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**E. Charlton Prather:** Well, it's a pleasure to have with us this morning Mr. Jerry Conger, a long-time associate of Florida's public health system, who came up through the ranks, so to speak, from environmental health into comprehensive health planning and other very notable pieces of Florida's public health history.

Mr. Conger, it's a pleasure to have you here today, and I just thank you for your willingness to come and share some of your observations about the progress of public health in this state. To begin, though, what ever got you interested in public health?

**Jerome Conger:** Oh, that's—I've been thinking about that, Dr. Prather. It's really a pleasure to be here. I thank you for inviting me. Now, what got me into public health? After I graduated from the University of Miami, I was working at the post office with a degree in botany, a minor in biology. And I said, "What am I doing working at the post office?"

And I started looking around for other opportunities. And I ran across an ad in the newspaper: "Florida State Board of Health seeking employees. Call such-and-such." So, I called the number in Jacksonville. And I was put through to one of the fellas I really wished you had on tape, and that was Dr. George Dame.

CP: Oh, my.

JC: I know you remember him.

CP: As an aside, we have him through the voice of his son.

JC: Oh, wonderful.

CP: Yes.

JC: Dr. Dame was the—he was running the Bureau of Local Health Services—well, I'm not sure that's the name of the bureau, at that time.

CP: Yes, it was. I can confirm that. Yes, it was.

JC: And they were looking for sanitarians, and I didn't even know what a sanitarian was, so, my first question was, "What is a sanitarian?" He explained it to me and told me about the training program that they offered in order to train individuals to work in public health—to become sanitarians.

Well, the long and short of that is: I went to Jacksonville, I was interviewed, and I was hired to go to a sanitarian training program in Gainesville, which was a three-month program.

CP: Really?

JC: Uh-huh. And we spent three months there, learning what communicable diseases were, learning what environmental health issues consisted of, learning how to build privies.

CP: I would hope so.

JC: Sanitary pit privies was one of the things that we had to learn how to build. Learning all about water supplies, food sanitation, that sort of thing. So, that's how I got into it; I was in a class of, I believe, eight individuals; we went through that for three months, and at the end of three months—

CP: This was at the University of Florida in Gainesville?

JC: This was—well, no. It was actually run by—through the Alachua County Health Department.

CP: All right, yes.

JC: And the staff of the training program were mostly people out of Jacksonville from the State Board of Health.

CP: Oh, okay.

JC: Claude Walker was one of the trainers. Russell Jackson was one of the trainers—training in food sanitation. Dr. Dame was involved, and I've really forgotten some of the others, but it was a wonderful experience.

CP: Was it a good course?

JC: It was an excellent course. And it—

CP: Looking back on it, do you feel like you really had a pretty good preparation?

JC: I think that was a good grounding; it gave me the basics, and, of course, I had an awful lot to learn. And that learning—the opportunity to learn, I think, is one of the things I really, really admired about the organization. State Board of Health always provided excellent opportunities for training, for education.

At the end of that program, we were then interviewed by representatives of county health departments, because of all us to work in different county health departments. And I was interviewed by representatives of several health departments, including the Palm Beach County Health Department.

And Dr. Carl Brumback, who was just that wonderful—still is a wonderful fella.

CP: He still is.

JC: He was the relatively new county health officer in Palm Beach County. He and his chief sanitarian, Joe Alvarez, and his engineer, Bob Eddie all came up to Gainesville, and were—interviewed all of us.

CP: Wow.

JC: And I ended up being selected to go to work in the Palm Beach County Health Department as a brand new drain sanitarian. (CP laughs) So, that's how I got into public health.

CP: (laughs) How was your experience in Palm Beach?

JC: Oh, it was outstanding. They, of course, put me through an in-service training program there; I spent a good deal of time working with the public health nurses, the sanitarians, the engineer, the nutritionists, the veterinarian—

CP: You did?

JC: I did, and I spent time with all of those people for a couple of months, and then they turned me loose into the— It was probably the worst part of Palm Beach County, almost. (CP laughs) Because my job was to go out and convince an awful lot of people who didn't want—they need to get rid of their insanitary privies, and install (inaudible) release, and that's hard to think of in Palm Beach County. But that's the way it was.

CP: Today, that's hard to imagine, yes.

JC: So, I spent several months doing that and working on very basic sanitation problems. It included, of course, inspecting restaurants, working with subdivisions as they were installing septic tanks, inspecting new private drinking water wells, taking care of complaints. We had had a lot of complaints about insanitary conditions, and those were the things that pretty much occupied my time for the first year or so.

CP: Yeah. Was it fun?

JC: Well, it was—now that I look back, it was fun. At the time, it was really tough work.

CP: Yeah, I can imagine. But I was sitting here thinking you were out to convince people to get rid of their insanitary privy and put in a sanitary privy. Your size would help carry the day, I would hope.

JC: Well, I guess it helped, because we didn't have much to go on, in terms of enforcement powers. If a problem was serious enough, we could take it to the Justice of the Peace; but the JPs in those days were really not very sympathetic, and we had to have an overwhelming problem before they would fine somebody or put 'em in jail.

I'll give you an example—one that always stays in my mind: there was a—we had a complaint about an individual who had no toilet facilities.

CP: No toilet facilities?

JC: None at all.

CP: Okay.

JC: He had used a pot. And when he had the pot filled up, he would take it out and fling it over the back fence, and the people that lived in the back didn't like it. (CP laughs) Naturally, I wouldn't, either. So, it was called into the health department; I had to go out. That man was a lunatic. (CP laughs) Absolutely would not listen to me. I talked to him and I talked to him, and he finally—"Get out of here before I shoot you." So, I left. Naturally, I didn't want to be shot.

CP: Yeah, I understand.

JC: I went back to the office and I was looking for the chief sanitarian, Joe Alvarez; Joe was out somewhere. I end up getting Bob Eddie, who was our engineer, and Bob was a very dignified fellow, (inaudible) coat and a tie, and he was used to dealing engineers and architects. And I said, "Bob, I need some help. I've got this maniac out there, c'mon with me." (CP laughs)

We went out—this was the following day—went out and the man was up, painting his house. I don't know why he was painting his house when he had no toilet. (CP and JC laugh)

CP: Well, he wanted a pretty house.

JC: Yeah, he wanted a pretty house. So, we arrived, got out of the car, walked up there; he saw me, got down from the ladder with the paint bucket in his hand, and started flinging paint at us. (CP laughs) Chased Bob and I around the house a couple of times, and we left, because the man was actually trying to paint us. (CP and JC laugh) Speckle—speckled up Bob with—you know, his nice clothes—with paint.

Well, we did take him to the Justice of the Peace. And this took about two months. Justice of the Peace did fine him; the man did finally put in a pit privy, but it took—it took—it must've taken six months. So, that was just one experience that stays in my head.

CP: You know, I can't help but wonder, you were so involved with getting rid of, one, getting privies—and you obviously had a lot of surface privies—you were trying to get in pit—sanitary privies.

