out what their views were, you know: what they really wanted, what they wanted me to do, and so forth. And one of the most adamantly opposed, I remember, was a commissioner who represented the agricultural area, the western part of the county, what we call the ‘Glades area. And he was a large, imposing man, who published a newspaper for the people out there.

And one of the first things that he said to me was, “You know, I don’t like health departments.” And so I asked him—I talked to him a little bit. I said, “I’m here to try to explain what we want to do, and see if you can change your mind.” He said, “No, I still don’t like health departments.”

And I said, “Well, Mr. Arden, exactly why do you not like health departments?” And he said, “I’ll tell you why,” —I should have asked him that in the first place— “because the people out there that talk to me about roads and bridges and that sort of thing; they never talk to me about health.” “Well,” I said, “you know, they talk to me a lot about their health problems.”

And then, I had a thought. I said, “If I wrote down the questions that people ask about health and write out the answers that we give them, would you publish this in your

newspaper?" And he thought about it, and he said, "Yes, on one condition: if you talk about the questions the people out here ask." And I said, "Well, I guarantee you, they will be in those questions." So I did that, and lo and behold, he did publish this. And it took two whole pages in his newspaper to do this.

And a short while after that, I was in the county courthouse and the chairman of the board of commissioners came up to me. He said, "Seriously, what did you do to Mr. Arden?" And I said, "Do to him? We had a conversation. We talked. Why do you ask?" He said, "Well, he is one of your strongest supporters on the board of county commissioners."

CP: A little time and excellence. How long were you there before Mr. Arden really came around?

CB: Well, I would say it took several months to really solidify this, but it became quite firm, and, over the time he served as commissioner, we became very good friends.

CP: He was a good ally for the 'Glades area.

CB: Yes, and as testimony to that, when Hill-Burton[12] money was available to build a health center, why, he was the first one that wanted a health center. He wanted it in Pelhoke, a little community in where he lived. But immediately, of course, Belle Glade, which was the rival community out there, wanted a health center. So the two little health centers were built at the same time.

CP: How did you prioritize the problems that you found in there?

CB: Well, I talk a lot about meetings, and I guess that's where I spend a lot of my time, in meetings with all kinds of people. And we had the idea that a plan wasn't worth much if you didn't involve the people that were going to be involved in carrying out the plan. Until you had their support, you really couldn't develop a working plan that would bring results.

So a lot of my time was spent in talking with people of the medical society, the hospitals. I accepted invitations from various voluntary health agencies to serve on their boards of directors, like the TB Association. And the TB Association actually provided us an X-ray

12The Hill-Burton Act is a United States federal law passed by Congress in 1946 as part of a program to promote affordable health care in America. The Hill-Burton program granted funds to medical facilities that vowed to provide free care each year to citizens in need.

machine, and they paid the salaries of our nurses for a little while until we could get our budget in place. And the [American] Cancer Society[13], [American] Heart Association[14], the National Foundation, and so forth.

And so, a lot of my time is spent in meeting with these people, and, mostly, hearing from them what their view was. One of the things that I wanted to do—I recognized a lot of the problems were in minority youths.

So, one day, I asked—we had two black nurses, and I asked one of them, who was a wife of a black physician, I said, "Is there a leadership group in the black community which I could meet and hear from them what the problems are as they view them?" "Oh yes," she said, "there is the vanguard club." And I said, "Would you get me an invitation to meet with the vanguard club?"

And she looked at me amazed, I guess, but I got an invitation. And it met in a part of town that really was not too safe, even in those days, upstairs. And so, we started to talk, and I asked them questions. But, immediately, I could see they were giving me answers that they thought I wanted to hear.

And I said, "Well, let's stop right now because I want to hear from you. I want to hear what the real problems are, and what you think we ought to be doing about it." Well, this set up a series of meetings. We met in the health department after that, and I got a lot of very useful information. So, meeting with various groups, I was able to—

CP: How did you translate that to bare input into program? Because program usually means budgets.

CB: Right. Well, part of that came through consolidating the different organizations. I said, everything almost conceivably wrong existed with the various agencies. To be specific, the City of West Palm Beach had a so-called health department. Their budget was larger than the county health department's.

The county health department, the board of county commissioners, and the state had gotten together 92,000 dollars for the whole county. That was the whole budget. And the

13The American Cancer Society (ACS) is a voluntary health organization established in 1913 with the mission of eliminating cancer. The ACS provides grants to researchers, funds cancer treatment centers, and runs public health advertising campaigns.

14The American Heart Association (AHA) is a non-profit organization that seeks to improve the overall quality of cardiac healthcare in America in order to reduce disability and deaths caused by cardiovascular disease and stroke.

schools employed four nurses that spent most of their time driving around the county and putting on matinees, as I called it. It was not a real school health program. And the Kiwanis Club[15] had a very small dental clinic for white kids only in West Palm Beach. The welfare department had a small clinic for older people.

CP: Clinically oriented? Central for treatment of diseases.

CB: Yes, small medical clinics. And the—

Pause in Recording

CB: So there was total fragmentation of the services being provided. The first thing that happened was that the superintendent of schools called me and said, "I'm bothered by the fact that our nurses don't have any physicians. They don't have any medical supervision. Could you do that?" And I said, "Well, who will pay their salaries?" And he said, "Oh, we will." Well, I said, "You know, that's administratively not too acceptable."

Mr. Watkins said, "Well, oh my. Do you have another suggestion?" "Yes, another suggestion is that the school board and the county commissioner get together, and that we take the funds that you have and incorporate them with these other funds that we have. And then, instead of four nurses providing school health, we will have 14 nurses, each of whom will have schools in her district, and they won't have to spend so much time traveling. And we'll develop a real school health program."

CP: How did you do that, budgetarily? Take their money for four and expand it to 14, that's impressive.

CB: Well, because we had 10 nurses. We had, out of the—believe it or not—out of the 92,000 dollars that we had that were in the budget, we were able to employ 20 people that's because salaries were quite different then than what they are now. So, we had 10 nurses, and each of them included school health as a part of the program, a major part of their program.

And so, the Kiwanis Club was running this dental clinic, and they were provided the funds to do this by a committee of actors who performed in Miami and then went north somehow, and they were persuaded to donate time in West Palm Beach. And this

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15The Kiwanis International Club is a coeducational service club founded in 1915. Each year, the Kiwanis Club raises more than $100 million and provides over 18.5 million volunteer hours.

committee was headed by Oscar Hammerstein[16], and it had people like Al Jolson[17] and Eddie Cantor[18] and so forth on that committee. We have a big bronze plaque with these names on it. So the union told them they could no longer do that. So that—

CP: Told the actors' union?

