NOTICE

Materials in our digital Oral History collections are the products of research projects by several individuals. USF Libraries assume no responsibility for the views expressed by interviewers or interviewees. Some interviews include material that may be viewed as offensive or objectionable. Parents of minors are encouraged to supervise use of USF Libraries Oral Histories and Digital Collections. Additional oral histories may be available in Special Collections for use in the reading room. See individual collection descriptions for more information.

USF College of Public Health Oral History Project
Oral History Program
Florida Studies Center
University of South Florida, Tampa Library

Digital Object Identifier:	C53-00016
Interviewee:	Richard Hodes (RH) Interviewer: E. Charlton Prather (CP)
Interview date:	July 14, 1997
Interview location:	Unknown
Transcribed by:	Jodi L. Harman
Transcription date:	September 10, 2014 to September 18, 2014
Audit Edit by:	Brendan Driscoll
Audit Edit date:	January 30, 2015 to February 11, 2015
Final Edit by:	Megan E. Nowell and Jane E. Duncan
Final Edit date:	June 3, 2015 to June 5, 2015

E. Charlton Prather: We have today Dr. Richard Hodes, a long-time legislator from Hillsborough County, a physician, and anesthesiologist who continues to be very active in peer review activities for Medicare and Medicaid, as I understand it.

But he's important to public health because he lived through some of the—and actually made some of the early history of what I like to think of as the reorganization of the way we deliver public health in Florida through certain constitutional amendments and certain enactments by the Florida legislature. Dr. Hodes, welcome. We're complimented that you would take the time to come and talk with us about your part in early—in a sense early public health history in Florida.

Richard Hodes: Well thank you, Skeeter. I hate to put myself in the early category but—because the early history of public health goes back to the 19th century and dealt primarily with the founding of the state board of health in the 19th century, under the aegis of, to a great extent, of my only previous physician Hillsborough County legislator, who was Dr. John Wall.[1] And Dr. Wall had a lot to do with the forming of the state health department initially, basically in response to the yellow fever epidemics of the 19th century.

CP: Very good. He wrote, actually penned the verbiage that went into the '86 constitution and he was the author of the bill that authorizes the enactment of that piece of constitution, that section of the constitution. So true, I misspoke. I didn't mean to imply that but those in Florida see two beginnings, actually now three beginnings, of public health.

1Doctor John Perry Wall (1836-1895) efforts in quelling a yellow fever outbreak in the late 19th century was instrumental in forming Florida's public health system.

One: the ’89 establishment of the constitutional provision of the state board of health. The ’69 major reorganization of state government. Actually, there’s four. The ’76 reorg [reorganization] act. And then the, what was the last year? 1996.

RH: The last year was ‘96. Ninety-six, right?

CP: Ninety-six. The ’96 act. But what got you interested in public health?

RH: Well of course, being elected to the legislature itself immediately, as a physician, got me involved with the health issues of Floridians in general, of course, that being my field, and then as a freshman legislator in 1967, at that time the legislature did not have standing committees with standing staffs. So the staff consisted of the [Florida] Legislative Service Bureau, and the [Florida] Legislative Service Bureau provided the technical assistance to the committees, which met almost rarely except during the legislative session itself.

And at that time, the chair of the Committee on Health and Welfare in the House was a doctor—not doctor, was Mr. Louis Wolfson [II][2]. And Lou Wolfson, whose father and my father happened to be personal friends, Lou was on the chair of that committee, and Ralph Turlington was the speaker. And at that time, Lou decided about halfway through that biennium of ’67 to’68, along around the latter part of ’67, that he thought it would be more appropriate for me to chair that committee than he. So I became a House committee chairman as a freshman. Which is a little unusual in itself.

CP: Rare, rare, rare.

RH: Yes, but I had a lot of connection with the health field, having served in practice from ’51 until I was elected in ’66, and beyond that, of course. And then also having some opportunity to be a clinical professor at the University of Florida, where I had gone up occasionally to give a lecture or demonstration in anesthesiology at the behest of the then-chairman, Dr. Gravenstein[3].

2Louis Wolfson II (1927-1979) was a member of the Florida House of Representatives from Miami-Dade County from 1963–1973.

3Dr. Joachim Stefan “Nik” Gravenstein, 1925-2009, founded the UF College of Medicine’s department of anesthesiology in 1958. He was also the co-founder of the Anesthesia Patient Safety Foundation, advocating for more sophisticated monitoring during anesthesia.

That experience got me into a more general health area than my own little world of health. Now the issue, of course, is why did I go to the legislature at all and health was the issue there. Tampa General Hospital at that time where I had my, almost my entire practice, had been a, and was at the time, a teaching institution.

But there was no one medical school associated with it at all and all of the residency programs, and it didn't cover all of them, but those that they had were freestanding programs. And as head of the anesthesiology department in 1960, I took it upon myself to try to establish a freestanding program in anesthesiology. And we succeeded in developing a modest program with accreditation, at that time, and then I could see the opportunity to keep those programs alive without a medical school failing rather rapidly. As we had increased specialization evolving in the surrounding communities and Tampa General was losing its pre-eminent status as the major teaching institution.

Although it had the only accredited residencies except, I think, for family practice program, which at that time was called general practice, at then Mount Park and later Bayfront Medical Center in St. Pete. There were specialists all over with no programs. But our programs at Tampa General were not likely to survive without the existence of an operating medical school. So one of my primary reasons for running for the legislature at all was to get a medical school funded at the University of South Florida.

CP: I didn't know that.

RH: That was the big reason. Now what happened in that situation was, the school had been authorized in the 1965 session before I was elected, but was not funded. Because there are a lot of things in the statutes that are authorized and never funded and never happen.

CP: And still are.

RH: That's right, and I felt that something here had to happen. Obviously as a neophyte, callow freshman legislator I didn't expect that I was going to make things happen miraculously on my own, but I had the cooperation of what I think was one of the strongest members in the history of the Hillsborough County representative delegation, in Terrell Sessums.[4] Terrell was very, very interested in education, although he was an attorney and not an educator and, by the way, with some background in architecture. But Terrell was determined to get that school funded as well. So we didn't see how we were going to get the required 3 million dollars that was necessary at the time.

4Thomas Terrell Sessums (b. 1930) was the Speaker of the Florida House of Representatives from 1972-1974.

That's all we needed because there was a federal match of 6 million that would've paid for 9 million dollars of phase one of the medical school. And Terrell and I were actually very interested in this and no way we were going to get through any committees. So when the Capital Outlay Bill for Education appeared on the floor of the House, Terrell and I quickly drafted an amendment to that bill for 3 million dollars for a medical school at the University of South Florida. It appeared nowhere else in the legislative process.

And the chance of that passing in the face of all the other private interests of members of the legislature were not very great. Terrell, at that time, had only had about three years' experience in the legislature himself, so he was not exactly an old hand, although very well respected for the short time he'd been there. Well the issue was there and we—it was going to be coming up on the floor. And I really didn't see how we were going to get—we didn't have the votes, really, to pass it. Now I have to give you a little background on that.

There were 42 Republicans out of 119 members which meant that there were sufficient Republicans to override a gubernatorial veto. Now we did have a Republican governor in Claude Kirk[5] at that time, to put this in perspective as to time. And while I was sitting on the floor, next to the back row and behind me were the Republicans because being in the minority, they were given the honor of having the rear seats in the House.

And, I was sitting here, I was sort of staring into space waiting for this amendment to come up and figure out how we were going to argue it, not realizing, not even thinking that we had any votes for it except for the 11 members of the delegation that had their representative interests in Hillsborough County. So I knew we had 11 votes.

