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E. Charlton Prather (CP): We're privileged to have today, Dr. James T. Howell, who presently is the head and, may I say, professor of the department of community health or rural health—

James T. Howell (JH): Rural medicine.

CP: Oh, the Department of Rural Medicine at Nova University, the southeast osteopathic school of medicine.

JH: Yeah, I think we—

CP: Help me.

JH: It's Nova Southeastern University, College of Osteopathic Medicine.

CP: Now you've got the real one. But he's here with us today, not because of that, but because of his long association with Florida public health.

As first, a resident, he came to Florida—we're going to ask him this question later—but he began his career in public health in Florida as a public health preventive medicine resident with the Palm Beach County Health Department but proceeded to become the

director of the health program office—that's the state health organization—and assistant secretary of Department of Health and Rehabilitative Services[1] [HRS] and a number of other distinguished titles. I recall that he was head of the office of public health twice.

He resigned to accept the position of assistant secretary of the Department of Health and Rehabilitative Services. And in due course, the history of which escapes me immediately, but he returned to the health program office as director for a while. And again became—not again, but accepted position as assistant secretary of the Agency for Health Care Administration[2] [AHCA] with the state of Florida.

But the real reason that we're anxious to hear him talk today: he was the first secretary of the newly established Department of Health[3] of Florida's state government. We want him to address the fun and the issues of the birthing of a state health department. But he's got a lot to tell us. I know he's had a beautiful and colorful history with the Florida public health and Florida government organization.

Dr. Howell, it's truly a pleasure to have you here today. I'm sure I didn't do a good job of reviewing your history, which I didn't want to do. But for our viewers, they will have your curriculum vitae and will know the details of that. How is it, though, that you actually came to Florida and became one of our famous public health personalities?

JH: Well, Skeeter, I graduated New York Medical College in 1966 and interned in the New York metropolitan area and got drafted into the service in the medical corps in 1967. And was very fortunate, in the US Army, to be assigned because they were always interested in population medicine and preventive medicine. So I spent two years as the preventive medicine officer at Fort Sill, Oklahoma.

And during that time, I really decided I enjoyed public health much better than clinical medicine and began to look around for residencies. Well, being, as you know, half of New York lives in Florida, while I was in the service, my whole family just about migrated to Ft. Lauderdale. And here I am.

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1 In 1960, the Florida legislature abolished the state board of health and created, in its place, the Department of Health and Rehabilitative Services (HRS). County health departments were transferred to HRS under the Division of Health.

2 The Agency for Health Care Administration is the government agency responsible for the administration of the Florida Medicaid program.

3 In 1979, the Department of Health, Education, and Welfare (HEW) was divided into two entities: the Florida Department of Health (FDH), and the Florida Department of Children and Families; the various agencies under HRS were redistributed, and FDH became the state's primary public health government agency.

And as I was looking for residencies, it came to my attention, from my mentors in the US Army, that Dr. Carl Brumback[4] probably had the best clinical preventive medicine residency in the country at the Palm Beach County Health Department. I was very fortunate, then, to come to Palm Beach County and start off as probably the lowest position in, if you want to call them, pecking order of physicians in Florida.

And began with the Department of Health and Rehabilitative Services, Palm Beach County Public Health Unit, as, they were called in those days, a resident. And my career was fascinating. I retired a few years ago, at the end of the Chiles[5] administration. I had a great, almost 30 years of public service and enjoyed every year.

One thing that was interesting is that, in 1969, HRS was just being formed. And public health really didn't want to be part of HRS, just like many other segments. And HRS, Department of Health and Rehabilitative Services, was formed along the idea that there's going to be a one-stop service and all information be integrated, and we would practice a very holistic health and social service and mental health program, as you remember.

So, it was very interesting. And Palm Beach County was one of the test districts. I remember it had a community services delivery system. So as a young resident, I think Dr. Brumback really got me involved in that.

I don't know if that was a good delegation or not, but I was really in on the entry level, and I learned an awful lot about vocational rehab and developmental service, alcohol [and] drug abuse, mental health, welfare economic service, as it's called, and all the children's medical services and all the programs.

And later on, became a health program supervisor, which was in that District 9, it was called in those days. You had the five county health departments. But some interesting things because I was also the assistant county health director in Palm Beach County, so I'd write a memo, like, to the five county health officers there, because you had Martin, St. Lucy, Okeechobee and Indian River.

And Dr. Brumback put a sign in the back for me to answer my own memos, so I learned very quickly not to write memos with any direction. But we had a very good experience there. And then, as you probably remember around, I guess it was around 1979—oh, the State of Florida sent me to the Harvard School of Public Health on full salary.

4An interview with Dr. Carl Brumback is available in the Digital Initiatives and Services' USF College of Public Health Oral History Project.

5Lawton Mainor Chiles, Jr. was the 41st governor of Florida, serving from 1991 to 1998.

So I'm very, very privileged to have had a residency and gotten my master's in public health from the state, so I am a true loyalist. In 1979, a fellow by the name of Dr. Skeeter Prather had a bill to get out of the Department of Health [and Rehabilitative Services]. Do you remember that?

CP: Yes, I do.

JH: And unfortunately, one of the legislators gigged our secretary about that. He had such good control over HRS that his departments were leaving. So, at that point, you and I flip-flopped, do you remember? You were relegated. You were assigned to Siberia, which was like across town in District 2, all right? And the secretary asked me to come up from Palm Beach.

And I was sort of at that point in life where you could be comfortable in Palm Beach the rest of your life, but you were ready for new adventure. So we came up, and that was under Bob Graham's administration[6]. And really, at that time, I was state health officer, I remember.

I was the first Yankee ever to be state health officer. And as my androgens and testosterone has dropped, I've gotten almost civilized. I almost drove some of the southerners to their mental health.

CP: Well, they were trying to understand your lingo.

JH: Right. I will never forget, one time, the first time I was up there, I presented a budget. And my beloved Ken Scotty, do you remember Ken?

CP: Oh, very well.

JH: Ken got up there, and he presented another budget. He didn't quite trust that I knew what I was doing. I will never forget that. Now, you hear the other budget, and Ken got up. We had a wonder at that. So we went up there, and [I] was state health officer for a while. And HRS was, really, sort of a little rocky, then.

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6 Daniel Robert "Bob" Graham was the 38th governor of Florida from 1979 to 1987 and a US Senator from 1987 to 2005.

It never really met what it promised to do because there was never this magic integrating person or magic system that could bring all this together. One time, we had the department of corrections in it, if you remember. It really was overextended. And later on, I became deputy secretary for HRS for a few years in the Graham administration.

And I can tell you every day—I think I'm a pretty smart guy, and there was no way you could really understand all those programs. I knew we were in trouble, one time, when I became one of the resident experts on welfare error rate.

That's when I knew we were in trouble because I knew almost nothing, and now I was an expert. So the span of control was its biggest problem, the way I look at it. Then, towards the end of that—you're asking me how I ended up going back to be state health officer—AIDS epidemic began.

And the AIDS epidemic—I was reading my Centers for Disease Control[7] [CDC] MMWRs[8] and you're the epidemiologist premier—Skeeter was one of the premier epidemiologists of all time in the state of Florida. You began to realize, this is different. This is a different ball game.

So at that end, I went back, and we started getting some of the AIDS moneys and getting the AIDS advisory council. I ended up in big trouble, and one time, Dave Pingree was sick—I don't know if he remembers this—and I convinced the governor's office to put the first 500,000 dollars in the AIDS program.

And Dave was home with the flu, and you remember Dave could get pretty wild. Dave comes in, and he was going crazy. And I told him I had discussed it with him at home. His fever, he must have forgot it over the high fever. But I came close to joining you in District 2. You almost got an assistant.

So now I've got another story, when we were leaving. So the end of the Graham administration is coming, and at that point, Dr. Brumback, who is my mentor and is really my public health father, he's saying if I don't come back, he's going to retire. He was literally saving the job as county health director.

7The Centers for Disease Control (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.

8The Morbidity and Mortality Weekly Report, or MMWR, is a weekly epidemiological digest for the United States published by the CDC. The MMWR is the main journal for publishing public health information.

So we convinced a certain person—E. Charlton Prather—Pingree and I, to come back and run epidemiology. You remember this?

CP: Yes, I do.

JH: And we promised him that we would create the finest—right, we had AIDS, which was a real—in my public health career, there's BA and AA, before AIDS and after AIDS. That's what I call it. So we convinced a certain Dr. Prather to come back, and we would set up the finest epidemiology department in the country.

And then, about a month later, Dave Pingree left to go join bureaus. And about three months later, I left, and that certain Dr. Prather wanted to know about those promises. Well, we told you we lied to you the first time. I mean, I don't know. Why you ever trusted us is beyond me.