JC: That's—(affirmative murmurs)

CP: What consideration was there given to sanitary disposal? Sewage collecting systems?

JC: That was—that was just—(inaudible) think about that. And, of course, neither are the rural areas of Palm Beach.

CP: Of course.

JC: So, their—the economies of scale just weren't there. Trying to run a sewer line out in these rural areas was not practical. So, the option was a septic tank and running water, which was preferable, and which we always went after. Or a sanitary privy. Nowadays, those areas of Palm Beach County are fully condominiums, apartments, shopping centers, and sewer systems. You know? It was a different world.

CP: That sounds like an exciting time in your life. You did this one and a half, two years.

JC: Yes.

CP: You did general sanitation.

JC: (affirmative murmurs)

CP: I'm—my first memory of you is an environmental health consultant.

JC: Right, right.

CP: Am I jumping you too fast?

JC: No, no. That's after—I think I was about three years going general sanitation. And I mentioned earlier that one of the things I was—I'm just so proud of, in terms of what the State Board of Health did, was the opportunity they offered to send people off to school. They had a graduate training program. I applied for it, and I was given a scholarship to study for a Master's in Public Health. I went to Tulane University and got my Master's Degree in Public Health.

CP: Oh, all right.

JC: That was—that was when I took my next step, came back after a year at Tulane, and served as the Assistant Chief Sanitarian of Palm Beach County for another year or two, and—

CP: Oh, you did? That was a—Wow!

JC: That was a little promotion.

CP: Yes.



JC: Yes, that was nice. About that time, the State Board of Health formed a new division of sanitation.

CP: Ah, yes.

JC: And brought a fellow you've already interviewed— One of my mentors, Buddy Morrison, came up from Dade County to run the division of sanitation. And Buddy was recruiting for consultants who would work with county health departments. I applied for the job, and the long and short of it is he hired me. And I moved to Jacksonville and the State Board of Health to work as a sanitation consultant for Buddy Morrison.

CP: Yes. All right.

JC: That was the next step. Then what happened? You don't know? Yes, you do; you were there. (CP laughs)

CP: No, I want you to talk about being a consultant. You were the first environmental health consultant that we've had privilege to talk about. Tell us a little bit, for the record and for future researchers, what is an environmental health consultant?

JC: Well, our job was basically to consult with the county health departments, and we had to stay broken up into, I believe, five or six divisions. Anyhow, I was in North Florida, northeastern North Florida, running over to Tallahassee—Jacksonville, Tallahassee, down through Gainesville, that was generally my territory.

And my job was to work with the county health departments and the chief sanitarians in helping them to evaluate and plan, and to improve their environmental health programs across the board.

CP: Oh, all right.

JC: So, that was a major responsibility. Then, we had other responsibilities in the division. We were responsible for the licensure of mobile home parks. We had responsibilities working with the nursing home consultants, and doing state level work there. We had the responsibility for reviewing and revising and updating the environmental sanitation regulations. So, the foodservice regulations, (inaudible) regulations, septic tank regulations, so forth.

Now, a lot of that we worked with the, of course, the Bureau of Sanitary Engineering and the Bureau of Entomology; but there was a good partnership because those were all environmental concerns. With the milk sanitation program, they had their own—of course, they had their own consultants—but we worked with them. So, it was a program that cut across the board, it hit all environmental concerns.

A third component, and probably the most important, was we had the responsibility for training new sanitarians. You remember I mentioned that I had gone through the program in Gainesville?

CP: Yes.

JC: Well, that program became our responsibility, and we started to conduct the training in Jacksonville. So one of the things I did—and I know you were involved in—is I helped to train, teach, beginning sanitarians as to what their responsibilities were.

CP: Yes. Yeah, is—how long was that course when y'all first started? Do you remember? I know they would come, but they were still stayed under your tutorage [tutelage] for some time after they went back home.

JC: Well, as best as I can recall, it was about a twelve-week course.

CP: Okay. Yeah, that's good, three months. All right. Well then, that's a good piece of history that we didn't—we've not had an opportunity to hear.

JC: We had in the division, under Buddy's guidance—I think we made some real advancements in the food handling, sanitation, the training, the regulations in the state. We spent an awful lot of time working with the county health departments and their sanitarians, putting on food service training programs for the health departments, and for—with the health departments for food service workers around the state.

CP: Or industry itself.

JC: Yes.

CP: Okay. How did industry accept this?

JC: Well, there was some reluctance. It really depended on the ability of the local health department. If it was a good, strong, local health department, who had a good relationship with the restaurant industry, with the food industry, then it worked fine.

CP: As I'm recalling, that started as a volunteer program endorsed by the Florida Restaurant Association; but in due course, it became law.

JC: Yes.

CP: Yeah, and that was—in fact— And you was [were] involved with all that groundbreaking programming.

JC: All of that, it was really was a great adventure. It really was. There was so much going on in Florida, and the board of health was such a good environment, a good work environment. We had a lot of support; Dr. Sowder just ran a very good operation. The state board itself was very supportive.

JC: The legislature pretty much left us alone. I know that every couple of years, they would meet, and we would ask for amendments to certain laws. We would ask for a budget, and usually, they gave Dr. Sowder and the board what he asked for. So, it was a good environment to work in.

CP: I'm recalling that you helped with trying to convince the legislature of these things. You'd come over as a non-paid lobbyist.

JC: Yes, that's right. Buddy Morrison was one of our chief representatives to the legislature; he and Fred Ragland, and, of course, Dr. Sowder; and then, the individual division directors as needed. But Buddy was over it, most of the time.

And the job got so big that he and Fred needed assistance. And so I started coming over, too, to help out; to sort of keep track of legislation, and to keep things organized, and occasionally to go over and testify before one of the committees if Buddy or Fred or Dr. Sowder or somebody was tied up somewhere else.

I remember one occasion in particular that always sticks in my mind. This was back when we trying, without much success, to require the fluoridation of Florida's public water supplies. And you remember that.

CP: I remember that well.

JC: That was a very big issue, a very big fight; and, for some reason, it fell [to] my lot to go and testify before a House committee. The committee was made up of mostly rural legislators who hated the idea; it was a terrible idea, they thought. And it brought in—it was really the typical little old lady in tennis shoes. (CP laughs) She came, and she was—I've forgotten her name, but she actually wore a smock, a great big straw hat, and tennis shoes. (CP laughs)

And she was—she was eighty or thereabouts, and she was rabid foe of fluoridation. (CP laughs) She testified and I testified; and I had to get into a discussion—a debate with her, which I lost, just flat out. There was no way—(CP laughs)—no way I could win that argument. And, of course the legislators were not sympathetic at all.

CP: (affirmative murmurs, laughs)

JC: But they—usually, we did better. It was just—as you know, this was such a tough issue; it took many, many years.

CP: Yep. It finally came.

JC: It finally came.

CP: Yeah. But the same little old lady came back to have it abolished for the next four or five years.