CB: That's right, the actors' union. And they couldn't give services away, so the board of county commissioners were asked by the Kiwanis Club to contribute to the program. They said, "We'll do it on one condition: that you put it in the health department." And then they asked me, "Will you take that over?"

Well, I said, "You know, we're going to have some changes in some of the policies. However, I'd like to work those out with the board of directors of the Kiwanis Club." "Then, yes, under those circumstances, we'll do that."

So, they transferred the program over. The board of county commissioners did, then, come through with some additional funds, and then the City of West Palm Beach, of course, had, as I said, more money than the county health department. And I had presented arguments to them for consolidating with the county, but they wanted to maintain their control, and they were very resistant to the idea.

Now, some ideas in public health—I have a saying that I tell our people sometimes that in public health, the shortest distance between two points is hardly ever a straight line. So we went around and around on this and the years went by. And I think it was 1953, and this had become a pretty hot issue. And the city commission knew they were going to have to vote on it.

But they waited until I was out of town. I was on military duty up in Alabama; I had my two weeks military duty. And the city manager, who had become my friend, called me and he said, "I think you better get back down here. They have just taken a vote to consolidate the city and the county health departments and voted against it four to one." And I said to the commanding officer, who was a county attorney, he said, "You know, I

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16 Oscar Hammerstein II (July 12, 1895 – August 23, 1960) was an American theatre director and producer and lyricist. He is best known for his collaborations with Richard Rodgers, including *Oklahoma!*, *The King and I*, and *The Sound of Music*.

17 Al Jolson (May 26, 1886 – October 23, 1950) was an American singer, actor, and comedian. In the 1930s, he was America's highest paid and most famous entertainer. He is remembered for being the star of the first sound film, *The Jazz Singer*, in 1927.

18 Eddie Cantor (September 21, 1892 – October 10, 1964) was an American comedian, dancer, singer, actor, and songwriter. He was known for his top-rated radio shows and his performances that relied on his ability to roll his eyes.

don’t have authority to let you go, but if you’re not here tomorrow morning, I won’t know it.”

And so, I got on a plane, flew down, and went to the medical society. And they quickly formed the committee. And one of the members of the society, I recall, was a pediatrician. And he said, “Well, I take care of the kids of two of those commissioners. I am going to call them and talk to them like a Dutch uncle,” which he did.

They quickly had an emergency meeting and took another vote and voted four to one in favor of consolidating. So anyway, you have to have friends in the right places, and a whole lot of the success in public health is this very thing, you know.

CP: How do you maintain that friendship?

CB: Well, I think, mostly by—

CP: Let me start with a different question. How do you identify these friends? And then how do you nurture them and maintain them? In fact, that sounds like a good pearl for these young health officers starting out.

CB: I like to listen to what they have to say. If they are not friendly, I want to know why. And I want to get their ideas, and then I ask them a question, “Will you help?” And very, very seldom have I ever been turned down. They have said, “Yeah, well, sure. Yeah, I’ll be glad to do what I can.”

So, anyhow, the county medical society put me on their executive committee as an additional member. I wasn’t an official member of the executive committee, but they asked me to attend all of their meetings, so that they could hear what I had to say and what was going on, and I got their input.

So we maintained a very strong cooperation with the medical society. A lot of this idea, you know, came from the state because this has been a long and traditional part of public health in Florida. Dr. Joseph Porter[19] started off—I think he was president of the state

19 Joseph Yates Porter (1847-1927) was Florida’s first public health officer serving from 1889-1917 and the 13th president of the Florida Medical Association. He was instrumental in eradicating yellow fever, identifying the mosquito as its source of transmission.

medical association at one time. And working very closely with Dr. Sowder certainly maintained an extremely close relationship with the Florida Medical Association[20].

And most of the counties had this kind of relationship. So this wasn't exactly unique, but a lot of my time is spent with people, listening, questions, and answers to questions. And I'd ask them what they thought, you know. And then eliciting their cooperation in helping me solve the problems. So practically everything was done, I can't think of an exception, everything was done as a group effort, a total effort involving the medical—

CP: How did you establish authority since everybody was involved, and you were dealing with some powerful people. How did you tell them that theirs was secondary priority?

CB: Well, we did that together. Once again, identifying the problems was one thing, and they gave me help in doing that. Of course, we went to the vital statistics to see what was killing people, and the hospitals to see what was making them sick, and going through hospital records, talking with the physicians in their private practice, and then just an observation of the situation we had. For example, one of the problems was that we had no sewage collection and treatment in the entire county.

CP: You didn't?

CB: None, zero. Over in the coastal area, a very large part of the sewage went raw and untreated into the—

CP: —into the ocean.

CB: No, not into the ocean, into Lake Worth, the intercostal waterways.

CP: Really?

CB: Well, after a while, some of the people that had come down from the north said, Isn't that what you do with sewage? You put it in the stream, not a tidal estuary that rocks back and forth, and it stays there and becomes more and more concentrated. So this is just one of the problems, but we sat together in meetings, and we listed the problems. And, of course, we agreed that we couldn't solve them all at once.

20The Florida Medical Association is a professional association dedicated to the service and assistance of physicians in Florida.

But at the end of a period of time, we had a list of 56 problems. I still have those in my file. But then we said, We can't go galloping off in 56 different directions. We are going to have to set priorities. Okay, so what are the priorities? And so, what is group action?

It wasn't myself. I could suggest. We could provide the technical part. We could do the epidemiology. We could provide facts and figures, statistics, etc. to the group, but it was a group decision. And they started to list these in priority, and the number one priority was environmental protection, pollution control.

CP: Who was the group that was considering this, now?

CB: This was made up of—there were county commissioners that were representatives of the medical society, our own staff in the health department—

CP: Volunteer health organizations?

CB: Yes, people out there who were advocates for doing something about the problem.

CP: Good point. Advocates were on the—

CB: Exactly, out in the community. And some of them were very strong advocates. One was the executive director of the Tuberculosis Association, who had a very broad interest in public health. And so, there was a readiness in the community to do something about this, but, once again, we had to have facts. We had to make a diagnosis, a community diagnosis.

This is something that those in public health know. That in public health, in addition to being concerned about individuals, we are concerned about what has grown as a body politic—as Dean McGovern used to say in North Carolina, body politic.