And then, to make matters worse, you became state health officer again. So you went from state health officer to Siberia, which is northern Leon County, back to being state health officer and retired as state health officer, right?

CP: Yes, I did.

JH: So talk about the crazy world of politics, right? He was in the outhouse, and back in the in-house, in all about six years and everyone left. Well, take care. You have the AIDS epidemic. We'll see you next year.

CP: You guys sure did.

JH: That was really funny. So we came back down to South Florida, and I ended up being—I'm very nosy. I was really too aggressive, I guess, in many ways, so I ended up being a DA [defense attorney], the county health director, and a few other things.

CP: All at one time?

JH: All at one time. And the superintendent of the A. G. Holley Hospital[9] for a while after Dr. Petrovich died. So then we had some really tough situations there with the dentists, with AHCA, with AIDS, and then that terrible situation there.

But around 1992, in about around here, Hurricane Andrew[10] hit. And we went down. We went from the sewer that the emergency operation shut—operation in Palm Beach County. We got in our car and rode down to Miami and spent six weeks down there.

And while down there, we met the famous Doug Cook. And the FMA[11] [Florida Medical Association] was after Doug to appoint a physician over in AHCA. So I didn't realize that Russell Jackson, one day, asked me if he could use my name—I didn't know what Russell was doing over at the FMA. So he put my name down.

See, you're not the only one who—Russ said, "We're going to put through and put your name in a letter, is that okay?" something along those lines. And so, we ended up going back and being the division director for health policy and, of course, containment, there, for a few years.

And that was really a very interesting time with that new agency to have Medicaid and a lot of the health inspections and the HMOs[12]. And it was a pretty turbulent period—

CP: Like the Bureau of Hospitals licensing physicians and nurses.

JH: Right. It was a very turbulent period. And then I also had a very big tragedy in my family, my first wife dying of cancer in that period, and that was a real tragic time. Well, now we're getting up to Department of Health [and Human Services]. While we're over there in AHCA, and I guess that was around 1995, Rick Connor and Amy Jones, a couple of people come over.

And they're really concerned that if health stays in HRS, public health, as we know it, is going to be destroyed. And they brought a piece of paper, which is denied by certain

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9 The A.G. Holley State Hospital in Lantana, FL, was one of the last four TB hospitals in the country when it was shut down in July of 2012.

10 Hurricane Andrew formed in August 16, 1992 and dissipated on August 28, 1992. It is known as the most destructive hurricane in US history, causing damage to several states and countries.

11 The Florida Medical Association (FMA) is a professional association dedicated to the assistance, representation, and promotion of doctors and physicians in Florida.

12 HMO stands for Health Maintenance Organization. It is a health insurance plan that limits coverage to care from physicians who work for the HMO.

people, which basically was going to disembowel public health and just make it a little section in all these other sections.

And there would be no, really, true public health. And having seen the history of—and I'm not being crass, but I guess I will be—the non-health managers in HRS through the years, this was very alarming. The history of it was not great. We had some great managers, but certain other professions are not any more capable of managing than a true public health—

CP: I am certain that the attitude of most of the administrators was it was health's business, since they were the doctors, to be the medical system for the rest of the program. And that piece of paper you're referring to was the epitome of doing that. Excuse me.

JH: I agree with that. And I remember Rick Connor bringing that piece of paper over. And later on, that was denied. I mean, that was—

CP: Yeah, he had to protect his own hide, probably.

JH: Well, Rick and I have had our ups and downs. We put a department together with a collage of type-As and a sort of dysfunctional secretary. So we had a good first year or two. But we got it going, and we created what I think is one of the finest health departments in the country. But primal scream attacks were regular.

So anyway, Rick comes over and Amy, to their credit, and we had a famous legislative person on staff, who is now the head of another position in AHCA, Candy Hill, so we started writing a legislation, with Candy and Amy being—Amy's an attorney and Candy. And then we sort of shopped it.

Well, a lot of people in health wanted to get out of health, anyway. So we got Fred Lippman and now Senate V. President, probably, Jim King, to sponsor it in the House, and the famous Senator Doc Myers[13] in the Senate, the FMA and the FNA[14] [Florida Nurses Association], and most of the professional organizations were behind this. So we started this.

13Dr. William G. "Doc" Myers was a renowned leader on health care matters in the Florida Senate for over two decades.

14The Florida Nurses Association, or FNA, is the professional organization for nurses in the state of Florida; it is dedicated to the representation, protection, and promotion of nurses in the state.

Now, this was an interesting period because everybody was behind it but the governor and HRS. And, really, Governor Chiles was very ambivalent. I was in the outhouse. I was almost flushed at one point, I'll tell you a little later, on the deal.

But we got it through the House and Senate unanimously, unanimously. And it sat on his desk for a while. And, as I say, there were people in HRS, the same people who were going to disembowel health, that were really after this situation of trying to get it in.

So, eventually, he signed it. And, basically, we had to start the department with taking almost no resources from HRS. And for a while, I really was in the outhouse. But after a while, that sort of settled down. And like you learn in political life, all politicians like to be on the side of winning situations. So after we began to prove what we could do and what we were talking about, then, really, the governor and everyone really came around.

We're real good friends at the end. He was just put in the middle of something where you have powerful people on both sides telling him advice. But then the governor was great at the end, Governor Chiles, because we did the tobacco. We did a lot of the primary care and stuff.

So he was really maternal and child health because he was always close with Charlie Mahan[15] on that. So we did a lot of great things in that period. So that was 1996. And we put on a transition team, and Candy was on there and myself and Rick. And I'll never forget, we go to—we talk about AIDS again—the Florida Public Health Association[16] down in Sarasota.

And I see, I think it was Tom Laberdie comes out, (unintelligible), and they're telling me that two of the newspapers claimed, the *Tampa Tribune* and the *St. Pete Times*, they've got over 5,000 AIDS names. And I was telling this to our present secretary about, you know? And you remember we met up with them about some of this material, it goes with the job.

You're not even anointed or appointed or circumcised yet as secretary, and you've got this dilemma of two of the major newspapers saying, We've got 5,000 names. We're not going to print them, but this is security?

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15 An interview with Dr. Charles Mahan is available in Digital Initiatives and Services' USF College of Public Health Oral History Project.

16 The Florida Public Health Association is a professional networking association that promotes Florida's public health professionals and students through advocacy and professional development.

CP: In AIDS, names are supposed to be secure.

JH: Highly secure, as you know. So then we started the department, and we had a lot of learning to do. We had many of our major health departments were in millions of dollars of deficit. I don't know if you know that. Palm Beach, Broward and Dade were all deeply in the hole. And we had to dig that out, and thank God we did before the next administration came in.

A lot of people probably would've been gone. But that doesn't make you popular in the field because you start telling people they can't spend like that, and they had—well, I learned something, and this was an interesting transition.

Having been a health program officer in HRS, most of the senior staff had become advocates for public health, but they were not in charge of the budget. So what they would do in that kind of situation is get the secretary to chide the DA or something like that. Well, now, we were in charge of the budget. And we, as I told you, we were a little ambivalent.

We can't go back and start saying, We need 10 million dollars to bail us out on situations like that. So that was a lot of roles. It's different when you're a program officer, and it's a different situation than when you're directly in charge of the entire operation.

So that was one of the early constraints. To this day, the secretary, every month, gets the balance sheet on his desk, of every part of this. We have, as you know, an aggregate county health and trust fund. But he gets a breakdown by county every month in his desk. That hadn't been done.

And then, we had some other challenges because, I would say, it's a department of health. It is not a department of public health. And that is on purpose that we didn't want to be locked into a narrow—people define public health as sort of like strict construction of the Bible and the liberal interpretations. Strict construction is that it does epidemiology. That it does this, and it does that.

CP: Does the classic seven things.

JH: What are the—yeah.

CP: Yeah.

JH: Right. Right, so we wanted to be that we had the things where we could address more, so, at that point, the 37 professional boards, from all the way from the MDs to DOs [Doctors of Osteopathic Medicine] and the nurses to the dentists to the podiatrists to physical therapists came under health.

That's called the Medical Quality Assurance [MQA]. That's what Amy Jones chairs now. She leads that now, since Gloria retired Henderson. And then we had children's medical services, which is a wonderful Florida program for disabled and kids with chronic disease, children and adolescents with chronic disease.

And then we brought in the community health centers and the rural medicine, the rural health part and the AHECs [Area Health Education Centers] and all. So it was quite an operation.

The one we didn't bring in, where there was some discussion, is we did not bring in alcohol, drug abuse, and mental health. And there were a couple of reasons for that. One, we didn't want to create another HRS, where it became huge. And we knew we had on our plate a tremendous amount to do.

And so that was one part. The welfare people were very—that they needed this for their clients, and so there was a lot of resistance to that. So that was the one thing we did not bring in that I probably, if they begin to look at organization again, I would look at maybe now at the tourism department to bring in. But that was not done in those days.