JC: Oh, yes, she did. Indeed she did.

CP: I suspect you have a lot of legislature stories in queue. How did you enjoy the legislative process? I'm thinking of future—of young, public health types, that we got to be involved with the legislative process.

JC: There's just no way to avoid it. It's—well, I think if you're honest, and you provide good technical information—you know what you're talking about—and you treat legislators with respect that they deserve, that it's a good experience. The bad part of it is that frequently, as you're serving as an advocate for the public interest, there are a lot of people on the other side wearing black hats that are really not interested in that; they're interested in their own personal interests, their own gain.

And it sometimes gets pretty testy, when you're up against organized opposition to something you're trying to do. But it is a challenge, and it is fun. You just have to keep your perspective about it and don't give up. But you're right; it's something that really has to be done. Otherwise, the public programs would really suffer.

CP: Yeah, we really are representing the public interest. That's why we're there. You were partial to the laws that had to do with septic tanks.

JC: (affirmative murmurs) Yes.

CP: All that happened during your watch.

JC: Yes. I was a small part of it. It was—that was, of course, another very big fight going through all of that.

CP: Mostly small counties, against; and the big cities, for.

JC: Yes.

CP: County government in Palm Beach, against; contrasted Palm Beach—the city of Palm Beach, for. Those were testy days.

JC: Yes, yes.

CP: Yeah, I remember seeing sweat on your brow and some other stuff.

JC: Oh, you were involved in a lot of that stuff, and it was really quite a challenge in an interesting time.

CP: (laughs) Yes, it was.

JC: And fortunately, in those days, we only had to do it for—well, for many years, up until nineteen—I guess, was it '69 when the constitution—?

CP: Yes.

JC: In any event, it was only every two years. We did have to work with the legislators individually throughout the years, but only once every two years did we have to come over here and actually spend sixty days working on these issues.

CP: Yes. Yeah. I hear from the tone of your voice that that's some happy times in your life.

JC: Yes, they were. There were times—

CP: (inaudible) challenging.

JC: Times of growth and good experiences, and I really did enjoy it.

CP: And it set you in good stead for future assignments.

JC: Well, one of—

CP: That training. And I would remind you of what you said: the State Board of Health provided good training.

JC: Yes, it did.

CP: And even this one was good for you, as I recall your history.

JC: It was. It gave me the opportunity of working with the legislative process. It gave me the opportunity to learn even more about the overall operation of the State Board of Health and public health. (clears throat) Excuse me. So, I did get a better grounding; I had an opportunity to work with all of the division directors. And that was important, because I got to know a lot of people who (inaudible) beter.

CP: Yeah, and the in and outs of the program. And how it all fit together into a meaningful whole.

JC: Yes. About—during that period, Dr. Sowder and others, as the board of health grew and the public health program grew, he determined that there was a need for more planning, evaluation, and research, so he set up an office, a planning office, brought in Dr. Malcolm Ford. Did you—have you talked to Dr. Ford?

CP: He has passed on.

JC: Oh, has he? I'm sorry.

CP: Yeah. I was, too. I was.

JC: He was a real gentleman.

CP: Yes, he was.

JC: They brought in Dr. Ford to head up the planning office, and Dr. Ford looked for some staff, some planners, and I applied for the job because it was an opportunity to do broader work in public health. And I was hired, and I did some early planning and evaluation of public health programs under Dr. Ford and Dr. Sowder. So, that was when I moved from environmental health to a broader assignment in the public health program.

CP: And your total experience up to this point prepared you uniquely for that job.

JC: I think it did, just because I had so much opportunity to be exposed to so much of the overall workings.

CP: All the basics. I think Dr. Ford recognized that, too, in hiring you. Talk about that some. What did you do? What was your original thrust? What caused you to be you—that's a very editorial you. Now, what caused Sowder to suddenly be interested in formal planning and evaluation? Clearly, he had been a planner; clearly, he had been an evaluator, all of his profession.

JC: No doubt. Because the structure that he helped build illustrated that. It was not—was (inaudible) casual. It was well-thought-out and well-developed.

I think it was a combination of things. There was more interest at the federal level in the overall health economics, health planning, public health; there was a lot of things going on up there. In our state legislature, our agency had grown so rapidly, because Florida was growing so rapidly, that some of the programs really no longer fit the (inaudible) of what he wanted to do and what he set us to doing.

Once we examined those programs—it looked like they needed evaluation and perhaps strengthening. We looked at the—at our health education program as a—as the example, because of its importance throughout the state. So, that was one of the early programs we studied carefully, did some evaluation on, made some recommendations on.

CP: (affirmative murmurs) Who was director of health education, just for the record and my interest?

JC: Well, that was Elizabeth Reed, of course. And Elizabeth was just a wonderful director.

CP: She sure was.

JC: Elizabeth passed on during that period. And it was really a great loss, because she had built a wonderful health education program. We looked at a number of environmental programs and other activities. The—

CP: That health education, though—and this was your teeth-cutting exercise, I gather, in evaluate—program evaluation, is health education.



JC: Yes.

CP: And, as you said, it's a pillar of basic public health programming, is health education.

JC: Absolutely.

CP: What did you find? Is it useful to talk about your finding, and what happened as a result of your finding? And who got your findings?

JC: Well, I don't know. Gee, it's been so long that I'm not sure—(CP laughs)—I'm not sure I can provide you with any details.

CP: It don't—don't make me push you into talking details with you on health.

JC: Well, we looked at the personnel and the staffing and the budget; and, as I recall it, made some recommendations about strengthening all of those things, and strengthening the organizational structure at the board of health, and the county health departments; and used some of that information as far as building up a budget request to get additional resources in the program. Now, that's an over-simplification of what we did.

CP: That's okay. As you remember, did you involve county health departments very much in your process?

JC: Well, not a great deal.

CP: Okay.

JC: Not a great deal. There was consultation with some of the county health officers. And, of course, not all the county health departments had health educators; but we did confer with those that were available, in order to get their input as to what was missing, what was needed, that sort of thing.

So, that was basically the thrust of it. As a consequence of that, some year or two later—this was about the time that the division lost its director—Dr. Sowder assigned me to

serve as the acting director of the division. And that was a very interesting experience. It was very short; I was there about, maybe, six months.

CP: That's okay. It was another learning experience.

JC: It was. It was a very good experience, learning the ins and outs of the library. You know, we had a fine library.

CP: Yes, we did.

JC: We had a fine film library.

CP: Yes, we did.

JC: I guess we still do. I'm not sure where it—now, is it gone?

CP: Yeah.

JC: Oh, I hate to hear that.

CP: It went with the '75 reorg [reorganization].

JC: Oh, did it really?

CP: Yeah, it did.

JC: Is it totally gone?

CP: In terms of a formal collection, yes. It was given to A&M library system—A&M University. Not the entire campus, the library. And they didn't have the commitment for maintenance, in spite of the fact they got all the tools—our entire film processing, film library, and the equipment that goes with that. It was given to A&M. And they didn't find

a way to budget even a part-time person for maintenance. And it was only a short period of time before, in essence, it's all gone.