And we have to make a diagnosis on that body, and then we set up a treatment plan, the same process we go through medically with an individual. And this has helped me convince some physicians who have not been able to get over that bridge from diagnosing and treating an individual to dealing with populations. So anyhow, the—I'm sorry, I lost my—

CP: Yes, I was asking, what were the priorities that came out, and you said the first one was environmental health.

CB: Yes, environmental protection, all right.

CP: And that you had gone to the—out a little bit.

CB: Yes, we had to be getting back to the diagnosis. We had to get facts and figures. We had been able to employ a qualified public health engineer, an engineer with an MPH. And he went out in a boat on Lake Worth and got samples of the water from one end to the other and did coliform[21] counts and dissolved oxygen[22] on the water and charted this on a big chart that folded—a big map that folded.

I can remember it, exactly: it was 32 feet long, it folded up, and it had the whole lake on there. And the coliform count was represented by densities that we had in the coloring on this chart, and the dissolved oxygen was a linear graph on the bottom. The corps of engineers had happened to do dissolved oxygen studies eight years before, and we showed a significant drop in the dissolved oxygen. The lake, actually, was an open sewer, and it smelled like a sewer.

This was taken around, this chart, was taken around to various groups—any group that would listen. And we began to get telephone calls, “When are you going to do something about this problem? We’ve got a problem here.” And my response to them was, “Will you help?” “Well, what can we do?” “Well, for starters, would you send a representative to a meeting in the county courthouse?”

So, we had a meeting in the county courthouse with representatives of 29 different groups. And I said to them, “I am a public official, and what we have here is a community body. You’ve got to organize yourselves, elect officers, to get a name for this group.”

And so they chose the name, the Committee for the Elimination of Pollution in Lake Worth. And so, I said, “We’ll have another meeting and think about electing officers.” So this idea was not acceptable to many people in the community. A very powerful group known as POMA, Property Owners and Managers Association, bitterly opposed this whole idea because it would raise taxes.

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21 Coliform bacteria are a commonly used bacterial indicator of sanitary quality of foods and water.

22 Dissolved oxygen (DO) is the amount of oxygen that is present in a given volume of water.

CP: And they'd have had to do something else with their services.

CB: That is right. So anyway, there was a lot of opposition, and they were a very powerful group. So as the nominations were coming up for officers in this second meeting we had in the courthouse, the mayor of West Palm Beach came bursting through the doors at the back of the room, and he was mad. I could tell by the look on his face.

And so, one of the ladies in the group said, "Oh, I nominate," and was electing the chairman, "I nominate our mayor." And the nomination was seconded, and somebody else said, "We move the nominations be closed." And by the time he got to the front of the room, he was elected chairman.

And he turned out to be a pretty good chairman. But after the meeting he drew me aside and he said, "How long have you been in this committee?" I said, "Oh, about six months." He said, "Aren't you getting pretty big for your britches?" And we used to laugh about this in Rotary. Afterwards, he became a very good friend, but he did a good job.

But, the people said, The medical community hasn't taken a stand. They haven't told us that this pollution is causing disease. It is going to cost a lot of money. Well, we were having a lot of polio epidemics, and I was putting red pins in a map in the county. Every time we had a case of paralytic polio, I'd put a red pin in a map of the county.

And I remember, I was sitting, talking to one of the pediatricians about pediatric problems. And I had, I think, by that time, about 53 red pins in the map and 32 of them were in West Palm Beach—the county seat, having the most people, of course—and our engineer came in, and he looked at this rather strangely.

And I said, "Bob, what are you looking at? You've seen this before." He said, "I don't know. I've seen that configuration." And he went out, and he comes back a little while later, and he has a map of the septic tanks in West Palm Beach, and he places one on the other.

See, there was sewage that didn't go into the lake, went into septic tanks. We had been having a lot of rain; effluent comes to the surface of the ground. So it was really quite interesting, in 32 cases, all of them were in this configuration for the septic tanks.

So I said, “You know, as a public official, I really can’t make a statement because I have not proven that there is a connection here.” So the pediatrician said, “Well, would you present this? We’re having a meeting of the pediatricians. Will you please present this to them?” I said, “I’d be glad to.” I presented it to them. They said, We will take it to the medical society.

So, they took it to the medical society, and there was a radiologist who, the next year, became president of the Florida Public Health Association, whose name was Dr. Fred Herpel. He was a tall, impressive man. A man of few words, but when he spoke, people listened. I can still see him slowly getting to his feet and saying, “Gentlemen, I think it is about time we took a position on this problem. I propose a resolution in calling this pollution to be a health problem.”

So the appointment passed unanimously, and the president looked at me and said, “Well, you got it. What are you going to do with it?” Well, I said, “There is a phone over on the wall. I am going to call the editor of the local newspaper.”

So it was about ten o’clock at night when I called him. And I said, “Ed, I think I have a headline for your newspaper. Maybe the day after tomorrow or something, you can ask what it was.” And he said, “Well, how about tomorrow?” And I said, “Well, I figured you already had your headline for tomorrow?” He said, “We do, but it can be changed.”

And there was a headline, “Medics Declare Lake Health Menace.” And it turned things around. There were all kinds of public support, then, with the medical society’s support, and the county commission made a proposal to build a sewage collection treatment plant.

Property Owners and Managers Association brought a suit against it: it’s unconstitutional. It went all the way to the state supreme court, which handed down an 18 page document showing why it was not only right for the city to do this, this was their responsibility to protect the health of the people in the community. So, that started the ball rolling and of course, ultimately, we pretty much got sewage collection and treatment all over the county.

CP: In essence, that began as a benefit of the cooperative relationships for the health department and the private medical community, those that the public recognize as the authorities in matters of health.

CB: Yes, indeed, indeed. And the medical societies saw that they did have clout, and that people did listen to them.

CP: So it was a useful lesson for them, too, under an organized sense. I like that. What was your second priority?

CB: Well, to me, now, this is almost unbelievable, but it was mental health. Mental health. Now, there were, at that time, no psychiatrists, no clinical psychologists, no guidance people in the schools. And when the board of county commissioners and the school board got together and put the school health program in the health department in 1951, I became the school physician advisor to the school.

CP: Fifty-one. That was your second year in Palm Beach?

CB: True. And, of course, I felt it was my duty—and it was—to go out and visit all the schools and talk to all the principals. And, when I did that, I would go out with the nurse, of course, who served that school. And, when I did that, they would bring children who had health problems for me to see and make suggestions because many of these kids had never seen a physician.

And so, I made the observation that, out of all the problems that I saw, the largest group appeared to be the social, emotional, behavioral problems. This was in the aggregate, you know, it was an extremely large problem among these kids. But I had nothing definitive to show that.