And I tried to work a few others on the floor and had some people say, "Yeah, we'll support you," and Terrell had done a little, but it wasn't anything that looked like it had great viability. And then out of the clear blue, Don Reed [1933-1996], who was the minority leader of the House among the Republicans, happened to be in the back row behind me, leaned over his desk and said, "Hey, doc. I need some help."

And I said, "Now what?" And he said, "Well, we've got this little appellate court building in Vero Beach and we really think it ought to be moved to Palm Beach, and"—to West Palm actually—"and it's going take some appropriations to do that, and I have an amendment up there to move this appellate court." And I said, "You do?" I said, "Can you pass it?" He said, "Well, if I could get the 11 Hillsborough legislators to support me, I've got 42 votes among the Republicans; they'll go lock step with me on it. That'll give

5Claude R. Kirk Jr. (1926-2011) was the 36th Governor of Florida from 1967-1971.

us 53 and with people off the floor, and so forth. A few other people I can get, I know I can get this courthouse moved."

I said, "Well, an appellate court shouldn't be in Vero Beach for the entire southeast coast of Florida. I think you're right; it ought to be in West Palm. However, it just happens that, you know, this state has two medical schools, one in Miami, an excellent school, and one in Florida, a little bit—in Gainesville, a little bit younger, but also up and coming and a very good school. But the really urban area of central Florida doesn't have a medical school. And I have a little amendment up there with Terrell that would fund a medical school, it would only take about 3 million dollars," which was a big sum at that time; now we talk about state budgets at 40 and 50 billion. In those days, the state budget was under a billion.

So, I said, "If we can get some support for that, I bet we could move that courthouse." And so he said, "Well, I think my Republicans will go with us on it if you get your Hillsborough delegation lined up and maybe a few other votes on the floor, we ought to do it." Well, we closed the deal right then.

And we moved the appellate court from Vero Beach to West Palm, and we got 3 million dollars for a medical school at the University of South Florida. And as soon as that passed, went racing down to the Senate and grabbed a hold of Louis de la Parte [1929-2008][6] in the Senate. I said, "Lou, we got it in the House, you get it in the Senate." And anyway, we got it through and that's how we got the med school and that's how the system works.

CP: And it all began because I want [an] anesthesiology residency at Tampa General.

RH: Well, that—essentially, yes.

CP: Fascinating! That's your beginning into—

RH: Into the health area.

CP: —organized health area in contrast to sickness area.

6Louis A. de la Parte, Jr. (1929 –2008) was an American politician. He served as a Florida State Senator from 1966 to 1974 and was president of the Senate in 1974.

RH: Yes.

CP: We like to separate those two.

RH: Well this is health education.

CP: Yeah. Health education effort and that's proper.

RH: I'm not sure that didn't have a lot to do with the College of Public Health being at USF eventually, too.

CP: I have all reason to believe that the two of them are related.

RH: I would think so.

CP: Yes, they are. I'm not belittling your contribution. How did you get directly involved in the public health movement, per se?

RH: Well, now, that moves on a little bit. That goes to the constitution itself. Now Claude Kirk, in order to achieve his visibility that he was so anxious for publicly, indicated that he was going to call the legislature into a special session as soon as we were elected, in January of 1967. And it was for the purposes of revising Florida's 1885 Constitution, a document of some 36,000 words, which was written primarily by a constitutional commission that was very concerned about the effects of another wave of reconstruction-kinds[7] of activities.

And Reconstruction, if you'll recall, had resulted, after the Civil War, in a representation in the governor's chair and in many of the central state offices, of carpetbag[8] politicians; and the [Florida] Constitutional Revision Commission of '85 was determined to avoid that.

7The Reconstruction Era of the United States stands for two events: the first is the complete history of the entire country from 1865 to 1877 following the Civil War; the second focuses on the transformation of the American Southern states from 1863 to 1877. Richard Hodes is referring to the second sense of the term.

8In American history, a carpetbagger was a Yankee (Northerner) who moved to the South after the American Civil War in order to profit from the instability and power vacuum that existed at that time.

And so, to avoid that, they decided that everything that existed in the state should be in the constitution and very little left to the responsibility of the governor. And so they created a constitution in which we had an elected Cabinet. It gave the county commissions, elected locally, extraordinary power over that of most any other state in the Union; and additionally, took every single agency they could identify in the state and made it a separate entity in the constitution.

Which is really not appropriate for a constitution. It should be a bare-bones kind of thing. Well, the state board of health became part of that constitution as did the Game and Freshwater Fish Commission and many of the agencies, which the legislature laid a place under the aegis of the Cabinet control and gave the governor practically no power over the operation of state government at all, except to submit a budget and to make a few judicial appointments here and there.

And even then, the courts were terribly fragmented: you had municipal courts, county courts, you had the JP[9] courts which were like municipal courts. And we had, I'm straying but you have to get the picture, the background, of what we were dealing with.

CP: That's important to our purpose here today.

RH: Yeah, I think so. So we had a very, very fragmented court system, we had a very fragmented government, we had a series of agencies all of which had constitutional identity, and we had no real way to efficiently run a state government except by virtue of the fact that the old Pork Chop [Gang] legislature[10] was pretty good at working together.

But under the reapportionment that came in the '66 through '70 period, there no longer was a centralized coalescence of legislators to make things work. You had diverse interests being represented throughout the state and therefore you needed some kind of a solid executive branch.

So Kirk's calling for a constitutional revision was a very sound thing, probably the soundest thing he in four years of his administration. But the problem with it was that as

---

9JP courts is a colloquial acronym for Justice of the Peace Court. JP courts deal with minor offenses, misdemeanor cases punishable by fine only and they deal with civil cases in which the amount in controversy does not exceed $10,000.

10The Pork Chop Gang was a group of state legislators from rural northern Florida who, in the 1950s and 1960s, formed a voting bloc that effectively matched the political influence of the more densely populated South Florida. The group appropriated state money for local projects, pushed a racially conservative agenda, opposed integration and accused various civil rights groups of having links to Communism.

soon as we assembled for the purpose, an order came for the United States District Court of Appeals in Miami, that the Florida Legislature was malapportioned.

CP: Oh, I remember.

RH: And we were there ordered to return to our home districts and re-run for election, after just having been elected under the aegis of a court reapportionment plan. And that immediately broke up the constitutional effort at that moment. So we had to go back to our districts and we had a new election.

And whereas—from a personal experience, I was elected in one county, Hillsborough County, countywide, a multi-member district of nine members. I then had found myself having to run in a multi-county district consisting of Citrus, Hernando, Pasco, and Hillsborough Counties, a district that ran 70 miles by about 40 miles, with 11 members running in that district.

And I had a stroke of good fortune. Nobody qualified to run against me in that special election, which made it very nice. But I got to know a lot of very fine people in Citrus, Hernando, and Pasco Counties; and we did represent that area for about four years, until the next reapportionment.

But, it was interesting because it was a very diverse constituency and it taught us a lot. And at that time, I began to see, because of my interest in the health area, how the relationship between the county health departments in those various counties and the state health officer existed. And I felt it was very, very important to preserve that relationship between the county health officers and the state health officer.

But—and I learned that very early on. But, unfortunately, what happened is, because the constitution that we succeeded in writing in the legislature—and it might be in passing interest for historical purposes, that a major staff writer that I worked with some during the writing of that constitution—because we did eventually get back together again to draft the constitution. But one of the major staff people that helped me particularly with some of the articles I was working on, was Janet Reno.