JC: Well, I can remember that—you know—you know where it was housed? Over at the State Board of Health. We really had a fine facility in the old—in the old State Board of Health building; the original building that was built back in—

CP: Nineteen-eleven.

JC: I was gonna say 1902. (inaudible)

Well, that was, again, a good learning experience, and an opportunity to be of some assistance.

CP: And this was after Miss Reed's death.

JC: She was gone.

CP: And he—he appointed you.

JC: Yes. It was just on an active basis while we were recruiting for a new division director. One of the assignments—I had, by this time, had moved out of the planning office, and had become a—I'm not even sure I can remember the title. We said Dr. Sowder was very foresighted, and he had set up—set in motion the development of a cadre of non-medical administrators. And, of course, the planning office was the first step of that.

But we set up a group of people who were—like myself—had experience in public health, but were not physicians, to do sort of middle management: planning, evaluation, that sort of thing. And I had moved into a position working directly with Dr. Sowder in that capacity; and through that, I got a number of very interesting assignments.

And this really takes me—if you're ready to go to the next step—

CP: Yeah, I'm with you.

JC: Okay. About this time, nationally, the movement toward comprehensive health planning was underway, and they had actually enacted some legislation in the late '60s: the National Partnership for Health—something. I'm not sure of the exact title.

CP: That was the name of it.

JC: I've got it here somewhere.

And it fell to me to monitor that and to understand it and keep Dr. Sowder and the staff apprised of what was developing and how we should be relating to it. So, I did that. And we're now approaching, I guess, 1969.

CP: Okay. (laughs)

JC: And the reorganization of state government—

CP: Constitutional reorg.

JC: Constitutional renovation. By that time, the national planning—the partnership for health had gone into effect. And the nucleus of a health planning program had been established in a number of states, using federal money, including one in Florida. It was placed under the governor's office: Governor Kirk, Claude Kirk.

And Governor Kirk appointed an individual to run the program who had no background in health or health planning or anything similar to it. He was a fine fellow, but he did not—he had no background. And the people he hired, many of them had the same lack of background; so the program languished. It was really not a very good program.

State government was reorganized. The Department of Health and Rehabilitative Services (DHRS) was established. And the governor and the state planning officer determined that the comprehensive planning program should not be housed in the governor's office. It wasn't working; it was a disaster, is what it was, to be frank. (CP laughs) So, they moved it over to the new Department of HRS.

And the new secretary of HRS, casting about for somebody to run it, asked me to take on the job. And with Dr. Sowder's recommendation, I took it. And that moved me from the State Board of Health, which, by this time, would be combined into the massive Department of HRS. But it moved me over into a new division under HRS as the chief—the bureau chief—the Bureau of Comprehensive Health Planning.

And that was in nineteen—late 1969; early '70s. So, that was my transition through the public health program: environmental health, up into planning, management, legislative activities, and then, over to—

CP: And now, comprehensive health management.

JC: Comprehensive health.

CP: Yeah, yeah. Your career was just—almost custom made for that, yeah?

JC: Well, it was just a stroke of luck. It was just—I just happened to be there as these things were going on.

CP: Okay. Now, I hope you were getting pleasures out of all of these.

JC: Well, I enjoyed it. I really enjoyed it all, up until then.

CP: Uh-oh.

JC: Up until then.

CP: What happened?

JC: Well, what happened is it was a very traumatic time. You know, as we were trying to —

CP: I'm witness to that.

JC: You were. As we were— One of my assignments in working in the Bureau of Comprehensive Health Planning was, of course, to put the program together right and to get a health planning structure set up across the state under the terms of the federal legislation and some of the Florida enabling legislation. But, in addition to that, I was also drawn into the reorganization, planning, and development of HRS.

CP: Yeah, like everybody else was.

JC: Like everyone else was. And that was traumatic and frequently unpleasant. However, it was up, and it had to be done under the state constitution—state law.

CP: Yeah, the state fiat. The public had spoken.

JC: Yes, they had.

CP: That's what we needed to do, and I think all of us cared—to put in a good workday, an honest workday. We tried to do what the legislature wants.

JC: Indeed. And the structure that came out of it, I think, was the best that anybody could do, under the circumstances.

CP: I agree.

JC: But, you know, with the comprehensive health planning, I think that really was exciting. We had to develop health planning—health service areas across the state; get regional or local health planning organizations structured and operable. That took an awful lot of planning, and work.

CP: A lot of doing.

JC: A lot of doing. We ended up, I think, with some excellent local—call it HSAs. They were the local comprehensive health planning organizations. We had some very, very good ones; the group in Miami was just outstanding. Had a group—a good group in Broward, Palm Beach, a good one in Jacksonville.

And these were—these were organizations that focused on local councils, which involved local health care providers, consumers, insurers; working together as a council, with a staff, to do regional local health planning. And, of course, we duplicated that, in a sense, at state level by having our own state health planning council, which, sort of, was the overseer of the entire operation and somewhat independent of the political process and of HRS. It was a—

CP: Ah, semi-autonomous.

JC: Quasi—yes, autonomous group. Which was required under the federal law, under which we operated, and which mostly funded what we were doing; it was something like sixty—forty—sixty percent federal money. In that, the state health planning council was the final deciding voice on approving the local health planning organizations, and their plans—each one had to come up with a plan, and that plan had to come up through the state process, reviewed by the state council, and finally approved.

So, that was a structure that, in some ways, was similar to the old State Board of Health board, and the county health departments, because we had to work with local officials. We had to work with the local health structure while we can (inaudible). And of all of that, of course, we had to do before under the State Board of Health.

CP: What impact did the plans that were put together have?

JC: You know, at this point, it's really—it's hard to assess. I think that over the short haul, there was a pretty healthy impact from the standpoint of the allocation of federal health dollars to the localities. They had local health plans, had an influence on that allocation and on the structuring. So, that—that's all gone now. That no longer really holds true. So, the long-range impact, from this standpoint, probably was minimal.

CP: But did it provide a[n] infrastructure of health service attitude and delivery facilities? Did it leave that legacy?

JC: Yes, it did, and I'm glad you mentioned that. Because that—well, just as an example, during those days, there was just enormous growth in the private health care industry, in the hospitals, in the provision services; there was so much duplication. Costs were skyrocketing, and one of the things that we attempted to do, with some success, was to look at that and try to bring some of it under some control, to at least reduce the wild excesses in the local private health system.

So, we spent an awful lot of time working on hospital expansion, hospital construction; new hospitals— [It] was a certificate of need program, which still exists, that evolved during that period of time; which required that, for you to build a new hospital or to add additional hospital beds or additional major expenditures, you had to get a certificate of need through the planning process. Now that structure still is there.

CP: It's still in place, and it still has local boards.

JC: Yes.

CP: Was that a federal initiative, or did that grow out of Florida's obvious need for such?