So, one of our nurses was getting her MPH at the University of Michigan and wanted to have a project. And I suggested a study of these problems, the emotional behavior of mental health problems of kids in the schools of Palm Beach County. So she selected this, and we had the help of the faculty from the University of Michigan. And she did a very good study. And it was so good that the local newspaper published it.

And among our, then, winter visitors was a delightful old gentleman by the name of Mr. W. T. Grant, that had a chain of stores all over the United States at that time.[23] Regrettably, they don't exist anymore, but Mr. Grant invited my wife and I to dinner in his Breakers cottage[24], a huge building where he spent the winter months.

23W.T. Grant was an American based chain of mass-merchandise stores founded by William Thomas Grant that operated from 1906 until 1976. These stores sold a variety of household goods and were primarily located in the downtown area of cities.

And his philanthropy was mental health. He financed the Wellesley experiment. Wellesley was actually the first freestanding mental health clinic. So we had dinner with Mr. Grant, and the next day, the chauffeur brought me a check for 3,500 dollars. Then, when I had lunch with him, his chauffeur brought a check for 2,500 [dollars].

Well, 6,000 dollars was enough for the salary of a professional in those days. And I was working with the mental health association. That was the first group that I joined as a board member. And I asked that this be done under their authorization or edicts, but recruited for a—well, we were actually looking for a psychiatric social worker. We thought that was all we could afford. And we finally found one who accepted the job and then turned it down after she went home, and we were back on square one.

And so, I said a little prayer, and the next day, believe it or not, I got a call, not from the psychiatric social worker, but a clinical psychologist. He said, "I have to move to Florida because of my mother's health. Do you happen to know of any position down there?" And I said, "Come on down."

A board of directors had been set up because we decided that the best way to get community support was not to have a program in the health department, but to have it as a private, not-for profit association. And so, the board of directors interviewed this lady and decided to appoint her, and she became the first director.

We had no place to put her, so in the old building in West Palm Beach that was our headquarters—we now have the full building. In the beginning, we only had half of the second floor. But I moved out of my office, and we cleaned out a storeroom down the hall. And I moved my office into that storeroom, and they used my office for the child guidance center.

And when we built the first building in West Palm Beach, the board of county commissioners financed a wing of that building, in the second floor of the wing, for the child guidance center. And it continued to operate there until they got funds to build the first community mental health center in West Palm Beach.

CP: That happened to be the first mental health center in the United States, was it not?

24The Breakers is a luxury hotel located in Palm Beach, Florida, near the coast. Originally constructed by Henry Flagler in the late 20th and early 21st century for the social elite who came to Florida in the winter, the hotel has transitioned into a popular year round resort.

CB: I don’t believe—I think there must have been others. But anyway, it certainly was the first one in Palm Beach County. And later we got an adult’s psychiatric clinic started, and the two merged together and then became the community mental health center. So that was the origin of our answer to the question of, What can we do about mental health?

CP: And that was your second priority. From your general knowledge, how many health departments in the United States took on mental health as a part of their concern?

CB: Well, this was not of one of the basic services that we learned about in our visit at the School of Public Health. We had six basics. That’s what we were supposed to do. It didn’t include mental health or chronic disease. It didn’t include medical care, and, of course, I can still recite them just like you would recite—

CP: Like you were taking an exam.

CB: —the Ten Commandments, “We, as you will do—”

CP: But think about mental health, and then the situation of your environmental health, clearly. What implications did that have for your organization?

CB: Well, it fulfilled an idea that we had at the beginning: that we weren’t going to leave out any health problems. If it had health connected with it in any way, we would consider it. We wouldn’t exclude anything. We felt this wouldn’t fit in with our idea of approaching the problems epidemiologically.

Epidemiology says you will look at the total population and the subgroups, and you will identify the problems and analyze them and so forth. This was an approach that we literally took. So we didn’t exclude anything.

The next thing, of course, was the fact that our population was anything but homogenous. And the largest occupational group, which you’ve already mentioned were the seasonal farm workers—

Side 1 ends; side 2 begins.

CP: Well, I recall a lot of national flack over that. Address some of that.

CB: Well, there was a lot of national flack, as you put it. People were beginning to become aroused, but not sufficiently so that the federal government had a program for agricultural mining.

But obviously these were a special group that not only had language and cultural and educational and other barriers to getting healthcare. They were isolated. They didn't have transportation. And the first time they were seen, many times, was in the emergency rooms of hospitals. Sometimes, they were dead on arrival because they didn't even get that early enough.

So I became very much interested—being a farm boy, myself. Having grown up in that environment, I especially liked to go out to the farming area. Of course, agriculture was the number one source of revenue for Palm Beach County, still is. Some people don't know that. But anyway, this group of people fascinated me.

Here were hardworking people that we all depended upon. They picked the crops and vegetables and other crops that were needed and were shipped all over the country and relied on them, and then mistreated them horribly. And they lived in decrepit housing, terrible houses, and terrible environment. And every health problem you could imagine, they had.

CP: How did you assess those? You obviously developed some sort of system of priority because that was overwhelming—

CB: Community diagnosis, you mean, Dr. Prather. Well, this came about rather interestingly as I used to spend a lot of my weekends going out and taking pictures of the situation that I saw. This was in the early '50s and people invited me to come talk about this.

And so, in 1952, I got an invitation from the National Council of Churches that was concerned about this. We had a Florida Christian Ministry to migrants whose director lived in West Palm Beach. He and I became good friends early on, and, probably, the invitation came through him.

Anyway, I was invited to go to Washington, and the meeting was held, logically, in a church in Washington. And there was one representative of the Public Health Service there, a lady who later became known as Ms. Migrant Health, Helen Johnston. And so, Helen Johnston and I became well acquainted.

And she said to me, “Would you mind staying over an extra day? I would like to have you take your pictures and information over to—we have a physician, a young physician in the public health service who is especially interested in the problems of agricultural migrants.”

So I said I would do it, and we went over and presented this information. He said, “Yes, I have a very strong interest. We have no program, and what you need to do, what you want to do, is to get some funding to assess the situation first because we just really don’t know what happens to these people as they move from one space to the other.” This gentleman, this physician, incidentally, is now the chairman of the Department of Preventive Medicine of the University of Wisconsin.

But along about that time, I became acquainted with a very interesting, one of the most interesting people I’ve ever known, Dr. Earl Koos. Earl Koos was a professor of social anthropology at Florida State University who had the very unusual idea that a professor of sociology should not spend his time within the cloistered halls of the university, but ought to get out where people are.