Let me see what else I would tell you about the new—let me see here. Let me get to my thoughts. Yeah, so we have like 800,000 licenses that we do. In the licensing part alone, we have the children's medical; we have the health departments; we have other things, like the radiation control, as you know, and a lot of the environmental programs.

So, it was really a lot of fun. And then we got an opportunity to build some new buildings because politics, in those days, they wanted to build the department of revenue, I think, new buildings. And the department of revenue didn't want new buildings. I don't know if you remember that.

CP: Yes.

JH: So with Candy and Rick, we were really able to say, Well, we'll take new buildings. And actually, then, [Florida Department of] Children and Families was supposed to be part of that new complex, and they stayed where they were. So it ended up that, between the two administrations, we ended up with a beautiful set of facilities out there. And so, we have a real modern facility and a really good unit.

CP: And it's unique to health.

JH: Uniquely health, right.

CP: I think it was very valuable to move out of, quote, "HRS," unquote. Physically move, separate yourself.

JH: I never thought of it that way. You're probably right. It's sort of—how would you put that—it's a subtlety that's very real, that this is a new day, that you're not on Wynnewood, and you're not around the pond.

And I don't hold any ill will towards the other programs. As a matter of fact, I think the whole issue is more span of control. Now, HRS is much smaller than when I was a DA or a deputy secretary under Bob Graham.

CP: Actually, there is no HRS.

JH: No, now it's gone, but it began to disassemble before health got out. Let me see who —[department of] aging was gone, [department of] juvenile justice was gone, [department of] corrections, they were out early '70s—

CP: Vocational rehab.

JH: Voc rehab was gone, which I think was probably one of the ones that probably fit fairly closely with health from being a DA. And I think that was a missed opportunity when that went to [department of] education because, basically, they pay for healthcare. And it would've been good to integrate into the system.

What else left? Oh, [department of] juvenile justice. So it had begun to really change in size. Remember the state went from 1970, 7 or 8 million people to 16 million people and a much more diverse state.

Now, I look back, and you always wonder when you do these things, and you think that it's all like—does it really make a difference? Did you get caught up in some political or ideological rhetoric? You won the game, but did it matter?

Or maybe, actually, it was perverse, and then was worse. What I think of the bioterrorism threats and all we have now, and the hurricane threats—we just started hurricane season here, this is June 1, 2002—just started yesterday. I think that it really has worked very, very well.

So I'm pretty proud of what you and I, a lot of us did. It was—I'll tell you, maybe the other thing I'd talk about is the first year or two of putting it together. I mean, really, we came in with no budget expertise, so we had to build that.

Luckily, we hired some great people. I shouldn't say luckily. I've got to give a lot of that credit to Candy. We hired some really good people in budgeting and personnel, and in computer work, in hardware and software.

So that was really one of the things that got us going. We were not allowed to take any IG, inspector general people, from [department of] children and families. Not one. So we had to basically build, even though we were 40 percent of the workload in the old HRS, we had to basically build the IG, with Leslie Mendelsohn and all, from nothing. From nothing. So, it was a challenging time, but we had good—

CP: You got no budget for this. Those were brand new expenditures.

JH: Well yeah. We'd get some budget issues. I'll tell you a story about Candy and that, with Aaron and having the House and Senate Conference Committee. That's a time when the key that sign senators and house representatives get together, like the very end of the budget, to iron out the things that don't match.

And Doc Myers is doing the House. And Debbie Sanderson, Representative Sanderson, who's now Senate—I'm sorry, Myers is doing Senate. She's doing the House. And we're sitting there on a weekend. You remember those deals. You've done that. We're sitting

there in a weekend, and Candy wants 100 administrative staff. She knows she really needs it. And there's a big maternal child health issue, you know.

So I sat there, and it looks like she's not going—one has like 40 positions in for her, the other 20 in administrative service. We couldn't take anything from HRS. So we're trying to do all this budget responsibility, personnel, IG, put in infrastructure. So Candy says, "What are you going to do about it?"

And I said, "Well, I'm really an old public healther at heart. I'm going with the maternal child health." Candy gave me a look that you wouldn't want from a Rottweiler. That's all I can tell you.

So they disappear. They call a break because, as you know, in my opinion, they do the real negotiation behind closed doors. Then they come out and put the show on. So they all disappear, plus Candy. They say they're going to meet in two hours.

So two hours later, I come back, and Debbie Sanderson walks in and says, "Doc Myers, I rethought that issue. I think 100 positions is probably right on target." And Doc Myers says, "I think you're right. We'll do it," and Candy gives me this look like, you know.

And I said, "That was the best time I ever got you infuriated which we got both issues. That was a good time. I got you crazy, and you fixed it." But it wasn't that thought out. It was only in hindsight. It sounds more logical than it was in foresight. But we had some really good, and we passed some good laws.

Working with the boards, like of medicine and all, was really a change. Because I think the boards had—this is a true story—of all the professional boards, they had never met together in the state of Florida.

To Doug Cook's credit, we had the first meeting of the chairs and execs over when they were in AHCA. Remember they went from [Florida Department of] Business Regulation to AHCA and then to health. And to Doug's credit, we did that. And it was very interesting.

For example, we got into patient sexual abuse. And one board, we were having a problem of boundaries, as it's called professionally, with the MDs in those days. We had a few cases. Well, we ended up with other boards saying, That's our biggest problem. So we began to work on joint issues, something that had never really been done.

And the other thing I think I tried to do with the boards is—boards can innately get very—it's like, professionally, they're into their profession, so they can get pretty myopic. So we tried to interject public health into them. For example, I think the Board of Medicine really addressed the cosmetic surgery, you know, that issue.

And now, I know they've done a lot of work, even though some of the legislature failed to pass, on the abuse of legal drugs. We're having a whole problem. We just had two kids die this weekend up in Palm Beach County with that. But it looks like these are the Xanax[17]. These are not the heroins and the LSDs. These are prescription drugs.

And so I think that one change we did make with the boards is to get the boards a little more attuned, as they are responsible for the public's health. And just the listening to complaints about various physicians who transgress the various parts of the statutes or the oaths and all, that they look at it broader.

For example, one thing we didn't do, which I would've liked—I don't know, maybe it started later, after I left—is that there was no analysis, epidemiological analysis—I tried to talk Dr. Malecky into doing this one time—of errors made. In other words, we have all this cases that come to us with wrong in prescriptions, wrong in this kind of surgery errors. No one looks at that from an epidemiological standpoint.

CP: I have never seen such a study.

JH: Right, where you say, Now, where can we take all the wrong-sided surgeries or missed surgeries, misplaced surgeries, and really come out, sort of like the zero tolerance the airline industry have? How can we really do that in an efficient way? So that was one of the projects I would've really liked to work on with the boards because I think it would've helped.

And that's really—and you have a lot of them. For example, it may be the surgeon did this, but then you have nurses involved. You have other groups that are in. You have the pharmacist involved. You have a lot of other groups of professionals that may be the check and balances, that you have an assistant.

For example, I remember one surgery where the surgeon operated on the wrong limb. But if I remember, it was dressed and prepared for him. So he walked in, and he's looking,

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17 Xanax (alprazolam) is an anti-anxiety medication.

and here it is. A type of thing. The guy didn't just read and say, "Oh, right side," and then he started on the left side. I mean, it was prepared.

So, it was an interesting adventure. In many ways, we feel good about it. I think it took a lot of personal toll, I can tell you that. I look back, it's sort of like being caught up in a hurricane. When you're in it, you are sort of flailing around and trying to survive. And then when you get back, after a hurricane passes, you begin to go, God, I almost died. And the family almost got destroyed, and you get a lot more—you begin to realize, you get a lot.

So actually, when I retired from the state, it took at least a year to decompress almost, to actually begin to put some of that to rest. But I think, right now, the department is in good hands.

And hopefully, if anything, the terrorism probably did is it really put a whole new—I guess I'll add a third part of my BA and AA [that] I tell students, before AIDS and after AIDS. I have BC and AC, which is before cocaine and after cocaine. And I think I'll add BT and AT, before terrorism and after terrorism.

Because I think that the whole perception of whether we have anthrax like we had here, or you have a dirty nuclear bomb at an airport, or you have a chemical thing. Right now, we're living in an era where we just don't know what's going to happen next. And I think public health's protection like Dr. Prather did with immunizations and maybe talking about your working on the polio vaccine—

CP: Mine was easy.

JH: Well, I wouldn't say it was easy, but this is as daunting. This is as daunting as the polio epidemics or the measles eradications or the TB control. It's hard to believe that 100 years ago, TB was one of the leading causes of death in the country—

CP: In the world.

JH: In the world. And it still is in many parts of the world and so forth. So I think it's been an interesting challenge. I've enjoyed my career in Florida, met a lot of wonderful, wonderful people. There's a lot of them. I mean, Florida has some strengths. You always hear this situation where you say, Everyone is an interloper.