CP: Really? Oh, it’s a small world.

RH: It is.

CP: Keep talking. Yes, it is.

RH: And she was—I mean, she was a staff person, and a lead staff person, but not *the* staff person because it was a big job.

CP: Priorities. We need to note who Janet Reno is.

RH: That's true. Well, Janet Reno, in 1997, is the attorney general of the United States. And a very visible attorney general of the United States—and has done a superb job—because I've admired her ever since she was in the legislature, and after she became the state's attorney in Dade County, and then went on—was Clinton's appointee. They could not refuse to ratify her nomination.

CP: Nobody accuses her of being not smart.

RH: No. She's very bright, and she was very good then. She helped me particularly on some schedule problems I had with the—I was writing some language in the schedule in order to retain some tax structures and yet keep the tax caps on, so they couldn't raise them until the constitution was ratified. Anyway, we got all that done. That's too much detail.

But, in any case, we—in that constitution was specific language, which said that there can be no more than 25 departments in state government. Now, if there could be no more than 25 departments in state government, unless a department is created in the constitution, then there are only 25 departments left that we can fit all of these agencies in state government.

CP: Do you remember how many agencies we had? There was astronomical (inaudible).

RH: Well, I'll give you a little hint right now. I'm just about to get to that.

CP: I'm sorry.

RH: Yeah, that's fine. But what it is, is that the House, under the administration of Speaker Fred Schultz[11], received the responsibility to do the reorganization after we had written the constitution that was ratified by the people of Florida, we were then faced with the problem of reducing all of the elements of state government into 25 departments.

And to give you a hint on that, the Government Operations Committee was given the task in the House of constructing this executive reorganization. The chair of that committee at the time is our present lieutenant governor in 1997, Buddy McKay. He organized the committee into subcommittees, and there was a subcommittee of Health and Rehabilitative Services. But it wasn't called that.

It was Health and Welfare, I guess it was called; Subcommittee of Health and Welfare, which is sort of a spin-off of the committee I was a chair of. Now the chair of that committee, because of his seniority, was Representative Tom Gallen of Bradenton. But Tommy, frankly, had no knowledge whatsoever of this area, and I didn't have a lot of it; but just because I had the MD next to my name, it was assumed I knew everything that had to be done about the whole issue of how health was to be organized.

And the decision had been made in the constitutional session, that of the many state agencies that could no longer be constitutional agencies, health was one of them. The only two agencies that really survived by pure identity within the constitution, was the Game and Freshwater Fish Commission and, frankly, the second one escapes me at the moment. But there was another one.

But it was interesting. Public Service Commission, which regulates all the utilities in the state of Florida, is not a constitutional agency and wasn't designated as such. So it was a little hard to keep health in the constitution as a constitutional agency. So it then fell under the pressure of having to be part of the 25 departments.

Well, then, getting back to the '69 session, where we're now doing the reorganization, and I'm serving on Gallen's committee—subcommittee for dealing with the health and social service area. Speaker Schultz did a very wise thing; he did two things. He employed, as a consultant, a man by the name of Kellott.

And Mr. Kellott was the president and CEO of Kimberly-Clark paper company in Wisconsin. And then he also employed the services of a consulting firm. And the consulting firm—I'll get to it in a minute. Well, the consulting firm sent a staffer to the—

---

11 Frederick Henry Schultz (1929-2009) was an American businessman, politician, and central banker. He was the Speaker of the Florida House of Representatives from 1968 to 1970.

essentially to do the whole health and social service area. And Booze-Allen was the consulting company. Well known, even to this day, ’97.

Well, a Mr. Chester, who was the Booze-Allen man, worked with our subcommittee. Mr. Gallen wielded the gavel, but actually a lot of the work was done in my office with Mr. Chester and the occasional consultation with Mr. Kellott from Kimberly-Clark. And we decided that health and social services certainly didn’t belong in a single department. But that health was a separate agency, and the—in order to keep from just saying “health” alone, and in order to be able to keep it down under 25 departments throughout all the state government, we agreed to include environment with health.

Now, in my freshman term, for some reason, Mr. Martinez[12] and I, in Tampa, were successful in passing legislation to very radically revise the environmental state law and organization. Under the old law, there was a Florida Air Control Commission that was housed in Lakeland. We got that changed to a Department of Health and Environment housed in Tallahassee. Over the stringent objections, over the citrus industry, the phosphate industry, and everyone else, we managed to do that. I don’t know how we did it as freshman, but we got it through. But—

CP: You were right.

RH: Well, we were right. But being right doesn’t always win. And—no, I had sort of campaigned on the environment issue to a great extent because of the—Tampa was a, not a clean air city in those days. Cement plants and phosphate—

CP: Yeah, you got a lot of national attention on your air.

RH: Yes. And I used to campaign by telling people how I saw people’s lungs in the operating room, and they didn’t look good. They lived in Tampa and that kind of thing. But that’s beside the point. So when we got to the issue of the health and environment thing, we put together a program where the House position ultimately, it went through the House this way, was going to be a Department of Health and Environment, and there would be a Department of Social and Rehabilitative Services.

Now I had some people on my staff that were putting the pressure on me to understand the issue of corrections. To me, a corrections was, if somebody committed a crime they went to jail, period. Was that a corrections? Well, they get—began feeding me all these

12Robert “Bob” Martinez was mayor of Tampa from 1979-1986 and was elected Florida’s 40th governor serving from 1987 to 1991.

Harvard articles about prisoner rehabilitation. And I started reading it all. And they said, "Well, no matter what you do in the prison, if you—even if you provide an education or a trade to a prisoner, after that individual leaves the prison, they still are in need of follow-up.

You need to have, not only a parole officer to look after them afterward, but you also need to have some kind of social investment in the family. Otherwise the prisoner doesn't have any way to rehabilitate themselves, to get back to their family." I was sort of convinced by it. It sounded pretty good, my usual liberal thinking; I thought that maybe it was probably a good idea. So a liberal doctor is hard to find, you understand. But anyway, so I said, "Well, that's a good idea."

We finally succeeded over the objections of Gene Shaw, who represented Stark where the state prison is, one of the major state prisons because he wanted corrections to be a separate department. And we managed, in the House, on the floor, to fold corrections into social rehabilitative services. So we had social rehabilitative services, inclusive of juvenile care—juvenile programs, the corrections programs, and all of the things that belonged into health and rehabilitative services, but not health. Health and environment were separate departments. And we went—came out of the House that way.

Now in the Senate, one of the lead people in the area of social rehabilitative services and health, was Senator de la Parte, who was my own county, and I knew well socially. Now I'll get back and describe the House position a little bit and then we'll get back to the Senate. The House position was that we should have single state agencies in areas such as rehabilitation, mental health, rehabil—well, not so much rehabilitation, but retardation, mental health, and some other, but with programs where we had large state institutions. Then we said that there should be another division, which would be called Family Services.

And Family Services would be divided into regions—we didn't know exactly how many regions—but into regions. And within those regions would be public assistance programs, the welfare programs, would be the rehabilitation programs. And one of the reasons why we wanted to bring rehabilitation into it was that the number of staff available for welfare follow-up and counseling, was very limited. But vocational rehabilitation had a[n] excellent staff of well-trained people who were very good at bringing people into rehabilitative programs.

CP: And they're a 100 percent federally funded.

RH: Well, 85, at that time, at least. So we thought, “Well, that would be a great thing to do.” And then we would have staffing at the local level, which would give us then a whole combined program for family programs, and if within that structure a worker or a counselor has determined that there is a need for mental health services or retardation services, that could be accessed directly through the department.