And so, you remember him. He was a huge man, weighed about 300 pounds. And he would put on old clothes like migrants wore, and he would come down to Belle Glade and mix and mingle among them and hear from them, first hand, what they thought.

As a matter of fact, he came from the University of Rochester. There, he wrote a book, which is a classic in my opinion, *The Health of Regionville*[25], which is a hypothetical community. But, below that, he did something rather remarkable, *What The People Thought and Did About it*, and that was exactly his view. A lot of that view, working with and through the people, it came from him.

So he would come down and mix a meal, and, maybe about ten o’clock at night, I would get a call from Dr. Koos. And he would say, “Well, I am here. I am at the Dixie Port. Come on down. Let’s talk,” at ten o’clock at night. “All right, sure.” So we’d talk until maybe two o’clock in the morning.

Out of this came a decision to approach Dr. Elizabeth Peabody, who was a pediatrician director of the Children’s Bureau regional office of Atlanta, for some funds because there

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25*The Health of Regionville: What the People Thought and Did About It* is a sociological survey of the health practices of a small community given the name “Regionville” for anonymity. Dr. Earl L. Koos published the study in 1954 by Columbia University Press.

weren't any projects in those days. Projects? What were they? Anyway, Dr. Koos, Dr. Ralph McComas[26] from the state board of health, and myself went to see Dr. Peabody.

And she was a woman with vision and also knew how to dig up funds when there weren't any. And she found some money, enough to employ a public health nurse, and we wanted somebody to attach to approve of migrants as they moved up the Atlantic stream. And we found Bill Hubbard, who was a former venereal disease investigator, attached him to this crew.

And so, he went with the crew as they went up the coast and back with a tape recorder, and Dr. Koos would join him periodically. And, out of this, came the information we wanted, which Dr. Koos published in one of the state board of health monographs, titled "They Follow the Sun." This became another classic that is out of print.

I want to tell you that public health rediscovered this about a couple of years ago. One of our representatives was down and he said, "You mean this is out of print?" And I said, "Yes." He said, "Give me copies of this and the book that followed it on the season. I'll make copies." So he took it up back to Washington, and I have a stack of—

CP: Oh, you do?

CB: Well, they're—what he did—these are not in the original format, but I do have copies. So—

CP: Yeah, those are classics. They are classics.

CB: So anyway, out of this information came the concept, here. Not new, but once again, it came out of these meetings. We were constantly having meetings with people in the community and so forth, and through these meetings, support came, whether it was monetary or whether it was moral support or cooperation or whatever.

And so, we developed a plan together, in which we said, This has got to be a team effort. Well, that is really not new in public health. Gosh, we have known that for years, and we operate as a team, but I mean a real team that would go out and take the care of these problems. The team would be comprised of a family practitioner, a pediatrician, well-

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26 Dr. Ralph W. McComas served as director of the Florida State Board of Health, Bureau of Maternal and Child Health.

qualified public health nurses, a social worker, a health educator, a nutritionist, and an environmentalist.

And then, I remember, Dr. Koos—a lot of this came from his thinking. And one night in Atlanta, as we were going to meet with Dr. Peabody the next day with this plan, I can remember him lying on his bed, fully clothed, but with his eyes closed and thinking. I was writing on the table probably in the wee hours of the morning.

And he said, “Man, there must be another person, and this person must come from the culture that we are trying to reach. And it must be somebody who knows what the problems are and has had enough education to be able to communicate. I don’t know if he or she exists, and I don’t know what we will call him or her.”

But what finally evolved was we decided to call him or her a liaison worker. Outreach hadn’t been invented by that time. But anyway, we would call her a liaison worker. We would go to Dr. Peabody, and she worked some kind of her magic and I don’t know—she came up with a quarter of a million dollars. And back in 1955 this is, you know, I don’t know how much.

CP: Equivalence in a federal?

CB: Millions and millions, today, for a five-year study or a five-year demonstration. This would be a demonstration, not a study. We had done the study. This is implementing the information from the study. So in 1956, we had one of these new health centers that Mr. Riordan (sic) himself had seen that we got—my old enemy—and a brand new health center for them to move into in Belle Glade.

And we had recruited, like everything, the very best people we could find. The social workers, not all of them followed through from one end to the other. We had some replacements. One of the social workers that we had became, as I understand it, the Dean of Social Work at Tulane University.

And so, anyhow, we began working with migrants with Ms. Keen. We added this brand new health center, and each one contributed something. One of the questions you might ask is that we talk a lot about a team effort. Did this really happen with this group? And I’ll have to tell you in the beginning, no. It took them a while to get out of their traditional roles and to work as a true team, but this did develop.

And the physicians had had some experience working with people, patients that were similar to agriculture migrants. So they knew how to deal with them as physicians. They also knew how to work with other staff members. The public health nurses acted as managers, really, of the team. They acted as coordinators and managers, along with being real public health nurses.

The nutritionists developed a diet of food that the migrants would eat. None of this wheel of good eating or whatever that they don't even know about—don't even want. But there were foods that they would eat that would provide all of the elements of nutrition that they needed.

The health educator would have meetings in the evening, in which he would invite migrants and crew leaders. And, together, one of the things that they did was develop a dictionary of terms that could be used in communicating because they had different terminology for things. And he had a microscope and let them look through and see those germs, the bacteria that would make them sick. And also, groups were set up with the women who—the conversational, sewing circles or whatever, where they would discuss their health problems.

The social worker helped tremendously with various kinds of social problems and eligibility determining because these migrants had been determined to be ineligible, greatly, because they were not really residents of any state or locality. So she helped around and helped them overcome these problems.

The environmentalists, of course, had plenty to work on, identifying problems and working with the other members of the team and the staff. He helped with the educational program, of course, in teaching them hygienic habits and so forth, food hygiene, et cetera, and improving housing and this sort of thing. So this really worked very effectively and —

CP: Speak to the liaison person before you leave the team. Give us a paragraph on the clip of the liaison person. Speak to that.

CB: All right, we—thank you. Certainly, she became one of the most important members of the team, a real professional. She turned out to be, her name was, Maddie Leyland. She had grown up in a migrant family, and she had somehow acquired an 11th grade education. Now, this was phenomenal. Migrants, moving around the way they did, were lucky if they got two or three years of formal schooling, but she had 11 years.