But in many ways, that leads to a lot of diverse training in opinions and mindsets, which I think, really, is sort of underplayed. You get to pick a lot of brains from a lot of people trained in different countries and in different states and different universities and trained in different experiences.

And I think, actually, sometimes, in a way, that's always, Well, no one really lives in Florida, or, It's a strange place. I think, in many ways, there's a flip side of that. That that's a real strength, not a deficit.

CP: Oh, I totally agree.

JH: Well, I could add one other thing. We're talking about this. One of the things I really could change is the school of public health.

CP: All right, please.

JH: All right. Dr. Brumback was the master educator.

CP: Oh, I know.

JH: And Dr. Saslow, Dr. Saslow was in Dade County, was also a very fine educator. And I enjoyed having both of them as mentors because they had very different styles and persona, and proved that you can have very different styles and persona and be very effective. That not everyone has to be a clone.

You are not me. I am not you, Skeeter. But I think the two of us can look back and say we did a pretty damn good job. You know what I mean? I don't think I'm going to get your accent. You're not going to get mine. But we're going to get the job—we did the job.

I went to Harvard, as I was telling you, many years ago. And you went to North Carolina from the state. Here we are with the state that's now, maybe, 10 million going on 12, and we have no post-graduate training in public health in the state. So you have a few who—and we did this with nurses and sanitarians. I don't want to make it sound like it was only the doctors who went.

But really, it turns out that it's like a Fulbright scholarship. I mean, it's not a way you train large numbers of health professionals. It's really like you take the elite future leaders that you think are going to be elite future leaders and move them. And it's very expensive to send someone on full salary to Boston, North Carolina—

CP: And pay their tuition.

JH: And pay their tuition, and go to Texas or wherever—I had a student who went to University of Texas. So they began to talk to John Davies, down at University of Miami. And John was a world famous toxicologist among other things. Pesticides were particularly his expertise.

And we started the first MPH [Master of Public Health] program—they started, really. I was still the younger buff in the periphery. They started the first public health program, which was really good. Then we started, now, in the House. Sam Bell played a roll in this, and Candy got involved. And this was probably the early '80s.

And we started talking about we needed a school of public health. And Sam got involved, and there was a representative from Polk County—I can't think of a name now. And Candy was probably brainwashing him every day, and Sam was probably brainwashing her. You know Sam. He's Dr. Brainwash with his IQ. You know what I mean?

That man would take—but we started talking about school of public health. And we didn't even know where to put it. All right, it was just like, We really need a school of public health.

To be honest, my bias would've been to put it in Miami. But there was very large legislative resistance to giving something like that to a private school, non-profit school, and FIU [Florida International University] really weren't up to it. At least that was our thinking, just in the leadership they had, then your buddies, University of Florida and those Gators. Those Gators started smelling, you know. They started, but we couldn't—at least, a couple of us—fathom putting an international school of public health in Gainesville.

CP: Oh, man. I'll ignore that. Go ahead.

JH: So Tampa ended up the best bet, with USF.

CP: They were new.

JH: Well, it was a cosmopolitan area. It was a burgeoning big school. So it had all the assets. It's second to Miami, which I said, for political reasons, wasn't going to go. And, Beverly Burns (inaudible) Beverly Burns in Polk. And I guess, so and Sam was in Volusia in those days. So the school got passed by the legislature, and the school went to USF. And I remember they hired Peter Levin as the first—

CP: Dean.

JH: Dean, right. That was a challenge. And they built the building. And it really took off from there. And, really, I think it's had a mixed history, to be quite honest with you. I would've liked it to have progressed more than it did. But I think, now, it's really, pretty solid.

I think in the last couple of years, it's come a long, long way and really could become an international leader. So, anyway, then, you started some other schools of public health, other programs in public health. It was not only schools. The Nova Southeast University has one. FIU has one now. I think University of North Florida has one now, so—

CP: And [Florida] A&M [University].

JH: And A&M, that's right. A&M, which was something that the department of health did work very closely with Professor Lewis over there, Dr. Lewis, and Dr. Cynthia Harris, in the early day. And I guess about five or six years ago, when I was—

Pause in Interview

CP: Go ahead.

JH: So, anyway, I think we've made—now we have a lot of training going on today, which has really been an improvement. And now we're looking at how to do it with the terrorism and the weapons of mass destruction and all. But so, the state of Florida went from nothing, really, to a fairly good program, a very good program.

CP: In a short period of time.

JH: In a short period of time, right. In over 20 years, we went from—and it's always interesting because, I know when USF began, it's always everybody's family, but everybody also has some sibling rivalry.

There were schools around the South that didn't particularly want Florida to have a school of public health because that would erode from their potential market. I heard that in South Carolina, too.

CP: You did? I heard it from Alabama.

JH: Did you? So it was an interesting challenge. And now with the capabilities of telecommunications and video communications, it's really young. One thing that we have in the department of health, which they talk about technology. We have satellite capability with all 67 county health departments, which is really, probably—

CP: That is marvelous.

JH: When the terrorism started a few years ago, and they were talking about many health departments, the way to get a hold of them. They didn't have 24 hour numbers, this is across the country, fax numbers or anything else. We have a system that, literally, the secretary and who he wants, or the governor, can literally get all the 67 counties and have a discussion with them—

CP: At once.

JH: At once.

CP: Any time, 24 hours a day.

JH: So that was just an example of trying to use the technology that was available.

CP: I want to comment, if I may, that, going from—I wish to make a comment, just to inject that we went from nothing in training public health professionals to, now, a system that really well covers the state and is growing in excellence. And, Jim, you are responsible for all that.

It was your ideas that planted those seeds. And I just want our viewers to know that. You kind of grossed over that, your role in causing all of this to ultimately come together. Well, that's just an injection. Now, proceed.

JH: All right. Let me see what other issues, that I skipped—the training was really a big issue. I think the other thing we tried to do is to make the department of health, for health professionals, a home. We wanted to make the department of health that organized medicine, dentistry, nurses.

Consumer advocates could see it as a place that really is friendly. I mean, not to the extent that you're going to cave in every issue that they have, but that the door is always open. So we had some real fine relationships with the Florida Medical [Association], who really did play a big role. I call them one of the founders, and Florida Nursing Association—

CP: Of the department of health?

JH: Right. I mean, they really were. So like, we'd exchange, even when you know you're on different sides of the issues, you didn't feel like they were the enemy. There's a difference with an honest disagreement than looking at someone as a hostile soul. So we really tried not to have that to function.

So it was quite a ride, Skeeter. It was a quite a ride. I think we all did good. And you went through some of the tough times because Skeeter was there in the early days of pulling HRS together, and you were all still in Jacksonville.

CP: Yeah, I'd like to say that my role was he who observed the demise of the Florida public health system.

JH: You observed it. Well, the next step was going to be the dissolution, what I saw. And that would've been a very sad situation for the state, as it turned out. And it's not, as I said, again, I'm sort of a half-priest like being an MD at an osteopathic school.

And I was an MD and public health person in HRS. So I actually had very, very fond people on all sides. I think the matter was it was just too unwieldy and too unfocused. And you couldn't get it.

It was almost like—and I have to say this, in some sense—communism. It sounds great, but it doesn't work. You know what I mean? If you read the book, it sounds terrific. But then you realize that's not human nature. That's not built by human nature. That's built by some sort of an idealistic thing that doesn't exist, so it won't work, and it can't function.

But now the challenge is the next decade. The next few decades, I think, really will be—I think public health's come a long way. Every year is different. I'll talk about the legislature a little, all right?

Every year is different. I went through the legislature seven times with Bob Graham, and I think five or six times with Lawton Chiles, with AHCA and all. And every year, you would say to yourself, you're not going to let it—because I could be a little nuts—so every year, you would say to yourself, You're not going to let it get under your skin.

You're really going to take it. And by the time at the last week of the session, you're hanging by your emotional fingernails from the ceiling in primal scream mode. Every session is different. You can't say it functioned this way this year, and it's going to function that way the next year.

And it really is like, there's an old movie called *Rollerball*[18]. And it is really like *Rollerball*. You try to develop—it's a tough—I always describe it's a little like wrestling, but it's for real. There are winners and losers. I mean, there's a lot of posturing. There's a lot that goes on. But when the wrestlers leave on Monday night, it's over. They're all out having barbeque somewheres together.

Rehearsing that, talking about next week's script, what they're going to do. Legislature has real consequences like you fund education, you don't fund education at a significant level. You fund public health, you don't. You fund child abuse and foster care and adoptions where you can hire quality staff and all, or you don't. I mean, you don't. Yeah, you can't.

Now, you get a lot of the wrestling BS going on about people telling me, Well, I did this. Look at my numbers and our numbers. So you've got to sort of read between. And that's what makes it where you've really got to be there for a while to understand it.