But it would be accessed by going out to the loc—that particular division for service. But the family services will be the major coordinating intake program and service program and counseling program. And we even had spelled out, had pending statutes to further implement that, to provide for a classification system for everybody that fell under the egis of the family services program; very consistent with the—later became the Federal Allied Services Act.

But what it actually did is, it would say that the potential for the worker on the intake end would have to determine what level of rehabilitation this individual family could possibly achieve, and then a plan for that individual of how you would go to achieve it. Public assistance—

CP: Makes a lot of sense to me.

RH: Well, that’s what we had in mind. Public assistance for two years, along with, maybe, vocational education, maybe somebody in the family was getting out of jail, or how that individual would be integrated back to the family. There would be a family or individual structure for every client, utilizing all the state services with this intake counseling staff. Which is not—it’s sort of a copy from the voc. rehab [vocational rehabilitation] planning that they do now, but much more extensive, utilizing a wider range of services. And that was the whole intent of this Division of Family Services. And this was all planned in the 1969 session.

Well, got down to the Senate, and it turned out that the conference committee—the Senate, by the way, came out with, basically, status quo. They kept all the divisions separate, they had a board of commissions and state institutions under the Cabinet, and they had mental health and retardation were all under the Cabinet. And it was really as it was before.

And the only thing they did differently is they called all of this “health and rehabilitative services”. And they threw the board of health in there, too. And we went to conference. And my mandate from the House, more than anything else—because they knew there’d

be political objections in the Senate—was to keep corrections in Social and Rehabilitative Services.

Now what was interesting is, at that time, we still had legislative service bureau. And I had the—this is—I hate to do this on camera, but this happened. I had those plans on my desk, and there was—they had a staffer from the legislative service bureau, and I had put this together with the consultants from Booze-Allen. And I had not even talked to the legislative service bureau.

The Senate was not using Booze-Allen and they used just the legislative service bureau. And that guy from legislative service bureau came and, literally, took our plan off my desk, copied it, and took it down to Senator de la Parte, to make it part of—to be his proposal for the Senate plan. Except Senator de la Parte went along with everything except the family—two things: the family services; and he wanted health as part of the program.

And I wanted corrections into family services. Bills passed both houses—as I just described, quite different. And the conferees, lead conferees on the two bills, were Senator de la Parte and myself. Senator de la Parte and I—I had indigestion over many state dinners at the Silver Slipper, trying to work out these issues with Lou, when we didn't have any real formal subcommittee hearings on the issue.

But, and Lou would constantly—and he was very good, he had a lot more experience in the legislature than I; he had been there since '62, I got elected four years later. And he had a lot more background. And he also had a very solid base of support for anything he wanted to do in the Senate, whereas the House is never that easy to coalesce.

CP: Never has been, and it never will be.

RH: No. So I had to take something back that I could sell to the House, and the only thing I had mandated to me was corrections. So I had to keep fighting for the corrections to be in the bill, and the SRS [Social and Rehabilitative Services]. And he was insisting upon health being in there, and I said, "Well, we got some trade-offs here." And then he said, "Well, what about this family services thing you have going?" I said, "Well, you like that, don't you?" And he said, "Yeah, I really do."

He said, "We got it in the Senate bill, too." I said, "Well, I knew you did." You know I know why he did, of course. So we tried to—we sort of tried to agree on that, and we put together a bill. He said, "All right, if you want corrections in that badly, if you'll let me

put health in there, I'll let you keep the corrections in there. And we'll just put it all together." And that's how—

CP: Why was he so [adamant] amanant that health should be there? What was his philosophic—

RH: I never really found that out. And to this day—I mean, he—I really have tried to talk to him about it, but I just really can't any longer; he's not able to discuss it very readily. So we don't do it. And we are socially friendly. It's kind of interesting: his mother-in-law is a nurse anesthetist, who I knew quite well, actually. And his wife, Helen, is a delightful lady. And we've been socially friendly.

But we get to these issues—you know, that all goes out the window. But Lou, I think he won on that. Because ultimately the House did split corrections away, because a more conservative view would be that corrections doesn't belong in a social program. And so that disappeared. But I always argued, "Now these people have got to get out of jail eventually. What are you going to do with them?" But—unless you have a place for them to go or family for them to go to and something structured for them, they're just going to go back in jail again. Well—

CP: Fascinating piece of history.

RH: Well, that was the history there. Well then, I'm not through with all of that. Because what happened when we ended up with health and rehabilitative services—and we still had this family services thing sort of out there—we took the plan to the district—the regional office of the Department of—at that time, HEW: health, education, and welfare[13] —for their ratification and approval of the way we were going to reorganize.

The only reason we would really need it was because we felt there was federal funds involved; we had to be sure we weren't offending the federal position. Well the regional office of HEW approved the plan, including the family services thing. And then the regional office sent it on up to Washington, and Washington wasn't too sure.

So finally—I believe what it was—the Secretary of HEW was required in some fashion to file suit against the state of Florida, to not include vocational rehabilitation in the

13HEW stood for The United States Department of Health, Education, and Welfare. This was a cabinet-level department from 1953 until 1979. It was administered by the United States Secretary of Health, Education, and Welfare. In 1979, a separate Department of Education was created from this department, and HEW was renamed as the Department of Health and Human Services.

program. Well, without voc. rehab, the family services thing lost its meaning and the suit pended. And we won the suit in lower court. Actually won it.

And then it was appealed to the United States Supreme Court. And in that court, the—well I talked to then-Attorney General Robert Shevin, and said, “Well, we have to take this appeal to the Supreme Court.” He says, “That’s right.” He said, “Well, we’ll handle it for you.” I said, “Well, you know, I think we have a strong Tenth Amendment case here; it’s a states’ rights issue.” He said, “Oh, clearly a states’ rights issue.” He said, “I think we can spell that out very well. I don’t think you have any problem.” Well we lost the case.

CP: Well, what was the politics back of that?

RH: The pol—I don’t know exactly. Now I do know this: I’ve been—I’ve asked them—I’m not—by the way, General Shevin is now, by virtue of a couple of marriages, a distant relation of mine.

CP: Oh, really?

RH: Yeah.

CP: Congratulations.

RH: Well, I—so I really can’t—I’m not going to say anything about him. And actually, Myrna and Bob are good friends, too.

CP: Yeah. And I don’t ask you to.

RH: No. But you know what, though—the only thing is, attorneys general, in general, like to take their appeals themselves to the Supreme Court because they feel they have the staff and qualification for it.

The truth of the matter is, for those—whoever watch this in the future, maybe the law will change—but I mean if—things will change. But it’s very hard to win a case in the United States Supreme Court unless you engage the services of an attorney or an attorney’s firm that is accustomed to handling cases in front of the United States Supreme Court.

CP: That's general knowledge, I think.

RH: Yeah, well. And there are specialty firms in Washington that do this. Well, for an attorney general to go out and hire a law firm to do his work for him, it's a little hard to explain to the public. So, as a result, the general was necessarily, pretty much required by precedent, I guess, to carry the case to the Supreme Court himself. Well, Bob Shevin has and is an excellent attorney.

But that is a level of which— he doesn't have the experience against the federal attorney who does that all the time. And so I think, now I don't think we lost that because of the competency issue, but we lost it also because there was a great deal of political pressure from the Congress to maintain the identified integrity of voc. rehabilitation.

CP: They were a strong congressional force.