JC: The federal law added some incentives to do it, some guidance, and it was not a mandate. Now, I may be wrong on that. I'm not sure.

CP: We're pulling hard on our memories.

JC: Yes, we are. I'd have to—have to do some thinking. In any event, there was nothing that could be done about it until we had the legislation in Florida, which we got, over—I might say—the very strong opposition of organized medicine of the hospital—of portions of the hospital industry.

The hospital industry, as you know, is really made up of the not-for-profit hospitals, the public hospitals, and the for-profit hospitals. The for-profit hospitals were adamantly opposed to it, because that was the—that was really the force that was developing, growing like (inaudible), and causing a lot of the excessive cost problems.

So they opposed it, as did many other components of the health system, because they didn't want to be regulated, and that was (inaudible). So that was an issue that took an awful lot of energy and effort. But we did finally get to stabilization, calling for the certificate of need program in place.

CP: Yes. As I'm remembering, too, that certificate of need occupied about 130 percent of your time.



JC: It was—(laughs) yes, it was.

CP: To the exclusion of everything else.

JC: It was a—it was very demanding. The planning process was very complicated because it did involve a local determination of need by the local health planners, which then had to be reviewed at the state level, and put into effect legally by the state making a decision—yes or no—we would issue a certificate of need for whatever the expenditure in construction was.

So it was a very complicated process; still is. It [was] fraught with all kinds of legal problems, because most of these were challenged, and there were a lot of lawyers involved, and there still are.

CP: Yeah. We have special lawyers who specialize.

JC: Yes, we do. And we have the consultants that are out there making a living, working with people to get their certificate of need. Yeah, that's the downside.

CP: It opened up a whole new industry.

JC: It did indeed, yeah.

CP: And you were on the cutting edge of that. You were the—kind of the daddy guiding it.

JC: I was—I wouldn't call myself a daddy (CP laughs), but I was certainly involved, yes, yes. We—it took a concerted effort to—by the state health planning council, my staff, the local health planners, all of that together—to convince the governor and the legislature to go ahead and do it. And the reason they did is the facts were irrefutable. It was obvious that we were—we had a terrible problem with the rising cost of health care, particularly the hospital care.

CP: Yes, yes, we did. And the clustering. Collected and put them all in the wrong place.

JC: It was a—it was really a very challenging time. And—but I—but I enjoyed it; most of it.

CP: You survived.

JC: Most of it, yeah.

CP: You were a good leader, as I look back on it, too.

JC: But the thing is, I started out all that with a head of black hair, and then, suddenly, it turned white; I think it was the job, not the age. I'm not sure. (CP and JC laugh)

CP: Well, you're lucky. I started out with a full head of hair.

JC: Yes, you did. (CP laughs) We are doing all right. (CP laughs) I ran into—you remember Charlotte Maguire, Dr. Maguire?

CP: Very well.

JC: Have you interviewed her?

CP: No, I haven't seen her, and I'd like to know where she is.

JC: She's out in West Minister [Westminster].

CP: Oh, she is? Here in town? I thought she was in Orlando.

JC: No, she's here in town.

CP: Okay.

JC: Dr. Maguire was the head of our children's medical services program for HRS, as you know. And when I was working—I had moved from the Bureau of Comprehensive Health Planning about this time—because of further reorganization in HRS, I had moved up to become assistant—deputy assistant secretary—this is a mouthful—deputy assistant secretary for health planning and resource development. (CP and JC laugh) I'm surprised I remember that.

CP: It took two pages just to do your letter; one was for your title.

JC: Yes, that's right. And you were over here, working with HRS, and you and I spent a fair amount of time conferring about a lot of things.

CP: Yeah, we did.

JC: Well, Dr. Maguire was all part of that.

CP: Yes, she was.

JC: And the only reason I mention her is, I ran into her a few months ago at the FSU senior academy, which is an educational opportunity for retirees.

CP: I'm familiar with it, but we're not members.

JC: And Dr. Maguire came up to me and she looked at me and she says, "Are you Jerry Conger?" And I says, "Yeah. What ever happened to your black hair?" (CP and JC laugh) And here's this sweet little old lady with a full head of white hair. So time takes its own toll, doesn't it?

CP: Yeah.

JC: Yeah.

CP: I—She's much on my mind for this purpose, but I thought she was in Orlando.

JC: No, she's moved up here in, and she's out at Westwood—she was a few months ago.

CP: Well, what did you do as deputy assistant secretary? With all that big title, what did it mean?

JC: Well, I took a lot of time, as you say, signing my name. That took for—(CP laughs)—Well, that really meant that what we had put together was the old Bureau of Comprehensive Health Planning and the Bureau of Community Medical Facilities. The Bureau of Community Medical Facilities was a Hill-Burton<sup>1</sup> agency under Art (Forand?).

And you'll remember Art—Art was a fellow that ran the Hill-Burton program for many, many years. His chief job, and the job of his staff, initially, was to go out and build hospitals—help build hospitals—rural hospitals. He administered the federal Hill-Burton money which supported the construction of new rural hospitals and county health departments throughout the state.

Well, that bureau was the bureau that ended up with the assignment of managing the certificate of need program. So that program and the health planning program were all put together in a combination to do health planning and resource development. We also had—we served as consultants and a resource to the secretary of the department in all health related activities of the department.

Not in—not in any kind of supervisory fashion, but simply as a—

CP: Advisor.

JC: As an advisor.

CP: Give us—give our audience a paragraph on the Hill-Burton program.

JC: Yes. The Hill-Burton program, and that's something that might be worthwhile to have on tape at some point. 'Cause that program—

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<sup>1</sup>In 1946, Congress passed Hill-Burton Act giving hospitals, nursing homes, and other health facilities grants and loans for construction and modernization. In return, they agreed to provide a reasonable volume of services to persons unable to pay and to make their services available to all persons residing in the facility's area. The program ended in 1997.

CP: You—Where's Art?

JC: Art's here. Art's here in Tallahassee.

CP: Okay. Is he communicative?

JC: His health is not all that good, but I think he's communicative. I'm not sure; I haven't talked with him in a couple years now.

CP: Yeah, I totally agree with you. But—

JC: Well, that was a federal program named after Senator Hill and, I guess it was, Congressman Burton.

CP: Correct.

JC: Hill from Alabama, and I've forgotten where Burton was from. A program that was started in the forties—early forties, I think. Did it go back even further?

CP: No, it was really activated in late '44 [sic; 1946]. Late '44. Okay, that's early forties; that's what you said, isn't it?

JC: Well, mid-forties.

CP: Yeah, it was to get us back on base after the war, but it didn't go into effect until after the (second world war?)—

JC: Yes, yes. And there were substantial federal funds appropriated, which were allocated to the states for the purpose of building new hospitals where they were needed to be—the burgeoning population.