18*Rollerball* is a 1975 film produced and directed by Norman Jewison, featuring an American cast, and released by United Artists. The film's title is a reference to the fictional sport of rollerball that is featured in the film. The film was remade in 2002 under the same title.

I think one sad part, and I may be wrong, is, I believe—and maybe this is getting to be an old man—I do believe, in the Graham administration, there were more knowledgeable legislators who, basically, were real advocates for programs.

CP: Oh, yes, you can name some.

JH: Oh, Elaine Gordon, Jack Gordon.

CP: Sam Bell.

JH: Sam Bell, Dick Bachelor, George Shoulden, and Richard Hode. You know, that really—Doc Myers was there a little later—but who, with all their fallible and foibles that we all have, really did want to do good.

And I would say that, as Florida grew, and the lobbying got worse and worse in some of these groups, and the money tree got bigger and bigger, I'm not sure that—I don't see that magic. I don't see as much of the program magic that I would like to see. And it may be just a different time and style, but I do think that's sad.

Now, you can go on down and say, Well, that one's associated with this group. That one's associated with that group. And maybe it was there when I was younger, but it's pretty blatant now. You look and say, Oh, he's lined up, or, She's lined up with that group and this group, and—I don't mean to be crass—they own her. They own him.

CP: Yeah. They say that. The legislator, I own her.

JH: So I think that's something that I think is not necessarily—well, Florida got—it's sort of like health. Some of the problems we have in health in general is we've got, I always say, is we've got too much money in it.

Florida got so big that it became a big player. And we're not a little state anymore, and all of a sudden, you see. So I think that probably had an effect. But I knew a lot of fine legislators. I always was fairly bipartisan.

I'm a Democrat, basically, and I don't have people who change. I resent people who change. I had three deputy secretaries. Two of them were Republican, and one was a Democrat. Now, I do resent the new administration where they go too damn much along party lines—

CP: That's the first thing on the questionnaire, I'm assuming—

JH: Right, and I think that's ridiculous. I think you hire the best people you can, and you build a consensus. This isn't a game of war in a box. This is real life.

CP: That's the way I believe, too.

JH: But I used to tell people I don't want them to change because they can do what they —

CP: I'm not buying your political affiliation. I'm buying your technical knowledge and know-how.

JH: Absolutely. Well, and you have a bipartisan group, so it always paid to have bipartisan—I mean, to be honest, there was some secondary gain because you had people who'd speak to everyone. I'll tell you one story, and this a true story.

One point, with Governor Chiles, I used to be one of the ones who would recommend who would be put on the boards. And very often, I put more—I would come to him or the list would come to him with more Republicans than Democrats. And he would sort of chide me as Lawton could do in that Polk County—you malack [*sic*], you know.

And he loved to gig the Yankee, anyway. I was the guy who started a damn department behind his back, you know what I mean? So he can gig me. As I was saying, I used to tell him, I'm looking to get the best people on the boards. And then you get into diversity, geographical, racial, ethnic, women, men. So it really isn't as easy as it sounds. You can't have everyone on some one board all from Pensacola or all from Miami.

But we relatively put a lot of—I don't think we ever got overturned on that. It would just be little gigging. And next month I'd probably be back with the same thing. But we worked with his appointment secretary there, who was a very fine lady. As a matter of

fact, I think—maybe that's wrong, I'll leave that name out. So anyway, I think that as time went on with the legislature, and then you had people like Candy Hill.

The aides are very important to the staff in the legislature. So you had people like Candy Hill, and you had people like Paul Belcher and Mike Hanson in the governor's office, who were really, very ethical people—

CP: And very knowledgeable.

JH: And very knowledgeable. And there's nothing like knowledge. One benefit, I guess I would also say, with this public health, is that we tried to keep the salaries high enough to keep adequate staff because you can't pay minimum wage and expect to have—most people in public health will actually work for less because they believe in it.

But you can't go too much less. I mean, you can't get to a point where she can't send her kids to college or buy a new car every six years, so you aren't happy doing it. Oh, I have the other reason I forgot about why we didn't bring mental health in. There was another reason.

CP: Please tell us.

JH: Because the institutions run a deficit all the time and there were some real concerns. Since we were broke, couldn't take any more money—

CP: You started in a hole.

JH: Right. Started in a hole with the county health departments, that we really couldn't afford a 10 million dollar deficit from the institutions. And I don't know if that's still true today or not, but they used to—at the end of the year in HRS, you'd have to go and scramble and sort of find the money to back into them. So it was an interesting challenge, then after that—

Pause in Recording

JH: —Charlie—

CP: He's the dean of the college of public health.

JH: Dean, the college of public health. Charlie has always been a tremendous advocate for maternal and child health, as you know. We sort of have different things that like you were a tremendous epidemiologist. So we sort of have different roots. And I remember one time, Charlie (inaudible). Charlie was in charge of like an 18, 19 county maternal and child health program.

CP: That's right, in Northeast Florida.

JH: Northeast Florida. And he, Charlie, had a health problem, if I remember. And he said he really didn't want to be delivering on nights and weekends and all that. And he really wanted to strengthen his advocacy role. So he came up and became the director of maternal and child health.

And he did a tremendous job with the [National] Healthy Mothers, Healthy Babies Coalition[19], focusing on maternal and child health issues as a statewide policy, growing support. I can tell you how weak it was at one time. When I first got up there in 1979, public health really didn't have any advocacy groups at all.

And when I would get down to maternal and child health issues, the legislature—I remember saying this to my wife—I only had two people who I could count on that could stand up and say anything. One was the famous and wonderful Bud Bell, who is still alive and well.

And the other was Rosemary Gallagher from [Florida] Catholic Conference[20], who also was a wonderful person. But I couldn't talk about family planning with Rosemary. So I had one and a half. I didn't have two. That was it. That was the constituency for maternal and child health, and they were both wonderful women. But we were like putting the Dutch boy with his finger in the dike[21]. You didn't have anything.

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19 The National Healthy Mothers, Healthy Babies Coalition was a non-profit organization founded in 1981 with the mission of improving the quality and reach of public and professional education regarding prenatal and infant care.

20 The Florida Catholic Conference is a non-partisan liaison to the government that speaks on behalf of the Catholic bishops of Florida.

21 The Little Dutch Boy is a Dutch legend of a boy that noticed a small leak coming from a dyke on his way to school. The boy used his finger to plug the leak. When a passerby noticed the boy some time later, they went to get help who repaired the dyke. This legend is told as moralistic tale for children to teach them to act quickly to avert disaster despite having limited resources.

So Charlie built, with many people around him because he's a great orchestra leader, built a tremendous child health advocacy program. And I remember when you were leaving, Charlie called me about Grey Koller approached him to be his state health officer.

And Charlie had some angst about that he was maternal and child health. And I remember talking to him and saying, Well, it's like the orchestra leader doesn't know how to play the piano, the trumpet, the violin. It's a team approach. And you can be an expert in one area, but you've got to really lead the team and all of us are there.

I didn't know—he forgot more maternal child health than I knew, you know what I mean. And you forgot more epi than I probably knew. As a matter of fact, I don't know, what the hell, if I knew anything. Maybe I did. But you know what I mean. We had different areas of expertise and strengths and assets. So I remember that.

So then when Charlie—he was a good state health officer. And then went to do that, but he's always been a very fine gentleman and, I'd say, real proud. And Dr. Sowder[22] is tremendous. I was mentioning the other day that when we first started the department of health that Tony Welch, who was public information officer, and myself went over to visit Dr. Sowder when we were in Jacksonville.

We sat in his home for about two hours, and I was so sorry we didn't at least bring a tape recorder because his history of public health, it was good for me. I'm sitting here as the new state health officer, and his history is getting me revved up in historical perspective and all. It was really good.

All right. Let me see. We were going to also talk about the—oh, getting the department up. What are the challenges? Well, first, you've got to market it. The way I look at is, the owners, the shareowners of the department of health is the citizens of the state of Florida. So the board of directors is the legislature and the chair of the board of directors is the governor.

And health education and media—see, I don't look at media is the enemy—media is the way we educate. That's how we get our quarterly reports out, on what we're doing. So I think following that kind of a business model, we were very open as a department. As I was telling you, I wanted everyone to feel like it was their home and that no one was ever turned away.

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22 Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years. 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.

As a matter of fact, any phone calls to my office, if I didn't return directly, I had two or three key staff who would make them. But no one went the day without getting a returned phone call, the public or anyone else. I'm not saying you had to be, quote, a big shot, to get that done. You called, and you had a returned phone call. We worked in it.

The biggest thing that I think was hard—a couple of things were hard, I guess. One of them was that a number of people that had been in HRS desperately knew they wanted to get out of HRS, but I don't think they realized that we weren't just getting out of HRS emotionally. That it was a new day, and there were budgets involved, there were personnel. And we were now in charge. I mean, there was not that—

CP: Couldn't pass the buck anywhere.