RH: Yes. Well, you see, voc. rehab was started in 1927. That goes a long way back. And the National Rehabilitation Association was very closely identified with it and have always been a very strong political force. And that's fine, because they've done wonderful things. All of our rules on access and the 501 rules on access to buildings and properly constructing our elevators and the appropriate facilities for handicapped in any public area are a result of their efforts and certainly to be applauded.

But in this case, they were concerned that voc. rehab would lose its identity, being buried in a state agency. And since it was 85 percent federal funds, that it wasn't right to do that —the feds could keep better control by straight line control from Washington to the state capital and then out to the offices in the region; rather than intermingling it with the rest of a state agency. And then the truth of the matter is we had in mind a degree of use of those personnel for things other than the pure aspect of the law. So I could argue both ways on it. I really could.

CP: Yes, I see you are arguing both ways.

RH: I could, because there is an argument for both ways.

CP: But as a result of that Supreme Court case, and our loss of that case, were there not other programmatic areas in the new concept of HRS [Health and Rehabilitative Services] that tried to file suit, too? To be removed?

RH: Yeah, there were. There were people that always said they should be separate departments. Now voc. rehab didn't necessarily require being a separate department. They were able—at first, they were under HRS, then they were finally transferred over to Department of Education. And that—because vocational rehabilitation is not just a health entity; it's clearly an educational program, too, so it's hard to make an argument against that.

The very interesting thing about it was that the case itself proved to be a landmark Tenth Amendment case. During the presidential campaign of Governor [Michael] Dukakis of Massachusetts, when he was running for the presidency against—I guess that was against George [H.W.] Bush, he—I met him in Tampa.

CP: Oh, you did?

RH: Yes. And he actually—what happened was, one of the Dukakis staff called me and—I was in the hospital, in a scrub suit, doing my thing—and one of the staff people called and said, "Oh, you know, we have a congregated living facility across the street that—Governor Dukakis could be here by 10 o'clock, and you've had some ba—"

I was out of the legislature by then. Said, "Would you be willing to come over and just say 'hello' to him so we have—build a little crowd up around him when he comes over." And I had a little break in my surgical schedule, so I ripped off the scrub suit and put on what clothes I had worn that day and went over to meet Governor Dukakis. And he came in the usual limousine business and so forth.

I was standing there in the heat with everybody else. And he got out of the car, and he was shaking hands, coming down the row. And he got to me and somebody said, "Oh, and this is Dr. Richard Hodes. He used to be—." He said, "You were in the legislature, weren't you?" And I said, "Well, yeah." Said, "How do you know that?" He said, "I remember you." And I said, "Well, now he didn't remember."

I said, "The only time you and I ever even came close to meeting is when we both testified before the Ways and Means Committee in the Congress, on Medicaid, and we took opposite points of view. And you testified just before me, and I came right after you

representing state legislatures. And you were representing the National Governors' Association."

He said, "Well, I remember giving that testimony, but I don't think we met there." I said, "Well, we did, but it's easy for you not to remember that." He said, "No, I remember you as a major party in a Tenth Amendment case involving vocational rehabilitation in Florida."

CP: Really?

RH: And, he said that, "That case, we still teach at Harvard as a classic Tenth Amendment case of the rights of states versus the rights of the federal government as a result of the power of the purse." And so that is, to this day, a textbook case.

CP: Very good. (laughs)

RH: So I thought that would interest you.

CP: Yeah. To put all this into place: can you speak to a little bit of the history of, once the act got out, and the agencies begin to do their clustering, what happened from the legislator's point of view?

RH: Well, what happened in the years after that, is it was clear that HRS was a mammoth agency and unmanageable at the fed—at the state level. And that perhaps we ought to go back and rethink that family services thing again.

CP: But a good philosophy. Good philosophy.

RH: Yes, it was. Now, the person who chaired the HRS committee that came up with that proposal was Tom Herndon. Now Tom Herndon was a staff director for that committee under the chairmanship of Barry Kutin. Now Tom had been an intern on my committee when this whole process got going in HRS.

At that time, he was a student at Florida State University, getting a graduate degree in—it was a—what is it—in human, you know, a counselor. It wasn't counseling, though, it was

MSW, Master of Social Work. He was in the Master of Social Work program. I guess my age is catching up to me; I can't think of these things.

But anyway, Tom was—came to us as a legislative intern with our committee when my staff director was David St. John, who is now an attorney practicing in Palm Beach County. And David had put together, by himself without my being involved, an arrangement with the Florida State School of Social Work, to bring in three or four interns from that school, for background training in the legislative work. And many of them went on to become major players in state government. Tom, being the outstanding example, because Tom was a—

CP: David St. John is nothing to be sneezed at, though.

RH : No. Well, as a matter of fact, another member, slightly behind Tom, later became—was also Secretary of HRS, was David Pingree. David was a staff intern, and then later was on the staff. So Tom Herndon, Dave Pingree, David St. John, Amanda Williams, who was—these were all people who were on our committee staff.

CP: You trained them well. You trained them well.

RH: Well, I just—I sat there and watched while somebody—they trained themselves. But in any case, it worked very well. And Tom developed a good background, and he remembered well the advantage the regionalization. And I don't know whether he took that to Barry, or Barry told him to do it or how it worked out, because I wasn't on the inside of that committee process, since at that time I was chairing the committee on education.

And I did—I was on his subcommittee of HRS, but I didn't have a major role in the HRS program, as such. And they came up with that regionalization bill, and I certainly couldn't argue with it. It made sense; wasn't as purely structured as I would've liked, but it was what we finally went to with the 11 HRS districts. And that's how that got to be in the 1976 session.

And that bill passed. And I certainly supported it. So, it became a good bill, and how HRS got its next step. Now, in that area, health got kind of buried because what we have now, is we have a deputy Director of Health in the district, and then you have county health officers; and the relationships there, I didn't think were clearly spelled out.

And it certainly cut the county health officer off from access to the state health officer, who really didn't exist anyway except as—there was someone there who was a deputy secretary for health. But not the clear line of a relationship—

CP: Deputy secretary for health, though, is real recent. At that time, he was staff director for the health program office.

RH: Oh, yes, that's right. I meant it was a health program office.

CP: His planning was a function of one, and the title of state health officer was prohibited from being used.

RH: That's right. Well, that—I think that everybody forgot about the plague and rats and smallpox and yellow fever and didn't realize we had AIDS pending, staring us in the face. And there are things behind AIDS, if we're willing to look for them. I think public health —now this, by the way, is not a Florida—was not a Florida phenomenon.

I think you, Skeeter, having been in the field, will acknowledge that public health really lost a lot of public attention over the last 30 years to a great extent. And in spite of all of those of us who were very interested in it, working so hard to reaffirm its very important position in the body politic, it was very, very difficult to convince the public of the need.

CP: Yes. Yes, very definitely. And there's a—we could philosophize on that a lot, as to how come it's so. But it's so.

RH: Yeah. It kind of reminded me—I don't know if you ever you remember the old Rudyard Kipling poem about Tommy Atkins? Well, if you remember, he says—Tommy is a British version of American dough boy: he's a line infantry soldier, and he talks about his life. And in the poem, he says, "It's Tommy this and Tommy that, and Tommy you get out. But it's thank you, Mr. Atkins, when the guns begin to shout."

And this was kind of the same thing: Who cares about public health until we get sick? And all of a sudden, "Well, gee, why did we get sick?" And these days, what we do is we blame the victims, you know.

CP: Yes, we do.