And the emphasis, in most of the country—it was here in Florida—was to bring hospital care to the more rural areas of the state that did not have access. Its purpose was to improve access to hospital and healthcare; both hospital and public health, because, as I

mentioned, there were grants that were provided to the county health departments to build new facilities.

CP: Yes, and we got a lot of them.

JC: We got a lot of them, and we got a lot of rural hospitals constructed through the program.

CP: Let me ask: is this on the same piece of ground donated by the county commissioners?

JC: Yes.

CP: There's a number of those. There's the county hospital, and the health department's right next door.

JC: Yes, absolutely.

CP: Yeah, and I like that. Excuse me; I interrupted.

JC: Well, I was just gonna say that one of the ironies of the reorganization and the advances in health planning is that our bureau of community health facilities, the Hill-Burton agency, was given the responsibility—in addition to trying to build and develop local hospitals where they (would be?)—was given the responsibility to contain and reduce unnecessary construction.

So, we had—we had sort of a diverse dichotomy there that frequently got in the way—it became a problem. Because, on the one hand, we had a mission to build; and, on the end, a mission to stop building. So, that was, really, a difficult balancing act. But Art and his staff, I think, did a good job. It was—

CP: I think so too. I think so too. Florida's a— It's a living testimony to the utility of that and Art's support. I'm constrained [sic]for anyone from Suwannee County watching the first Hill-Burton hospital—first Hill-Burton hospital built in the United States is the Suwannee County Hospital.

JC: I didn't know that, really.

CP: Which is now torn down, I think—the original building. But that was the original, and I was present for the dedication, with all—with all the federal authorities, to dedicate that hospital.

JC: Yeah, well, those were important developments. It was— Again, it was really a wonderful time, because it was—we were—all of us were part of Florida as it was growing and developing and we had those opportunities to do so many good things. And it was a lot of fun.

CP: Yes, it was. We're now in the—what I call the post-'75 HRS. There were major changes in the way HRS does business by legislative act of 1975 that went into effect in '76; another massive shake-up of staffing. And partial to that was this bureau that the office of comprehensive health planning and—whatever it was you said, I think—

JC: Yeah, (laughs) that's right.

CP: Became partial to that. Under now a new umbrella, with the same set of enabling laws, but a different sort of organizational infrastructure to help you get your work done. Speak to that. Have I made sense?

JC: Yes, you're right. It was— Was it in '75 that we had the—? That's actually when the position that I was promoted to was created. That's why we set up all of these deputy assistant secretaries, and we had a bunch of them.

CP: Yeah, we did. (JC laughs) I think they all had utility, though, from the secretary's point of view; and you were set up really kind of as his advisory office. And as your paper, as his paper—his paper grew. And I could justify it even today, I guess.

JC: Yes, well, we did meet as a group with the program directors. (I?) had to do a raw planning for the entire structure of the delivery of health and human services in the state, and I think we did some good work. It was difficult to bring all of these forces together, but I think we succeeded at that.

CP: I think you did.

JC: One of the problems that we had was a lack of stability at the secretary level; we had a number of different secretaries.

CP: Oh, man we did. I remember us little—us underling staffs allowing that, [if] we didn't have to spend so much time training secretaries, we could get some things done.

JC: (laughs) We did have to do a fair amount of that. And I contrast that with the times that we worked for the State Board of Health, where we had a lot of stability, and it just made life a lot easier.

CP: The leadership was so stable at the State Board of Health.

JC: It made life easier.

CP: I never contrasted those two, but that is so true, yeah.

JC: I don't know whether Dr. Sowder spoke to it when he was on tape, but I can remember him sort of squirming around in his chair, having to deal with all this new structure, and when they put the—merged the State Board of Health with all of the rest of it, it was, I think, a fairly difficult time for him and a real challenge.

CP: Very psychologically difficult time. He did speak to that.

JC: Did he? Good.

CP: Yeah, for our history.

JC: It was tough on all of the old leadership, because we had— Of course, we brought in the state health officer, Dr. Rogers<sup>2</sup>, who ran the mental health program, and (inaudible), as you know. Even they brought in, unfortunately, the Department of Corrections, which was a major mistake and was corrected fairly quickly.

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<sup>2</sup>Dr. William DeWitt Rogers (1909-1999) is considered the "Father of Mental Health" in the state of Florida. He began working at Florida State Hospital in 1934, and then was chief physician there from 1940-1950 and superintendent from 1950-1962. In 1957, he was named as the first Director of the Division of Mental Health in Florida.



But to see all the leaders of all those major, important state programs being forced to come together under a new secretary, who may or may not know what the heck he was doing was—it was quite entertaining. (CP laughs) And I was privy to watch some of that and to be involved in some of it as staff (inaudible). It was quite a time.

CP: You want to relate to us any interesting stories from those times?

JC: Oh, gee. I can't think of anything in particular. Just some of the turmoil that was involved with getting new secretaries, and getting secretaries confirmed through the senate was a process that was disgraceful; and OJ Keller<sup>3</sup> in particular was a fine man who was appointed secretary. His background was in juvenile justice and juvenile delinquency, and his knowledge of the rest of health and social services was somewhat limited, but he learned and he was a good man who ended up not being confirmed for political reasons by the Senate. That was a real morale problem to a lot of us who worked with him.

CP: Yes. To the whole department. 'Cause I think that whole department liked Mr. Keller.

JC: So, those were problems, and the problems of building—moving into Winewood, where we are today, was difficult. At the time that was done, I was still out with the Bureau of Comprehensive Health Planning, in a very nice little office on the other side of town. (CP laughs) And, at that point, Emmett Roberts— I believe Emmett was either the acting secretary or the secretary.

CP: Yeah, he served both. He was active—

JC: Yes, he was in several—

CP: He stopped being secretary, then he came back as active.

JC: Yes, he was a wonderful man.

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<sup>3</sup>The confirmation battle over the appointment of O. J. (“Ollie”) Keller as HRS Secretary occurred in 1975. The then-described ‘Battle of the Titans’ was between popular democratic Governor Reubin Askew, who nominated Keller, and the powerful Senate President and Dean, Dempsey Barron (D., Panama City).

He called me, and he said, “Jerry, I want you to move over to Winewood.” And I said, “Where?” (CP and JC laugh) And I argued with him, because we really—

CP: (laughs) You actually—

JC: Well, we haven’t—I said, “We’ve got nothing in the budget to make a move, and everything’s just fine where we are.” And you remember Emmett was very soft-spoken. So, finally he says, “Jerry, I want you to move over to Winewood.” (CP and JC laugh)

CP: That’s your problem with money and all that.

JC: I said, “Yes, sir.” (CP laughs)

CP: Did you know him in Palm Beach, when you were a little sanitarian down there?

JC: Yes, he was in the legislature. He was actually— I guess, he was one of the deans of the legis—he was in the House floor.

CP: At the time, he was.

JC: For a long, long time. When I was in Palm Beach, he was our representative from—he lived in Belle Glade or (Boca?), and it was out at—in the Lake Okeechobee area. I didn’t know him personally, but I—of course—

CP: A very lovable man.