JH: Right. And you had it, and I think that that created some stress. I think that was a bigger change for some of the key staff who had been in HRS. I'm talking about Tallahassee-level. I don't think county health departments were as much involved in this or the CMS [Children's Medical Services] regional officers or anything like that.

But I think that was as big a stress than they had thought. I think it was sort of like Poland saying they want to get out from under Russia and then they'd get out and say, We're out. And then you say, Hey, we've got to run a country. We've been anti-Russian for so long, we finally got out, now we've got to run this whole country. And that's a different thing.

I think that was a stress for some of them. And that included, like I'd mentioned, budgeting and so forth. Then I think the other stress was that—I sort of remember one time, they used to say that government has usually made mistakes where they put people who help them get elected, but the skills that got people elected are not the skills to run the government.

And governors have been called various names until they got very good chiefs of staff who were very management, administrative, public policy-oriented. Not the ones who—I'm being crass to make a point—write the one minute sound bites. That's a different skill. And they're both skills. It's like the violin and piano. They're both skills, but you've got all—

CP: And both needed in the orchestra.

JH: And they're both needed in the orchestra, but where you put them is there. So then we brought in some people from outside, too. And I think that was very unsettling to some of the people who had come out of HRS because I think they, maybe in their thinking, were going to just run it the way they ran it. And we brought in MQA [Medical Quality Assurance], and we brought in CMS [Centers for Medicare & Medicaid Services] and did some other things that were different.

So, there was a lot of stress in those days. Plus, it was all brand new. And I was going through some personal family situation, as you know, in that era, myself. So it was quite a challenge. And then you take all your type-As and you put them together. And you have some that came from the outside, some who basically graduated from HRS, and then put them all together. And then they also have close professional relationships.

Like, we had several that had been really well, almost like blood brother in HRS, then some of us who came AHCA had worked long, long times together through the years. So we had little challenges in that.

I remember one time we got a consultant and he said we were the most dysfunctional agency he had ever been at. So we all got mad and beat him up. No, no. But we did have some real challenges in that period. But the way I look at it, though, I'm not sure there was any nice way of getting it done.

I think we had—that was '96. Governorship changed in '98. We had two years to get the department up and going. We didn't know who was going to be governor, Republican or Democrat. But you knew you were coming to an end, and you wanted the transition to be in good shape. That was something that when you—whoever you hand the baton off to, whatever governor, that he or she has the ability to really pick it up.

So we had two years with, as I told you, Dave Brown in Palm Beach County. We're millions of dollars in the hole. We had a myriad types of management problems that had really never been addressed. And that took a lot of work. Then we had some good things happen, though. I'll give you two good things that happened during that period. One was, we had the tobacco rolling.

And attorney general Butterworth and Chiles and all sued the tobacco industry[23]. And we really were able—and Governor Chiles was very involved with that. That's why I'm

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23In 1997, Florida officials sued tobacco companies to recover Medicaid expenses for smoking-related diseases. As a result, the suit garnered nationwide attention and support. The suit resulted in tobacco companies agreeing to pay 11 billion dollars to the state of Florida and the attorney general in the case, Bob Butterworth, was voted the nation's top state attorney general by his peers.

saying, he really was a good public healther. We got into that thing early on about the department, but him and Rita Chiles, his wife, they really played a key role. And this is an industry that I have no use for, personally, at any level.

But we were really able to—with him and Chuck Wolf, I think was the fellow he had hired—to really start a real model advocacy education program for children and adolescents, which is probably one of the models to the nation. And we have a scientific way of doing it to actually measure, sort of like the National Health Survey. We have a way of doing that in Florida. We can really measure the impact.

So that was one. And then the CHIP came in: the Children's Health Improvement Program. And we were able, with the KidCare[24] and the [Florida] Healthy Kids program[25], to really blend that in and get health insurance for hundreds of more thousands of children than then existed.

So you had this thing that was going on, and we had our share of hurricane scares. But those were probably the two biggest at the department. The tobacco and the Title XIX, it's called CHIP, they all came together in that two year period. So really, it was a pretty wild time.

My management style, which probably got me a little—I didn't realize, to a certain extent, that people were as aggressive with one another as they were. And I don't know whether I—I yell at people, but I very seldom fire people. And that's, to be honest with you, that was my style. I'm more of a cheerleader.

And I think if I had it to do over again, I probably would've tried to figure out some ways of getting those people to work a little better together than they did because we created three deputy secretaries. I don't know if you knew that.

And I think that created, to a certain extent, because of the different heritages of where they came, that created competitiveness. That you really wanted a participatory management, but it tended to create a competitive management because they really didn't grow. It wasn't like you grew a new department *de novo*. You took people with histories, and then you brought them together. So that created a little more stress than—

CP: Good point.

24KidCare is a state health insurance program for children ages 0 to 18 in Florida.

25Florida Healthy Kids is a public/private organization that provides quality health insurance to children in Florida.

JH: I'll tell you a couple of stories. I'll tell you a funny story now. One time, Governor Chiles and his wife, Rhea, about once every couple of months would invite the Health and Human Services people to have lunch with them in the mansion. So we're there one day, and Ed Fever is down, Doug Cook, who's like the governor's son, if you remember, Bentley Lipscomb from [the Florida Department of] Elder Affairs, and myself, the Yankee who started the department.

So I'm going to go in, and I'm going to behave myself. And I'm not going to say diddly but, "It's a nice day. The sun's shining, and the wind's blowing." Try to keep it cool, you know. So I'm sitting there, and Doug starts complaining to Lawton that I'm stealing all his good employees.

Oh my God. Now he's going to get Fever going about the separate department, and Bentley's always a wild man, anyway. You know Bentley Lipscomb, right? Bentley just needs an opening anyway to play hockey. I mean, he doesn't care. So I'm going, Oh, man, this is headed downhill. I'm going to get murdered again.

So the governor sits down. I'll never forget this. And he has that twinkle in his eyes, and he turns to Cook and I. He looks at me and he looks to Cook and he says, "And how did you get these people?" Cook had stolen them from all the other departments, remember? He started AHCA.

So we're walking out of the mansion, and it's a beautiful spring day, I believe. And the governor is getting back in the SUV they assigned to him and ride him back to the Capitol.

And he turns to Doug and I and McGough. McGough told me later on, he says, "I'm going to have fun watching this," and got in his van and rode off. Why, let my boys slug it out. It's going to be good.

CP: But you and Doug maintained a good relationship, I believe.

JH: Oh, yeah. Doug's a smart guy. I like Doug. Doug gave me a lot of opportunities. And we have a lot—I won't get into Doug stories. Doug is a character of his own right for another video, but he's a very brilliant guy.

I'll tell you one thing that Doug could do, and I probably shouldn't. This is one you will probably scrub from the tape. Doug could imitate people. Most people didn't know that. He has my accent, my New York nasal accent down to a T. And he would caricature me in a meeting. It was not like—he'd play you, you know. And you'd go, "My God, I'd even believe you were me, too." And I'm sitting there.

And then he played one legislator who was short. I'll leave the name unsaid. And you remember Doug was very tall?

CP: Yes.

JH: And he could imitate this legislator's accent and style to a T. But he would play it by getting on his knees. Oh man.

CP: Oh no. This was before staff, I hope.

JH: Before staff, right.

CP: And not before general public.

JH: Oh yeah. No, this is not the general public. This is like in-house, eleven o'clock at night, when everyone's silly and decompensated. So Doug got some many, many good things. We had a good time with him. But so, there were a lot of stresses bringing it up. And we did take some good people from AHCA, that's for sure.

And Tom Arnold came up with a budget. And so, we had some very good people. But there was—it was a challenge. And when you look back, we had two years to do it in, and you had two big opportunities with tobacco and the CHIP.

You and I know it isn't—I always put it as life moves in quantum leaps, not linear. And all of a sudden, you've got an opportunity, and that opportunity is there. And you've got maybe six months for the legislative session coming up, to really—and Paul Belcher was wonderful with the CHIP.

Paul Belcher was always so wonderful, and Mike was too, Mike Hanson, the governor's office. So we had a good time. Mike was always funny. Mike grew up, and I shouldn't probably tell this story, Mike grew up, you remember, in maternal and child health.

CP: Yes, I do know know that.

JH: Candy and I would go in and I'd say, "I'm your public health father, and she's your public health mother, Mike." Not that we would ever try to intimidate him. Mike wasn't intimidated. He'd just look at us like, you know. But so, I would say, the management part was not something that public health was attuned to by nature.

The way had it evolved, and I think that was new. Now, one of the things that I always did, and this is something that I think Lawton did, is I always sort of—I wasn't a high authoritarian type. Everybody had their issues like Wayne McDaniels. Wayne was always working out there in rural health, you know that. North Florida guy of rural health.