RH: And we do that; we love to blame the victim. If somebody dies, you go, “What did he do? Did he smoke? Did he eat too much? God, he was fat, wasn’t he? Yeah, that’s why he died.” Not that people die. He died because he ate pizza. I don’t know what it is.

CP: And we didn’t have the epidemics, even in the ’30s and the concern of the Roosevelt Administration, about doing the Great so—not the Great Society, the Roosevelt.

RH: Roosevelt was the New Deal[14].

CP: Yeah, the New Deal.

RH: My memory’s good enough for that, but not for the Great Society[15]. (CP and RH laugh)

CP: And our attack on hookworms, which was a community problem: everybody identified with it. The nutritional problems: everybody identified with it. And the nidus us for doing something about that, we call the local health department. And we were popular.

RH: Well, it—really—after World War II, it really began to go downhill, because—and you know, it’s interesting, it—just to wake people up to what public health does: 20,000 men died of tetanus in World War I. One died of tetanus in World War II. Now that is what public health can do.

CP: Why don’t you think HRS worked as a legislature, in the legislature generally envisioned?

RH: Well, first of all, the programs weren’t integrated well enough; they weren’t—some of them weren’t, didn’t relate that well to each other. Frankly, I don’t think that health, public health or health management, necessarily works in a social service agency. If I were king, the way I would do it is, I would let all the eligibility stay with the social service agency, but the service delivery be with a health agency.

14“The New Deal” was a series of economic programs, initiated by President Franklin Roosevelt’s advisors, to create jobs during the Great Depression.

15“The Great Society” was a phrase used to describe a series of domestic programs, created during the administration of President Lyndon B. Johnson, that addressed poverty and social injustice.

For example, today, as of this day, we still have Medicaid being administered and delivered out of the Agency for Healthcare Administration, which is probably an unconstitutional agency, because it's given that name, because it's the 26th agency, and because we're only limited to 25 departments.

But there would be nothing wrong with a social rehabilitative, a social service agency, evaluating people for their eligibility to receive public service through Medicaid. And then let the Department of Health figure out how those Medicaid services should be delivered pursuant to federal law.

Then you don't have the fox in the hen house, because here you have the agency that's trying to generate funds for Medicaid, for example, and to justify the funds, they got to find the eligibles. So they may be—have the incentive—I'm not saying they do it. But they could have the incentive to reach out and find eligibles who may be questionable, and not police it very well, in order to be sure there are plenty of people getting Medicaid help. So they can get the federal and state dollars to fund that program.

CP: The dog chasing his tail.

RH: Well, that—yeah. Well, the thing to do is—nobody going to guard the hens when the fox is in the henhouse. And that's the same thing here. So you really need to keep eligibility and service delivery separate. And I think the Department of Health, as it evolves today—we haven't gotten to it yet—should not have the responsibility of eligibility determinations at any time. That should be in a separate agency because then it becomes self-serving.

CP: Yeah, philosophically, I totally agree.

RH: So that's—I think, operationally, that can be made to work. Now we want to move on to '96, by the way. And I'm not involved with that, but I know what happened certainly.

CP: And you have special interest.

RH: Well, I have a real interest; a special interest always implies that something's going to happen in my pocket as a result.

CP: No, I don't mean to imply that. No, I'm not speaking—no. I'm not implying that. That's the difference between me and the politicians. But go ahead.

RH: Well, no, what happened was that—actually, starting in '90—go way back. But the Florida Medical Association, of which I'm a past president—so that's the special interest part, I guess—has long-sought a Department of Health because we've always felt that health has been too buried in the bureaucracy in state government.

And finally, after some vigorous efforts, and through the help of a very—well, I think it really worked with the emergence of the Republicans in the Senate. Now as a Democratic leader in the House, I don't necessarily—I shouldn't be throwing kudos to the Republicans, but, truth of the matter is, I don't think a Democratic Senate would've passed that health department bill.

But the Republicans had strong support from physicians in Florida over the years, and the Florida Medical Association set that as a high priority. And Dr. Myers, who was the chairman of the health committee in the Senate, was a very effective senator, in spite of his own ill health. And did a wonderful job of shepherding that legislation through the Senate. And I think that it carried a weight into the House that allowed the House to pass it.

And it—also, remember, the House was also a Republican majority. I think the fact that it was a new Republican majority was also important because it gave the Republicans one more little place where it could flex its muscles and say, "Hey, we got the votes, guys. We're here; we're running it. And we're going to do some reorganization here, as well as cutting your taxes and cut all spending and let people sleep on the street." But anyway—that's a Democrat talking. But anyway—

CP: That's okay.

RH: But nevertheless, they did flex their muscles on that, with the FMA concurrence and, actually, endorsement, support, and encouragement. And—

CP: And a lot of lobbying to the end.

RH: Well, a lot of very—well—yeah, FMA, the Florida Medical Association has a good lobby staff. They really do. And, funny, when I was president of the Florida Medical Association, I was also a member of the legislature; in fact, I was picked pro tem of the legislature, as president of the FMA.

And it was very interesting. In that year, I was somewhat responsible, as—sort of, being a president—with some of the legislative programs that the FMA had. And I still voted against one FMA position that year. I confused some of my colleagues on the House floor, but it was just—I thought it was wrong. A board passed it, I didn't agree with it, and I voted against it on the floor.

CP: Did that cause you problem?

RH: No.

CP: Psychologi—

RH: No, it wasn't a big—it wasn't a big issue. And it didn't make much difference. I'll tell you what happened: I was interviewed—one of the—this is a personal thing—but, one of the only really negative pieces of press I ever got was from a writer by the name of Lindemann with the *Miami Herald*. And he said to me, "How can you, in conscience, be president of your state medical association and be a legislative leader in the House at the same time, without recognizing that you have a conflict?"

I said, "Well," I said, "You know, we have leaders of the bar, we have leaders of insurance companies—Hyatt Brown had his own insurance comp—big insurance company, and he's speaker. That's going to happen; people are—this is a citizen legislature, and we're supposed to represent our constituencies."

He said, "Well, how do you know whether it's a constituency speaking, or whether it's your medical background speaking?" And I said, "Well, there's nothing that I can think of that I would do that I don't think my constituency would support; that I don't think would benefit the people of this state; that I would let—take—medical association take as a position. "And I just—I just don't think that we would take that—I would, under my presidency, would take that position. So whatever we did, while I'm president, I think will be for the good of the people of the state." Well, he drew that story out to tie it in with Charlie Wilson.

Now, we remember Charlie Wilson; for the sake of this tape, I will. Charlie Wilson was secretary of defense under Eisenhower. And he was—had come—had been the president of General Motors, and had come under serious criticism because of the fact. And Eisenhower had talked about the industrial-military complex, and a lot of people said to Charlie Wilson, "Well, you're president of a major manufacturer, and how come you—"

CP: Contractor.

RH: "—contract—federal contractor, and you're secretary of defense, how do you resolve your— the conflicts that you might have in regard to General Motors' policies and your policies as secretary of defense?" And he said, "What's good for General Motors is good for the country." And that fell—

CP: That's a famous quote.

RH: I know it is, and I—reason I told the story is, this is a long—and where—how well I'll be recognized in the future. But I think Lindemann (?) had a lot of nerve trying to identify me with that quote. I didn't say, "What's good for Florida Medical Association is good for the people." I said, "Florida Medical Association would not take a position that wasn't good for the people as long as I was president." It was entirely different. But that was—I heard about that story for years.

CP: And now you're reopening it, with me. Well, I will not repeat it.