She was working as an aide in the Belle Glade Hospital, and she was a tremendous help in impacting. And the success of the program depended a great deal on the cross-cultural communication that she developed. She helped the health educators; she helped all of them. And then interpreting back to the migrants what this was all about and what they needed to do, in their own terminology. So she was a very valuable member of the team.

CP: But two-way, liaison two-way, her communication two-way. I like that. How did the county commissioner react to all of this?

CB: Okay, well, let me tell you, they were watching very closely. And one of the things that we were doing, which we couldn't do according to state law, had this not been a federal project, we were doing medical care. Primary care, that wasn't provided. Well, this came about because we discovered that trying to do prevention with people that didn't have basic medical care was an exercise in futility. That you had to do something about this.

CP: Let me interrupt just to make a point for our potential audience that one of Dr. Koos' major students that participated in all of this, also became the president of the University of South Florida, Dr. Travis Northcutt[27]. Just as an aside, forgive me for that. I think that is very notable. He just kind of cut his teeth in Palm Beach.

CB: Yes, well, Dr. Travis Northcutt, of course, became a part of this effort, very much so. And we became very good friends, accordingly, and he helped tremendously in bringing in his viewpoint, being a PhD in social work with an MPH, which added greatly to his expertise.

CP: That was just an aside. That he ultimately became president of this university, I think, is very notable.

CB: Well, you asked about the board of county commissioners. Well, the board of county commissioners was impressed. And I'll tell you, a lot of times, the thing that really gets their attention is money. They are well motivated, and they're interested in helping people, but if you can help them with their financial or budget profits—and what they saw was that the costs of emergency care was going down quite drastically.

CP: Did you point that out to them, or did they notice that?

27Dr. Travis Northcutt was an epidemiologist with a long career in Florida Public Health. Among the many titles he held during his lifetime are chief social scientist and director of community mental health research for the Florida State Board of Health and dean of the College of Social and Behavioral Sciences at the University of South Florida.

CB: They noticed it. They figured that out themselves. And even though this was not supposed to be their responsibility—to look out for the health of these people, and some of them might be ineligible for care—somebody still had to pick up the bill when emergency hospitals and their physicians have to provide emergency care. And somebody picks up the tab, the board of county commissioners—the taxpayers—ultimately. And they saw this very clearly.

And they came to me, and they said, “Can we do this for the whole county?” You see we don’t, in Palm Beach County we don’t have a county hospital. We don’t have another agency that has the overall responsibility of serving an underserved population.

And I said to them, “Well, of course, you know, this is not legal, to do it. It is not provided in Florida Statute. And that is number one. And number two, this is a tremendous responsibility, and I don’t know what our own staff would think. I don’t know what our medical society would think.”

I go back to our own staff and say, “This will mean a tremendous load, a lot of additional work. What do you think?” And you know what they said? “If we don’t do it, who will?”

And the medical society said, “Oh gee, you know, we have been wanting for a long time to have some kind of care given that will keep a lot of these people out of the emergency room. We are tired of trying to take care of these folks that don’t have reasonable care.” One of the doctors out in the Glade said, “We wish you would help us take care of some of these granny midwives’ mistakes.” And so, support from the medical society was there.

And so, one thing, though, we still had no provision in Florida Statues. So one of the commissioners said to me, “Would you go with one of us to talk to Dr. Wilson Sowder and see if we can’t get a waiver?” “Well, sure.”

So we went to see Dr. Sowder, and I can still remember his answer. He looked at me and he said, “So you are proposing to do medical care?” And I said, “Well, I guess that is what it is all about.” And he said, “You know, that isn’t provided in Florida Statutes?” I said, “I know that, too. That is why we are here.”

“But,” he says, “this is the wave of the future. I will recommend to the board of health that they give you a waiver.” And I guess they had the authority to do that or to ask for it or get it somehow, which they did. And so that is how we got into general medical care.

CP: Keep talking. And what did you do with your general medical care? You didn’t start it with the migrants, but I am aware now that you deal with all of Palm Beach, was anybody in need?

CB: Well, of course, our program is for everybody in the county, but we are particularly concerned—we have to be, if we look at the county epidemiologically—with the many underserved people that we have. Palm Beach County is not a rich county, in spite of Palm Beach. That is a veneer on the surface.

The farther you go back into the county the more poverty you see. There is a lot of poverty. There is a lot of people: working people, agricultural migrants—they are an example. The seasonal farm workers, they had very low incomes. So we were particularly concerned with them. We were concerned with the many people who have ethnic, national, language, cultural, economic, and educational barriers toward getting the care that they need.

One of the local physicians, whom I respect very much, said to me one day, “Our doors have always been open to anybody. We will not refuse care to anyone, and we attempt to give very high quality care to everyone. There is no way that we can provide the care that you give here because we don’t have the health educators, the nutritionists, the cultural intermediaries, people who speak the language, and so forth.”

And so, we like to concentrate on these people. The underserved population, they have these special barriers toward their accessing care.

CP: This increased your cost astronomically, I suspect. How did you reconcile the increased cost?

CB: Well, you have to make the most of what you have. And one of the things that happens when you emphasize prevention—which we do, that’s our theme in public health—this is one of the best ways to contain costs, it exists. If we practice true prevention, we are going to keep people out of emergency rooms so much that we are going to minimize in patient care. The most expensive modalities will be minimized.

So we have attempted to develop a network of outpatient facilities and to staff them with qualified people who are able to do a great deal in pediatrics and internal medicine and other specialties. We have those specialties working in these centers. And also emphasize prevention because we constantly do that.

CP: But you can't transfer—the cost transference. It's not possible to take savings from the hospital and make that dollars in your budget. How did you—

CB: Well, not really, except that one of the things that have been done is establish a healthcare district that has the power to assess. We eliminated the old hospital districts. Changed the name to "healthcare" from "hospital district" because it was more of an inpatient we were concerned with. And they can finance a share that isn't provided through Medicaid and Medicare.

Incidentally, speaking of Medicaid, that, too, is an interesting story because one of the groups that we had met regularly—and this happened, this particular story begins when Dr. Howell[28] was a member of our staff there.

CP: He was secretary of the department of health.

CB: He called on the different people for their ideas, and we start off with a problem—this group met about once a month. Well, the problem of the day was this child had an inborn hernia, a hernia—it was an abdominal hernia. And it was small, and we wanted to take care of it before it would get large. Somebody asked a question, "Will Medicaid pay for this?" "Oh no, Medicaid won't pay for that." So Medicaid doesn't pay for preliminary work.