And there was one legislator, what's his name, from—Maygarden, Jerry Maygarden. I'd see Maygarden during the session. I'd ask him, "I can't supervise Wayne. Will you tell me what he's up to? I'm sure he's getting money for rural hospitals, but I don't know." I know he's doing good, but I'd like to know once in a while actually what he was doing.

So I'm being facetious to a certain extent because we did have meetings regularly, where people would have to say what they're doing. But they had a lot of latitude. They were doing good. Try to go out there and do good.

CP: If they were doing good, this is good.

JH: Right. And Rick Hunt that was doing—

CP: As long as we are pulling in the same direction.

JH: Well, Rick was doing the beaches, getting the beaches surveyed, the swimming beaches, which we finally got passed, remember?

CP: Yes, you did.

JH: No, after I left, Rick got that passed. But he was working on that for years. Les was doing maternal [and] child health in county health department. Candy's doing administration. So you had different—MQA—so you had different issues.

And so, the other thing I would always do is, one of my styles is, with the young people—when one time I had a young lady who was the head of public information after Tony left. Can't think of her name now, very nice, young lady. She was like 27 years old. And she was there, and she'd come in and be telling me, this is when we got into this office surgery, "So I'm sitting there on the phone, and they want blah, blah, blah."

And I'd say but, "This is what I did. What do you think? You do what you think is right. But don't tell me your age, or it would really get me nervous, all right? I don't want to know how young you are because it makes me more nervous than anything."

CP: I remember her. She's no longer there, if you remember.

JH: Yeah, she's in the Senate now. She's Senate.

CP: Your successor, the first firing he did was her. Were you aware of that?

JH: Right, right. And she was a very nice lady. But I used to have a thing with young people that sort of did—it'd be great. Because in bureaucracy, there's a real tendency to don't do anything because, you know.

So I would tell him that it'd be great but I said, "If something happens, like Doc Myers gets really upset, or the governor's staff really get peeved at something, I want you to come and tell me right away because then we can sort of fix it or punt or whatever we need to do. But don't be afraid of taking a risk that if you come back to the office you're going to be killed."

So when they would come back, I'd open the door, like over there and say, "You know what I'm doing? I'm looking all the good ideas out, that stink now." I used different words. "I've got a file by the Dewey Decimal System. You want to know one of those home runs I was going to hit that fell in the septic tank?" So you'd sort of say to kids, it's a batting average.

You swing for the fence, and sometimes you're going to strike out. And don't get too upset about it. And so, you always try that as a style with the team. And we used to be very, very participatory in certain aspects, as I say.

So it was a stressful time. We did a lot of good things. I'm sorry, in a way, if I had some things to play over, personally, I would play them over in style. But then, you're caught up in the Jackson Memorial Emergency Room mentality and my Irish background.

So I've only improved my sense of—I wrote a thing to Charlie Mahan the other day. Charlie told me. Charlie put a thing out, I don't know if this was that, he put an e-mail out to his staff, all right? That he had a TIA, transient ischemic attack[26], and that he's going to retire immediately. I don't know if he ever did, did he?

CP: No, he's not yet.

JH: All right. And he's going to retire right away, right? So he puts it out and he says, but you know Charlie's tongue-and-cheek sense of humor, "Some people have said I've had a problem of blood flow to my brain for a long time."

So I wrote him back and said, "Charlie, what are you complaining about people? You know where my brains are, and it's been a very—and it hindered blood flow to my buttocks. You're not getting any sympathy from me. At least it's in your head."

CP: Now, how are you getting e-mails that go to his staff? Are you a member of his staff?

JH: No, no, my wife is. Marie is so she gets some of the e-mails, but he's doing good. So you try to—let me see where we're going with this. So anyway, with the health issue, you tried to keep it upbeat and high at this part. But it was—and you had big issues, and the management issues. You had a lot of issues. You had like two sessions to do it in.

We had the security. I'll never forget the security with the AIDS. It started with the AIDS. I go back—hey, this is when I had one of my grandimac [*sic*] attacks—I go back and I say, "What are we doing with security?" Well, they tell me, We have a study committee, and it's going to take two years. Well, that did not go over well.

CP: No, no, no.

26A transient ischemic attack, also known as TIA or mini stroke, is a brief attack resembling a stroke that resolves in minutes to hours and may be a warning sign of a future stroke.

JH: That did not go over well. I mean like two major newspapers are holding five thousand names, and we're going to take two years to figure out what we're going to do with security. But you have all these little things that go on, like the hurricanes, and the SLE[27], you've got just the whole array of things.

So it's never like, you go in, and you like to say, "Well, I'm only going to do policy, or I'm going to do network." Well, for example, if a senator calls you up on the phone, you get on the phone with the senator.

CP: Yes, you do.

JH: If the governor's chief of staff calls you up, I don't care where you are, you're going to get on. Unless you've got a nuclear attack going on in Orlando, you're on the phone with him. So, it can be very, very distracting as you go along.

I guess the last thing I'll talk about a little bit is the—I had another funny story I was going to tell, and I had forgotten about something that had to do with Charlie. But if it comes to me, I'll bring it back. The last thing that I think, right now, that I think is—you and I look at public health broadly.

I look at it as covering all the fields. And I think, in many ways, we've made a lot of technological change in the state and in the country. And I certainly know we have some of the finest facilities like Shands [Hospital for Children] and Moffitt [Cancer Center & Research Institute] and all, in the world, that it can rank with any world.

I mean, Moffitt's one of the few international cancer institutes fully accredited. Shands is terrific in many ways. And there are the many other hospital facilities, but, I think as health became such a huge industry, a lot of entrepreneurs get into it. And then it was slow to adopt. It was a little like health and HRS. It was slow to adopt to many of the changes that were going on. It was a cottage industry by delivery.

CP: Historically, it has been.

27SLE stands for Saint Louis encephalitis, a disease caused by the bite of an infected mosquito. Symptoms of SLE include fever, vomiting, and tiredness; if allowed to progress, SLE can result in long-term disability or death.

JH: Historically, it was a cottage industry by delivery and it began to change. And I look at what went on, and we still have over 2 million people uninsured in the state. And the amount of money we spend, the amount of bureaucracy we've created.

I mean, talk about public bureaucracy. The private bureaucracy we have created in healthcare insurance industry would flunk any business school's 01 course, as far as I'm concerned.

CP: It seems to me they would.

JH: Right. I mean, if a student made it up and brought it in to his professor, not knowing that this was an industry in the state—the way it functions with 18 different plans, and everyone does this and that and that, second opinions, third opinions, twelfth opinion. We send you a bill, we send this one a bill, and every damn thing is billed 90 different ways.

It's like going to your Chevy dealer and getting 12 bills for service. That's what it's like. You go, you get the radiology bill, you get this bill. I mean, we've created a nightmare of inefficiency in the healthcare industry. And I think it's going to be very hard to reform because everybody wants to reform everybody else, but they want it their way in their area.

CP: Yeah, But mine works good.

JH: Mine works good.

CP: Yours is the problem.

JH: Right, exactly. Your pharmacy, we pay more money for drugs than any place in the world, but everything is fine. We go on and on. So everybody would, if they could reform. And I think that the sad part is, with the amount of money we spend in this country, we waste so much in this industry. And we also then have, somewhere, we have the poor people who have no health insurance.

We always think, Well, that's those poor people. And there's still some prejudices. You have a chronic disease in this country. Try to get health insurance. You are 55, and you try to get health insurance that you can afford. I mean, you're an average wage earner.

So we have a real dichotomy of where we're going. And it's like in the national session coming up, I just read this morning in one of the paper's, there's not much—hey, the politicians take money from everybody. Everybody gives them money, every lobbying arm in the world, and they do nothing because it's a minefield.

So it's easy to say you'll take it all, but so I think the health industry, in many ways, the biggest—here, in South Florida, we have many physicians that are quitting OB [obstetrics], quitting things. If you do only a certain amount of deliveries, you can't afford the coverage anymore.

And with managed care, you can't add it on your price anymore. So your revenue stream is here and if your malpractice goes up here and your cost of doing business—that's what's happening. You might say, in the '70s and '60s, they could move this line up, now you can't do it.

You can't raise your office fees five dollars a visit or ten dollars a visit and try to get away with it. Now, you can't do it. So I think that some of the pathos in the—I'm not as optimistic, by the way. I'm usually an optimist. I'm not as much optimistic that this country's capable, in my lifetime, of meaningful healthcare reform.

CP: Because of the many forces that are acting—

JH: The many forces who will neutralize one another, and make it so politically unpalatable for the politicians and so forth, that they really can't address it. And it's sort of sad because I think that, when you look at the wealth, the trillion-plus we spend and the wealth we spend—and the other part that I think is sad, is we are brooding the morale, the magic—alright, I'll use my term—the magic in healthcare is the doctor, nurse pract, nurse, patient—and I used the doctor as a whole array of professionals—that's the magic. That's the product.