RH: Yeah, well, I don't know about that.

CP: I won't repeat it.

RH: I don't mind repeating it. It's available in the *Miami Herald* clippings.

CP: It's not hidden. What's your feeling about what's recently happened? What do you see for tomorrow?

RH: Well, obviously I think what's going to happen, and of course, posterity may prove me wrong, but I think the Department of Health is here to stay. And I think that, in time,

there will be a continuing process. So far, all we've done—and let's lay that predicate first—all we've done as a state, is we've created a Department of Health, and we've moved from the Department of Health and Rehabilitative Services.

Those functions that were in the Department of Health and Rehabilitative Services, most of which were pure public health issues. And as far as the health service delivery issues and the regulatory issues, those still remain with the Agency for Healthcare Administration.

What I look forward to and hope occurs, is that many of those functions will be transferred from the Agency for Healthcare Administration to the Department of Health. With the exception of eligibility determinations, which ought to go to the Department of Children and Family Services.

CP: All right. Makes sense.

RH: That's what—what will happen, is I would guess that the last statement I made will probably not come to fruition because people [are] probably not going to see that, and they'll probably just lock, stock, and barrel, just move various bureaus intact from one aid—from the agency over to the department. And I'm not sure how the regulatory aspects will go, as far as the various licensing boards in the health area and so forth. And also—well, isn't there? I don't know where the situation stands now as far as investigative staff is concerned.

CP: Legislatively, they will continue with healthcare administration.

RH: Healthcare administration. Well, that's very important—

CP: The licensing boards for the health services all are transferred July the 1st this year.

RH: To?

CP: To health.

RH: To health.

CP: Yes.

RH: Well, that works well. So that's because—and then, I think, ultimately the Medicaid functions and some of the other health functions will come over to the Department of Health, too. Agency for Healthcare Administration should have a pretty limited role at that point. And, I guess, would be a matter of the legislature to decide whether that particular anomaly should be allowed to continue or not.

CP: Yeah, I want them to address it, personally.

RH: Pardon?

CP: I want them to address that.

RH: Yeah, well, I think that—I think they will. And I know the FMA is prepared to address it because, I think, a strong Department of Health is important. What I think is very good right now is the Department of Health has a particularly able administrator in Dr. Howell. And I still like to have some contact with that Department, as you know, because I chair this compact commission, which deals with radioactive waste disposal.

CP: Oh, you still chair that?

RH: I'm still chairing that.

CP: You still? You are!

RH: Yeah.

CP: You've been on that for 100 years.

RH: 12 years, anyway.

CP: 12 years.

RH: No, actually, excuse me, 14 years.

CP: A long time.

RH: Well, then—they have a hard time getting rid of me when I get into something.

CP: So you do have direct contact with Howell?

RH: Oh, yes. Well, Rick Hunter, who is the deputy is on—is my fellow commissioner. But I have been the chair it was—since the commission's been founded. And the only thing we did in that time was spend a hundred million dollars trying to get a site developed, lose one state, South Carolina, because they wanted to go into business for themselves on radioactive waste disposal, and keep their school system going.

And we are now—in fact, we're meeting—interesting in this taping—we have a meeting next week to—we have a very definitive plan set forward now, and we're working to try to be sure that the state of North Carolina meets its commitment to develop a site. Then we have to go ahead and find another state to follow North Carolina, and we'll be going down the road on that. But I'm still doing that, and that keeps me in touch with the department a little bit.

CP: And you're obviously continuing to enjoy that?

RH: Oh, yeah. Anytime I get a chance to make a lot of noise and talk as long as I did today, I love it.

CP: You're not through yet. You aren't through talking here. No. If you were king again, and were to—I want to somehow get into the environmental health programs, the mosquito control program. And such mundane things as milk sanitation. Where do you think they should be? Who is the proper administrator for those?

RH: You remember the—I remember that delightful debate between the health officials and Jim Beck—with Jim Becks on one side and Doyle Conner[16] on the other side, in relation to the milk inspections.

16Doyle Conner was Florida's Commissioner of Agriculture from 1961-1991.

CP: Milk. Oh, boy. I remember it very well.

RH: I even remember that quote from Jim Becks. I don't know whether to say it on this program or not. Apparently there are some cows in Duval County that apparently had some mastitis[17] and therefore there was a certain amount of contamination of the milk with some of the infection—

CP: Leukocytes[18].

RH: —from mastitis. Yeah. But you know, it was some leukocytes. But they're just white cells. And we say that very nicely, and that's euphemistic. But Jim Becks didn't say it that way. Jim Becks said—

CP: I know what he said.

RH: "The health department found blood and puss in the milk."

CP: I remember that. And that created one bad stir.

RH: I'm sure it did. I remember it vividly.

CP: But ultimately, the health department lost the milk program.

RH: Well, I know that. Now here's the issue.

CP: It was transferred to agriculture.

RH: Now—I have nothing against dairy farmers, except I'm not so sure milk is that good for people, but nevertheless. You remember doctor—who was freshm—was the freshman with me in the leg—doctor S—

17Mastitis is the inflammation of the mammary gland and udder tissue found in dairy cattle.

18Leukocytes, or white blood cells, are developed in the bone marrow and fight infectious disease.

CP: Yes. MD veterinarian.

RH: Yeah. No, it was MD—Dr. Sackett. Wally Sackett. And he used to say, “Milk is a wonderful food for baby cows.”

CP: Yeah, he did.

RH: He didn’t like people using—he hated milk formulas.

CP: He was a pediatrician, too, wasn’t he?

RH: Well, no, he was a general practitioner. I grew up in Miami, and I knew of him as a doctor when I was growing up.

CP: Yeah, he had been there for years and years and years and years.

RH: Oh, yeah. But he felt that really—that milk was not good—that cow’s milk was not good for babies. And that you either should use breast milk, of course, if it’s available; and if not, then you go to the various synthetics, which simulate breakfast—breast milk as much as possible. But the cow’s milk was not something he supported. But I’m not going to get into a quarrel with the dairy industry over that because I don’t really know the answers.

But the issue of whether there should be the—who should do the inspections. And this isn’t the only place, there’s also the hotel and restaurant people, and the health department, and who should do the inspections there. Or should you have both and why should the manager of these companies be put—have to put up with dual inspections. Frankly, as far as I’m concerned, when it comes to what I eat and what I drink, I’ll take all the dual inspections in the world, and be glad to pay for it. So I’m not—I’m not concerned about that. But the industries are.

CP: The industry is very concerned.

RH: And I don’t see any resolution to that issue, as far as people’s feelings are concerned. The legislature, for one political reason or another, they make a decision to eliminate one

of the inspecting agencies. But I don't know that we'll ever answer the question of who should do it because the agriculture people do look at certain things that perhaps the health official might not. The health official is—

CP: I think they do.

RH: —more interested in the end product.

CP: Correct.

RH: And the agriculture people are interested in the process of producing the end product. And I think the, to a degree, that's maybe true in the hotel and restaurant field as well. But I've always had a little problem. One of my biggest complaints in hotels that was the fact that—particularly it's true in a hotel in Tallahassee—you get in the bed and the house—the room maid has made up the bed, and the sheet is about five or six inches above the edge of the mattress, doesn't cover the mattress.

Well, when you're six feet tall, your feet get on that bare mattress. And not only that, it gets tangles up in your feet. And I have gone to that hotel in Tallahassee, to the point where I would pull the bed back before I would take the room, and check it. And there was always one porter there who always took my bag upstairs. And we would stand there, sort of side by side, and look at this bed and he'd go tsk, tsk. "Doctor, we'll have to do something about that."