JC: He met with Dr. Brumback, and I had occasion to listen to him.

Well, speaking— Going way back to that, I just wanted to say that it was really a wonderful opportunity I had to work for Carl Brumback<sup>4</sup>. Carl was one of the premier health officers in this country.

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<sup>4</sup>Clarence L. “Carl” Brumback (1914-2012) was hired as Palm Beach County’s first director of public health in 1950; he held that position until 1986. Among the many health problems he identified and addressed was polio; he arranged for Palm Beach County to participate in the testing of the Salk polio vaccine. Brumback also identified issues in the healthcare services provided to the black community and migrant farm workers.

CP: He's still considered— His heritage will probably not be duplicated.

JC: It was just very great. And even as I moved up into the State Board of Health, and over here to take on some of these jobs, we frequently consulted with him. He was just full of good ideas and innovative programs.

CP: Yes, yes, yes. Yes, he was. Florida's lucky to have him. Yeah, and he's still around. We've got him on tape. We've enjoyed him too.

*(Pause in recording)*

CP: We were talking about the—just to put you back on gear— We were talking about your place in the latest HRS reorg, and you were talking about moving to Winewood. I'm constrained [sic] that I, too, was directed to come to Winewood.

And my office was what had been a closet that was now occupied by the department's personnel officer. She was instructed to find me place; the only place she could find was in her office. In order for me to get to my desk, if she was sitting at her desk, she had to get up from her desk and move away, whereas I could get by to my office. That was my first office in Winewood.

JC: Oh, well, they just did not treat you right. (CP laughs) They didn't. Well, I must admit that our offices were wonderful, because we came in, as the building was being laid out and organized. And the good news, of course, Art Forand and his architects, who were our Hill-Burton architects, were given the assignment of working up this place for our two bureaus. And Art and his guys did a wonderful job.

CP: Protecting y'all's interests.

JC: I got a great big office with nice windows, and I had plenty of room. (CP laughs) And you were all—I'm sorry. I didn't know that. (CP laughs) We had a nice setup (inaudible) out, and, of course, we did to—because of our federal budget—we were able to pay for it.

CP: Oh, yes. Yeah, you could have some priorities if you brought your own money. Yeah. (laughs) Looking back on your career, highlight three— Give me three highlights that really are outstanding; that brings you great pleasure to remember.

JC: Okay. Well, let me give you the first one as the last of my work. One of the responsibilities that we had in our health planning organization was, as you know, to write something called a state health plan.

And that was to set out what the needs and concerns and the priorities in Florida's health system—healthcare system should be, and to propose some solutions, that sort of thing. One of the—one of the proposals in—and really, it may have been the first plan—was that we needed a more formal structure to control hospital costs. So, our state health planning council, in its state health plan, made some recommendations pertaining to the development of legislation to control hospital costs.

As a consequence—and this of course was not just the state plan, but also a lot of other people, including legislators who were very concerned of the issue— As a consequence, we ended up with new legislation, which required that hospitals in the State of Florida, for the first time, submit their budgets and justify their expenses, their costs, their revenues to the State of Florida, to an organization which was entitled the State of Florida Hospital Cost Containment Board.

At that point, I had about decided that I had been in HRS long enough, and this looked like an opportunity to move into a new program and try my hand at something a little different. So, the long and the short of it is I applied for the position of executive director of the Florida Hospital Cost Containment Board, which had been, under the new legislation, housed in the Department of Insurance, which was a terrible place to put it.

But that was the politics of it; and the politics of it relates to one of the forces that was pushing this, and this was the insurance industry. The Florida insurance industry was very much interested in trying to do something about capping hospital costs. So the program was housed in the Department of Insurance; although independently, because the legislation structured a board—a nine-member board made up of three insurers, three healthcare providers, and three consumers, who had the actual administrative responsibility to run the program of the insurance commissioner.

The insurance commissioner's job was he was one of the appointers of the board, along with the legislature and the governor. That program was set up as, pretty much, a result of the health planning push over the—during the late seventies.

I applied for the job, and I was appointed as the first executive director of the hospital cost containment program. So that was a highlight, because I had an opportunity to go into a new program and help organize and help develop it, and get it running.

CP: That's (got?) a history of your career.

JC: That's why I've had so much fun, Skeeter. (CP laughs) It's just been—just been a lot of fun because every time I sort of run out of steam in one program, a new avenue would open up. And because I like a little bit of change—

CP: Yes, and you like a challenge.

JC: I would move into it. So, I guess, that was probably one of my major activities; one of the things I really am very fond of, because we did develop the program. We did develop a uniform hospital reporting system. We did, for the first time in the State of Florida, get all 254 hospitals to start being more publically accountable, in terms of their budget.

And even though we were, as Dr. Rick Hodes, who was a state legislator from Tampa, and one of our fathers—one of the fellows that helped put the law in effect—he did call us a toothless tiger, because we were—we had no enforcement authority at that time.

All we could do was demand that they bring the budgets in, and then we would review them, and in public, he'd say, "Wait a minute, you guys are way out of line with this hospital, and this hospital, and (inaudible)— You're too costly. Do something about it."

And if they wouldn't, we could hold a hearing, and that was the extent of it. Then they could do whatever they wanted. (CP laughs) But at least we could embarrass them. And that did work. The fact that they had to all adopt a uniform accounting procedure and reporting procedure, I think, was really a step forward.

CP: It's a significant accomplishment.

JC: Really helped.

So that, for the first time—and, of course, we published the information; got it out to the public. So, that was—that's— I spent the last four years of my career doing that work. And having reached a little over about thirty-one years, I thought it was time to get off of that bus and go paint some pictures. (CP laughs) Which is about what I did.

CP: Oh, that's marvelous.

JC: So, that was, I think, one of the highlights.

JC: There, of course, was taking on the Comprehensive Health Planning program and sort of bringing that to life.

CP: Yeah, bringing that to life and getting it organized into an operating scheme, yes. Okay.

JC: The true highlight was my career in working for the county health departments and the State Board of Health, because that's where I met you; that's where I worked and made an awful lot of friends. I worked with an awful lot of people who just were dedicated public servants.

And it was a wonderful time during that period. I wouldn't try to pick any particular point of it, because it all was very interesting—

CP: Yeah, all that.

JC: A lot of fun.

CP: That's great. I want to ask you, too, what was the— What's the low point? The most disappointing element of your career?

JC: Well, you know, that's hard to— I can't really think of anything that was—that I would characterize as a low point. Uh, the trauma that was involved with the organization of HRS. All of that was very difficult and did require an awful lot of extra work, energy, thought, worry, anxiety.

But even then, it was a opportunity to try and help build something that would work better in the state. I can't think of anything that really was very low.

CP: Very good. (laughs) And I noticed you've brought for us some paper that you're gonna leave with us. Kind of overview of what it is.

And I'll tell you that this will be a part of the permanent record; any paper you leave with us. Permanent. This is, like, in permanent, Mr. Conger. Forever.