And we're ruining the morale of that staff. We made a conveyer belt mentality out of an office. Now everybody, if you want to get paid, you want to make a living, you've got to see 12 patients an hour. So you're in and you're out because that's the only way, with the way we reimburse, you can do it. That I think we're in danger, in many ways, of ruining the product.

Now, all this bureaucracy built above it is only to support the product. If I were to reverse the role, I'd build a system from the doctor, nurse, health professional, family, patient interface. We have the trickle-down theory, not the build-up theory. And when you hear a

guy is selling one of the big HMOs and becoming a billionaire. And you sit there, and you go, God, give me a break. These are the Enrons[28] of the healthcare industry. And so, we've got some real stresses.

Now, I can't say that you get—it's always, the old story is most people don't have pure white hats. Most people don't have pure black hats. We all have gray hats. And hopefully mine and yours or most of ours listening to this are fairly white, but there's always a little soot somewhere. Especially as you get to reach a certain—

CP: Well, not on mine. Maybe yours.

JH: Not yours? All right. But so, you do have the potential of overutilization, a lot of other things that can go on. On the other hand, you don't want to throw the product out. I use an analogy here of McDonald's.

McDonald's is a worldwide corporation. It's not a—nutritionists don't like me to use this example. Worldwide corporation. And they make huge amount of money. I mean there's like 500 McDonald's in Japan. They have them everywhere, all right? The marketing strategies are terrific.

But they still make their money, sale by sale, at that cash register. They do not make it at their corporate headquarters in Illinois. And I think we sort of lost some of that, where we've got to realize that that's where you make your sale. And I remember one time, I went to the [John F.] Kennedy School of Government, and they were talking about one of the plans.

They taught everything at the Kennedy School of Government, at summer, for state and local officials. But they used the Harvard, I guess, business school. It was all case studies. And they were into—now, this was a long time ago, so it may not exist now—of studying, Burger King and McDonald's spend a lot of money telling you that, you'll stand in line two minutes then you're getting ambivalent.

Then at five minutes, they might lose a repeat sale. They know all that. Sometimes you won't believe it when you're waiting there, but that's all understood, and they do their best to try to comply with that. Well, I think in the healthcare industry, we don't do a corollary.

28Enron was an American energy company that operated between 1985 and 2001. It ceased operations due to bankruptcy as a result of the public reveal that the company was operating and sustaining via an elaborate and systematic case of accounting fraud, known as the Enron scandal.

And then there are some things that are ingrained. Like, for example, I think health providers and frontline institutions, very often, their customer friendliness has left a lot to be desired. And I think that really hurts us as an institution of healthcare delivery because we have the potential of being the greatest in the country.

And I think, for example, I always had another theory that the patient, the majority of the time, treats themselves. Now, that's not true if I go out and get hit by a bus on the way out and I've got to the trauma center. But if I got diabetes or hypertension or chronic liver disease, I treat myself because I decide, after I leave Dr. Prather, whether if I'm going to bother doing all that.

And if I say, "Oh, I think he's full of you-know-what. I'm not going to do it. I'm going to spend my money on x, y, z and not buy these pills for 200 dollars, or why should I exercise and lose weight. He's just—" and all that kind of stuff. And a lot of those things are very hard to do. Believe me, being a guy who fights obesity every day of my life, it's easier said than done.

But so, I have a whole theory that the patient treats themselves in the vast majority of time, an adult patient. So that's a whole different customer service logic kind of thing. And then when you have it where your interfaces with your health providers are getting shorter and shorter, that interferes with that kind of true communication that needs to be done.

Otherwise, how many diabetics are noncompliant? And yet, we know we can stop a lot of the retinopathy and so forth. Now, we have such better studies than we even had 10, 15 years ago. And yet, they're not there. So I'm not as optimistic that the healthcare industry will get more efficient. I wish I was. I wish I could be. And when I—

CP: It's going to get to a breaking point.

JH: Well, yeah. And it's very sad that I see the morale of many, what I call frontline providers, really aversely affected, too.

CP: Yes, they are. And they're quitting.

JH: Right. Well, I remember, years ago in Palm Beach County in the ’70s, we would hire, I used to call them my oldie goldies, semi-retired physicians who would move down from, usually, the Northeast, but some of them were from Georgia and all. And they’d come down, and they’d retire around 65, later than they are now.

And they would come down, and they were going to play golf, and they were going to enjoy their wives because this was more male-dominated in those days, the profession. Well, they would spend about three months playing golf and telling Bess how to run the house. And Bess sort of told them to get the hell out of the house. And their mistress was medicine.

So they would come in the health department, and they would start—I can tell you that Mickey and Adele and Irving come. They would say, Can I do something? Well, we would get this very scholarly physician, who would work for us at a very reasonable rate.

And he didn’t have the office calling up a hospital, saying someone’s there. And they were the backbone of our system for years, and they were very, very good. Now, I see physicians at 55, 53, saying, I’m out of here. I don’t know if you’ve seen some of them.

CP: Ah, yes. Yeah.

JH: I’m having no fun in this anymore. I really—if I got enough money, I’m gone.

CP: It’s happening all over.

JH: And that’s what’s happening in nursing, to a certain extent. The nursing shortage, I’m not sure it’s truly a shortage.

CP: No, there are plenty of nurses—

JH: It’s a functional shortage, right. And some of the institutions better figure out how to handle nurses. And it’s not a matter of just money and training them because I know many a nurse who, basically, they really feel professionally unsatisfied.

CP: Yes, they do.

JH: I'll tell you one other, and I'll finish with this story. One other time, and that's true; I can give you an example of that, where I learned that. Chattahoochee was, and mental hospitals in HRS were having a large turnover.

So we spent 60,000 dollars to find out how to recruit. And we paid MGT. Remember Wendy Schmayland?

CP: Yes, I do.

JH: Wendy did the study. So for 60,000 dollars, I learned a lesson. But it was a good lesson. The lesson was our problem wasn't recruitment. It was retention. We could recruit all day long, and they were going to leave after they were there for a year, a lot of them. And what was our problem?

And then we got into it. But this is where Wendy was really good, is we got into this situation of talking about why do they want to leave, then? And it wasn't money, as much. Remember I said, a lot of people in public health and public service would work for less, if they feel professionally satisfied and achieving, if they're using their professional skills.

It was using their professional skills and having the camaraderie of trained staff and continuing education and other issues. I'm not saying reimbursement wasn't entirely the thing, but reimbursement alone wasn't it.

And you really had to develop an atmosphere where people were glad to say and were having fun like you and I had in public health. There were days where we had primal scream days, there's no doubt about that—

CP: Yes, but that came with it.

JH: Right, it came with it. I mean, it's sort of like the surgeon and everything goes wrong in this one operation, and you can't believe it, but you feel real bad and you're real upset about it and everything else. But so, it was interesting.

The culmination was that we were recruiting like heck. It was retaining that we were doing real bad, and why weren't retaining. I think that's probably true to nursing industry.

CP: Today.

JH: Why—right—look at why they can't keep nurses going. Why institutions can't keep nurses in the institution. Don't get into that there's just not enough of them because we may train more, and they don't stay anyway. I give you the last truism. I gave you that the other night.

When I went up there—two things—when I went up there in '79, Russ Jackson, who is with the FMA now, was who really taught me public health history. And he was good. He's wonderful. And Red Board was up there. Red was the—I forget what job he was in, then. I think he actually was the—later on, he became biostatistics director, as I remember.

But Red was in the office there. And Red taught me another thing. I was carrying on about something one day and he says, "Doc, remember something: if it ain't broke, don't fix it." I think he said that. That and the MGT thing were really stuck on my mind because my problem isn't recruitment. It's retention.

There are enough challenges in public health and human services that you don't need to invent things—you don't need to go and reform something for the sake of reformation. There's no sizeable gain. Listen, I better take off, all right? Any more questions you have?

CP: No, you've covered very well, Dr. Howell. And I just thank you so much, indeed, on behalf of the library at the University of South Florida, and particularly, the college of public health, and Dr. Mahan, and the students there today, and students of tomorrow. I express the gratitude of them all by saying thank you very much. And I would thank you for the work that you've done for public health in Florida.

Total different issues, you've come now to share that with us, and to be available for students of public health. And you were a significant part of that, Dr. Howell, and I am just grateful, one, for what you've done, and, two, for taking the time today to share it with us in a lively, often, entertaining way, which is kind of your way, anyway.

So, I thank you. And today is June 3, 2002. And we are at the Broward County Health Department in Ft. Lauderdale, and I am Skeeter Prather. And just a real pleasure.

End of Interview