"Will Medicaid ever pay for it?" "Oh yes, if the hernia becomes large, becomes a problem, if it strangulates, becomes an emergency, then Medicaid will pay for this." Somebody at the other end of the table said, "Well, that is dumb."

And they said, Well, if we had the same amount of money that we are spending right now, and we could spend some of it to avoid these problems, wouldn't that be a smart thing to do?" "Yes, it would be." "Well, how about writing a proposal?"

28Dr. James "Jim" T. Howell has observed a long, outstanding career in the field of public health. Among his many accomplishments are the following: he served as captain in the Medical Services Corps of the United States, state health officer and Secretary of the Florida Department of Health, was a pioneer in the development of the Center for Bioterrorism and All-Hazards Preparedness at Nova Southeastern University, and is a founding member of the Florida Public Health Institute.

So, our grant writer was a member of this group, and we looked at him and said, Would you write a proposal? So he said, “Sure I will.” Somebody else said, “Well, what will we do with it?” “Oh, we will send it up to Tallahassee. They will laugh at it, or somebody will get mad or something like that.” “Well, let’s do it anyway.”

So he did, and shortly after, I was invited to go to Tallahassee to hear a review. Well, there were a lot of representatives of HMOs[29] there, there were insurance representatives, there were federal representatives, and representatives of the state legislature there. I think ours was the last on the agenda. And, of course, the proposal was chock-full of holes.

And Jerry Congor (sic), who is in charge of planning this thing, he looked at me, and he said, “Doc, I don’t think this is going to fly.” Well, I said, “I didn’t expect it to. I was just interested to seeing how many different ways they would shoot it down.”

So, just then, I was about to leave, and there was a tap on my shoulder. Larry Carnes, he said, “Sen. Jack Gordon[30] wants to see you up in his office.” So I go, “uh-oh.”

So I went up to see Senator Gordon. He looked at me and he said, “You have a good idea. Here, let me give you some advice. Don’t call it an HMO, call it something else.” And I think he came up with the idea of calling it a prepaid health plan. But he said, “Try again. Don’t give up.”

So we tried, I think, about nine different times. And, finally, he attached the addendum to a bill that was passed in 1978, I think it was, that gave us permission, not just us, but it included, and I think it named Palm Beach County, to be free of state restrictions on use of Medicaid funds.

We still had a deal with the federal government. And Mrs. Virginia Spine, who was the head of the regional HEW[31], invited me to go up and meet with her staff. And I can remember her saying as they started to raise objections, “Now, look, this is a good idea. It

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29 A health maintenance organization (HMO) is a medical insurance group that provides health services for a fixed fee in the United States.

30 Senator Jack Gordon was a Florida senator from 1972 to 1992. During his tenure, he chaired every major committee, served as majority leader, and was elected President *pro tem*.

31 HEW stood for the United States Department of Health, Education, and Welfare. This was a cabinet-level department from 1953 until 1979, administered by the United States Secretary of Health, Education, and Welfare. In 1979, a separate Department of Education was created from this department, and HEW was renamed as the Department of Health and Human Services.

could become a national model. Please help these people instead of putting obstacles in their way. I would like to see what you can do."

So they did about a 180-degree turn, and lo and behold, we were relieved of the federal restrictions. So by 1980, we were able to write a contract with agreement with the state Medicaid staff. However, I think it was the state attorney general that raised the question about whether a county could develop an agreement with the state, whether they were part of this aid.

Well, the governor got into the act, and he asked the attorney general to revise his opinion or take another look at his opinion. And he came up with quite a different opinion. And so, we sat down with the Medicaid people, wrote an agreement. And in 1981, January '81, we started off with our prepaid plan with some trepidation because we realized, then, we were responsible for hospitalization and everything, the works.

But lo and behold, at the end of the year we were using only the same amount of money that was in the agreement. We couldn't have any more money that would have been spent anyway. We had a bank account, and we were able to take care of some very large bills, although, we had the help of the children's medical services. But we were still solvent, and we have continued solvent up to now.

It has now become, I believe, an HMO or license-paid HMO. And the name has been changed from "prepaid health plan" to "personal health plan," which I like much better. So anyway, this isn't talking about how programs are financed, this is just one way—

CP: This enlarged your personnel bill astronomically. How did you recruit all the professional requests? How did you get them?

CB: Well, that is another story. We realized, to do the kinds of things that we were going to ask them to do, to be innovative, to be the very best we could get, which we couldn't always recruit in the public health at that time. In 1956, we had the idea that, maybe, we could be accredited to have a residency, an accredited residency in preventive medicine public health, realizing that this might be one of the best ways to attract good people.

Never expecting to get it, sent the proposal up to the national accrediting body, and lo and behold, they sent a committee down to look at it, and we got accredited. The first assignee was from the public health services position, who was doing his stint with the public health service, and he was assigned for two years. Dr. Lauren Ridenbacher—Risenbach, I think his name was.

Well, over the years, there were 65 physicians, including the present secretary of health, have gone through this program. And it has become more and more structured all the time. And currently, eight of the staff of the local health department, including the director, Dr. Malecki[32], have been attracted by the program and gone through it. And some very, very outstanding physicians have gone through this program.

CP: How many physicians does the Palm Beach County Health Department employ right now?

CB: At the present time, approximately 35 full-time physicians. There are a number of part-time and then a very large group who volunteer their time. And there is a staff person that coordinates this with the medical society, so that the physicians are challenged, who volunteer their time for it. This helps greatly with specialized care.

But actually, it's a team effort. It really is a team effort, and Dr. Malecki now is first vice president of the county medical society. She believes in working very closely with the private sector and also is very active with a number of other organizations in the community.

CP: Still doing that networking? She must have learned that as a resident. That is the thing to do.

CB: That is the only way to have a successful public health program.

CP: Are you training any other professions?

CB: Yes, programs have been established for public health nursing, for nutrition, for laboratory personnel, for environmental people. And so we are very active in recruiting and—

CP: Training business.

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32 Dr. Jean Marie Malecki has been the director of the Palm Beach County Health Department since 1991 and is the chair of the Department of Preventive Medicine in Nova Southeastern University's College of Osteopathic Medicine.

CB: Training, yes.

CP: Are you training those just for Palm Beach or are those trained for others?

CB: They go elsewhere, a good many of the graduates of our programs—people trained to have gone but a large number stayed, fortunately, and we were very fortunate to have well-qualified people.