JC: Now, here are five papers that I wrote: one on comprehensive health planning—

CP: Great!

JC: One on HMOs and the history in the State of Florida; one on health planning resource development.

Here's some testimony I presented before a congressional committee. And I might mention that one of our leaders in the Florida—in the national Congress was from Palm Beach—Congressman Paul Rogers. Paul Rogers was an architect of the National Health Planning Resource Development, a partnership for health.

CP: Yes, he was.

JC: A wonder legislator.

CP: Yes, he was.

JC: I had the opportunity to go up and testify before one of his subcommittee hearings.

CP: Excellent, excellent, excellent.

JC: Here's a paper I wrote on national health insurance issues. And here's a paper you and I wrote.

CP: Oh!

JC: Oh, you don't remember this!

CP: Oh, you're kidding!

JC: This was a little paper that you had published in the *Journal of the Florida Medical Association* back in 1975.

CP: I can't remember that far.

JC: Okay, well. (laughs) I couldn't—I just dug it up. Anyhow, that's in there. So, these are just some (inaudible)— It covers a number of the things we've talked about.

CP: Yeah, thanks, thanks, thanks. All right.

JC: You don't need this, and you don't need this. You wanted my CV. Now, here's a—this is a— This is a little summary CV.

CP: Yeah, okay. That will introduce the tape to any potential viewer. (inaudible)

JC: Now, here's a more detailed one, up through '79 or something.

CP: Okay. All right. All right.

JC: Here's something I thought would be very interesting to have. This is the first Comprehensive Health Planning Newsletter. And it shows our executive board on the council, Mike Wood—

CP: Mike Wood, yes.



JC: He was the hospital administration in Jacksonville, and you'll recognize some of these people.

CP: Yes, that's your board; original board?

JC: This was the executive committee of the Florida Health Council—

CP: Oh.

JC: The first health council. See their help (inaudible)? Executive Director of the Florida Medical Association—Emmett Roberts, who ran the—

CP: Division of family services, at that time.

JC: Well, it was the welfare department. Wilson Sowder.

CP: Yeah, (health?).

JC: Dick (Rook?), who was independent life. (Gene Malkin?), who was—became a state senator, was a leader in the Florida Lung Association. Samuel Day, Jacksonville surgeon. (Ervy Hall?), a Bradenton physician. And me.

CP: Yeah, there you are. You were a young fellow with black hair.

JC: Wasn't I? Look at that; I was just—

CP: Yeah, you were a good lookin' guy!

JC: I was just a baby. (CP and JC laugh) So, I thought that might be interesting.

CP: Those are.

JC: There's a little something here on the Department of HRS, and it has a—

CP: Miss Roberts' picture on the front.

JC: Well, it has our planning and evaluation division, which at one point I was part of.

CP: And it's called there, on the headline, "The Egghead Division".

JC: "P&E HRS's Egghead Division," and here's David St. John, who was our division director. Dick Shute, who ran one of our bureaus. Here's Art (Forand?), who ran our healthcare program.

CP: Oh, these are nice pictures to have.

JC: Here's Bob Browning. You remember Bob Browning?

CP: Yes, I know Bob very well.

JC: There I am, looking very— That must have been one of my low points. (CP and JC laugh)

CP: It kind of looks like it. It'd kind of be fun to read that paper on Internet a hundred years from now.

JC: Yes, and there are— This is the hospital uniform reporting system; some of the early language on the regulations.

CP: Okay, okay, very good.

JC: And going back to the environmental health— Well, here are a couple of *Florida Health Notes*. Do you remember these?

CP: Yes, yes. I appreciate having those for our purpose. I'm trying to get Mr. [Robert] Schoonover—the longtime editor—I'm trying to find a way to fly him in from Pennsylvania to talk about the health notes, just in the point of interest.

JC: Well, I thought this would— This was when I was the acting administrator of the division of health education.

CP: Oh, all right.

JC: Gonna throw those in. Here are a couple of *Journals of Environmental Health*, and one of them has a paper I wrote.

CP: All right; and that's 1964, too.

JC: This is '65, '64. There's a couple of papers in here that I did.

CP: All right.

JC: Okay?

CP: Good, good, good, good, good.

JC: And that's all I could dig up.

CP: Let me ask you—a picture—a picture—Dole—Dole—on the environmental health.

JC: Oh, Jim Doyle.

CP: Jim Doyle! Jim Doyle. I wanted to ask you his name. Jim Doyle.

JC: Yeah, he was either the president or the incoming president of the National Association of Sanitarians.

CP: Oh, wow. Okay. All right. That's good, that's good. What have we left out, Jerry?

JC: I think we've covered a lot more than I really planned to talk about.

CP: It was—

JC: So, we—

CP: Oh, okay.

JC: I mean, we've covered the waterfront, haven't we?

CP: Yeah. I'm afraid— I don't want to close this with—like, that there was something you want to talk about that we haven't mentioned. That hadn't gotten on—

JC: Oh, can't—can't—

CP: You're the best judge.

JC: Well, I would mention one thing. It goes back to as we were organizing both the health planning structure and the cost containment effort in Florida. It was a— There were a wonderful group of consumers who were in the forefront of that battle—those battles, under the leadership of the retired educators in Florida and the American Association of Retired Persons.

And I did want to mention that because it was the AARP leadership under Jack Carroll and some of the others that worked so hard with me; that, when I retired, I thought, "Well, I'll just try and return some of the favors." So I have been working with the American Association of Retired Persons, which is something that takes up a good deal of my time now. All as a volunteer.

CP: Well, I appreciate that. I'm a retired person.

JC: I know you are, and you spend all your time doing volunteer work, too, don't you?

CP: But it's meaningful. Yeah. That's— I was aware of your work with the AARP, and I'm conscious that you're part of their legislative group, when the legislature is here, and you're involved with their legislative program year-round. Plus, an advisor with great experience in how state government works. That's very valuable to our Florida efforts in AARP. And on behalf of the retired persons with whom I'm associated, I say, "Thank you, Jerry."

JC: Well, you're welcome, and I want to thank you for the good work you're doing with the Red Cross. (CP laughs) It's wonderful.

CP: Thank you.

JC: So, they do take some of our old warhorses, and we do manage to keep busy, don't we?

CP: Yeah, we do. Yeah, we do. And it's kind of fun to look back and see—try to get 'em to keep up.

JC: Yes, yes.

CP: On behalf, Jerry, of the University of South Florida, and the School of Public Health of Florida, and myself, I say thank you sincerely for coming by and sharing with us, and reviewing for us, your colorful history in public health. And the fact that you've been a witness to so much that's important in, quote, modern—the modern public health movement. And that you'd share it with us is terribly valuable for future researchers, and I thank you sincerely for that.

JC: Oh, thank you, Dr. Prather. I really enjoyed—It's been an honor. Thank you.

CP: Good. And I'm Skeeter Prather.

***End of Interview***