CP: But I am aware that you have a very organized volunteer program, probably the best in Florida. You headed a long time with a full time, paid volunteer coordinator. Speak to that. How did you get all of that started? And how does it—

CB: Well, this came about in a rather unusual way, too, because I had been trying for years, recognizing a lot of talent out there in that community but had been unable, really, to get anything started. Until the swine flu program came along, and it required, as you recall, large numbers of volunteers to help, to do the job in a very short time.

And so, we called for help to the United Way[33] and other voluntary organizations to help us to recruit volunteers. And, of course, they had professional people, trained people who could do this and actually assign them to help us.

And then came the realization that you can't really have a volunteer program without paid staff who are knowledgeable of how to recruit and train and maintain and manage volunteers. And now, we have these people that come in and say, "Thank you for giving me this opportunity." Smiles on their faces and—

CP: Thank you for making me sweat and work like a dog, thank you.

CB: —and the regular staff love them. The volunteers are very enthusiastic, and it spreads to the other staff and really helps the whole program. My wife, incidentally, is one. She reports faithfully every week to vital statistics and helps with the birth and death registration. And she looks at her clock and says, "I've got to—look, you better hurry up, or I'll be late. I'll be late. I'll be late." She worries about that, you know.

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33 United Way Worldwide is a nonprofit organization that partners locally with schools, government agencies, businesses, and other interested institutions to raise the funds to address the most pressing social issues faced by their communities.

CP: The success of that, I think I am hearing you say, is directly proportional to the quality of your paid volunteer coordinator?

CB: Well, we have a whole division now. We have, not just one coordinator, but we have —as Palm Beach County is a large county geographically and has health centers established in strategic locations around the county. But these have staff coordinators in these centers, not all of them, but the larger centers do have a coordinator for that center, for the volunteers for that center.

CP: Excellent, excellent, excellent. Off the top of your hat, how many volunteer hours or how many volunteer people do you have during the course of a week?

CB: Well, I think the estimates run as high as a million dollars a year. Now, I am not sure if that holds right now, but that is off the top of my head. But it is a lot of money.

CP: I hope that Palm Beach County appreciates that. I don't want you to dwell too long on your volunteers, just one of the other outstanding things that have come out of your tenure in Palm Beach County that is worth noting. But I am anxious about your relationship with the university.

I am conscious that there is a formal relationship with University of Miami. And speak to how should health departments be related to teaching institutes like this one, the school of public health, for example?

CB: Well, we have always had the idea that we need a close working relationship with the universities for education of our people, our initial education or continuing education. We worked long and hard, of course, to get either a school of public health or an MPH accredited program. For many years, we tried. And eventually, I guess, the first one was at the University of Miami.

But we were just delighted when this was approved. We have, actually, a college of public health, which I'm sitting here and wondering if I'm dreaming or something because I never imagined that we would have anything like this.

But if we take our residency program, for example, one of the years in the four year sequence for the residency is an academic year. They must have an MPH as of 1993. The residency review committee for accredited medicines said you can no longer admit a physician who does not already have an MPH or is in the process of getting one.

Well, we said to them, If we get somebody who doesn't have credit hours towards a residency and we have the appropriate relationships with universities that do, can we work out a program, whereby they can concurrently do their academic work and what we call a practicum, which is what we provide in the health department? And we got their agreement that we could do that.

And so, we were affiliated: first, with the University of Miami; we became affiliated with Florida International University when they got their accredited program; and we became affiliated last year with the College of Public Health. And there are various ways in which this relationship has manifested. One of them is through the distance-learning program.

We now have a way to get our personnel trained in public health or take courses that they are interested in or continue medical education through distance learning programs. But we have frequent meetings with them. And as a matter of fact, we require our residency program, twice each year, to have residency advisory committee meetings, and these are made up very largely of representatives of academic schools. Dr. Mahan[34] is a member of this advisor committee, Dr. Jim Howell is.

And so, we maintain this very close relationship. A number of our staff have academic appointments, and members of the faculty of these universities give seminars and lectures. And also, we have joint research studies going on. And so, we believe that we have to have this relationship with the universities.

CP: You haven't mentioned much about research in your discussion. But clearly, your history has been given to practical research. Is the word a no-no to be associated with the health department?

CB: Well, absolutely not. I think one of the people that is partially responsible for my view of this is a man by the name of Dr. Albert Hardy[35], who was the director of the laboratories, who said that he felt research was part of our job and that at the state and local level we always ought to be doing research. It has been said that what we are doing is administering the research, the whole thing.

34Dr. Charlie S. Mahan is the dean and professor emeritus of the College of Public Health at the University of South Florida and the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. He previously served as director of the Florida State Health Department and is currently the interim president of the National Board of Public Health Examiners.

35Dr. Albert V. Hardy was director of laboratories for 10 years before he was appointed assistant state health officer and coordinator of research. Later, he became the first director of the Florida Board of Health's Bureau of Research. He also served as acting state health officer for a year.

But there have always been projects. We carried on a number with CDC[36]. And each of our residents is required, as part of their residency training, to do an acceptable research project, which is presented to the faculty, and which is eligible for publication—

CP: Yes, your original journal, of course.

CB: Right. And I think without this as a part of our job, just as education is a part of our job, is the only way in which we are going to meet the challenges of the future and improve the systems that we know are constantly in need of improvement and certainly, as we face the next millennium, we are going to be needing more and more research in preventative medicine, in public health. And we need to do this cooperatively with the universities.

CP: Yes, so, speaking to that. We are coming now to close here, almost. If you could summarize your career in public health in one short paragraph, how would you do it?

CB: Well, I think if I want to do it in one word, it's people.

CP: People? You can do it in one word?

CB: And they have given me the most pleasure, the most satisfaction. It's all kinds of people. People I have had the privilege of working with, and I really wouldn't attempt to name them all, but I would probably start off and leave out some very important names.

CP: Then you'd be mad.

CB: I am facing one of them right now.

CP: I wouldn't be mad. The future of public health, our focus is on spirited medicine—we give so much in teaching to what hospitals do. Would you say the health department is going to be a thing of the past?

36The 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.

CB: I think, on the contrary, that health departments have a very important role to spearhead the application of prevention. We have got to—the next century has got to be the century of prevention.

CP: We can't afford to go the way we are headed.

CB: We cannot. We worry about costs, is for one thing. This is the greatest thing we could do to contain costs is to prevent outbreaks.

CP: Well, Dr. Carl Brumback, long time director of the Palm Beach County Health Department, the kind of dean provost for public health in Florida, we thank you sincerely for spending some time with us.

CB: Well, thank you very much. I always enjoy talking about public health. It has been my pleasure, I assure you.

CP: That is obvious.

End of Interview