I told that hotel management time and again that I was going to call the health department. And he really didn't care. Because he felt that his concern was the hotel and restaurant commission. He didn't care whether I called the health department or not.

CP: As you said, the health department has lost its prestige.

RH: So I just—the reason for that long tale was to make that point: that the health department didn't really rock his boat at all. But they—if I'd mentioned hotel and restaurant commission, probably he felt he could fix that anyway. So it didn't make any difference.

CP: Well, from your legislator point of view, what would you consider the highlight of public health in this state, from your legislative point of view, not medical?

RH: Well, I would guess the ’96 Act, creating the department again. It’s got to be the highlight.

CP: The ’96 Act?

RH: Wasn’t my experience. I had nothing to do with it except pay my dues to the FM—Florida Medical Association.

CP: I paid mine.

RH: And make my contributions to the legislators running for office that they suggest that I contribute to. But—

CP: I do that, too.

RH: But that’s—but from the standpoint of the—of—the highlight, I think that has to be it. I think the other highlight, which was really a lowlight, was the constitution itself that abolished the board of health as a constitutional agency. Because the legislature is never through, and they could—stroke of a pen, change it again. Now people—I find that the public somehow think that everything that is, is chiseled in stone. And very little is chiseled in stone.

CP: And you only have to observe the process two years to appreciate that.

RH: Yeah. Well, people will say, for example, they think, well, goodness, Hillsborough County, that’s our county. The legislature could change Hillsborough County and make it part of Hernando County with the stroke of a pen. It doesn’t—people don’t realize, it’s only a statutory county; it doesn’t have any constitutional—the board of county commissioners of whatever county is created by the legislature has constitutional status.

But the county boundaries and the county itself, has no constitutional status. So that, if we wanted, as a legislature—I keep saying “we”—if the legislature decided they were unhappy with the county commission in Hillsborough County, they could simply abolish Hillsborough County and make it part of Pinellas County, and the county commission’s out of a job.

And you know as well as I do, Skeeter, that there've been plenty of legislation passed that was legislated around individuals, not as a public issue. You hated to fire somebody, so you simply abolished his agency. That's the way you took care of it.

CP: Have I missed anything that we should have on the record for future historians?

RH: I'm sorry we have some of the things on the record now.

CP: Oh no. (CP and RH laugh)

RH: You got me speaking very openly, but it's sort of the way the world is, and I think if people in the future look at it, they'll notice that one. The only thing I do want to say, that it is a lot better now than it was when I got there. In 19—mid-60s, pine trees had more representation in the legislature than people. And—

CP: Yes, that is so true, so true.

RH: And as a result, we were paving over all of north Florida, because a lot of pine trees had voted up there and wanted roads, I guess. And there—I think that you consider the social sensitivities that came about as a result of the '60s experience anyway, is reflected in state law and the state legislative performance. I think that, overall, that's been for the benefit, with the people; but again, this is a liberal speaking.

CP: No, I agree with you. I'm liberal, I guess, too, but—well, I'm a registered Democrat, and all.

RH: Look—well, I—I being—actually, I was sort of the yellow dog Democrat from the beginning, but there are—the only time you can afford to be really conservative is when you don't understand the problem. So, anyway, I don't know what that kind of philosophizing, but—it's the way I see things. But I have to tell you this, as a legislator: I had much more fun dealing with education than I did with health.

CP: Why?

RH: Well, because in education, nobody knows what he's doing. And in the health area—

CP: You are speaking kind of on the record.

RH: No, I'm only being—no, they know what they're doing. What it is, is that the—that, out of context, would sound terrible. But, what it actually means is that with education, the system changes much more rapidly, with much less to back up those changes. We went into new math before we knew how new math would—and we went—we did it univer—every time somebody has an idea, they want to do it universally, right away, all the schools at once.

Now, you know, the magnet school concept was a great idea, and it's being tried properly: setting them up here and there and different places. And as those things emerge, the idea of specialization in school and attracting specific students with specific goals, is a wonderful idea. And long, long overdue. And I only hope that the enthusiasm doesn't get so great that we break up the whole system to accomplish what those magnet schools do.

CP: That's a risk. That is a risk, it seems to me.

RH: Now, educators do tend to take up a cause and feel that there ought to be universal right away. And that does concern me. And that isn't a matter of not knowing what you're doing, and it isn't. What it means, really, is that the system of experimentation and evaluation of result takes so long that you can't put something in place until you can evaluate your product.

And in education, you've got 20 years before you can evaluate any change. It makes it impossible. So to be too avant garde in education and make it universal is dangerous. On the other hand, you have to be avant garde to a degree in order to make any changes that are worthwhile. It's much easier in healthcare. In healthcare, you pretty much know, if you vaccinated this year, and the disease rate drops next year, that you got a good program.

CP: Yeah, those two things related.

RH: If you don't have—until about five years later, when you find out that you created problems with the vaccination, perhaps. But, at least, it's more dynamic; it changes more rapidly. Education and, in the long run, education is more important. It really is. Now if we educated everybody adequately, the need for some of our public health programs would not be as great.

CP: Would be—a lot of others would disappear.

RH: That's right. So I love education because I think it is more—overall of—my whole career has been in medicine, except for a little bit of medical education. But education, as a legislative concern, is much more meaningful. Not as a human endeavor, but as a legislative concern. And the legislature tends to tweak it too often.

And I think that we need to do less legislative tweaking and a little less educator experimentation and a little—and not make anything that we do new, universal, just because it looks like a good idea. And that's where legislators fall awry. They tend to think something is a good program and make it kind of universal.

Sight-reading is a case in point. We practically abandoned phonetics for sight-reading. Now, admittedly, if you have the talent for sight-reading, you can read much faster. And the well-trained individual can sight-read and zip through things very quickly. But you can't take every child and teach that child to sight-read, and get any meaning out of what he's looking at. And so, then phonics have to be a key part of it. They finally have recognized that, of course, and everybody is back to teaching.

CP: But the pendulum, it swings wide.

RH: Yes, but the thing is those swings are too wide before they really try out the programs in enough places. Nobody just goes, "Let's do it all at once because I think it's a good idea." But they'll take a very, very small sample before they make a decision to impose it on the entire educational community. And I think that's wrong. And that's where I think that the educator, in imposing programs, doesn't know what he's doing because he hasn't got enough background in the program before he—

CP: To have empiric data, too, to support him. But that's a hard dilemma.

RH: Very difficult. Because why should—if this is a great idea, why should this child who's in the first grade today be denied that opportunity? Unfortunately, education is like social change: comes slowly.

CP: Yeah, it does. And it's hard to measure.

RH: It's hard to measure. And you can't change society with money, and you can't change education with money alone. Although I think it's bad they underfund it. It just can't be done. Now this isn't a program about education, but I couldn't help but touch on it because education is the major competitor for the health dollar.

CP: That is true. And they're so related. You know, you're a public health concern—if you're a public health philosopher it'd tell you your first obligation is to train, is to teach.

RH: And the other thing, of course, is to keep the children healthy in schools, so they have the opportunity to learn.

CP: Yes, and you can't separate those two things.

RH: Not really. When I was in a Florida grade school and high school, the school nurses were ever-present. They're not there now.

CP: No they're not. As I recall, they're always wanting you to drop your pants, and they was going to stick a needle in you.

RH: Well, there was some of that. They checked your teeth, and they checked your temperature. They did all those things. I don't how much is done today; I'm sure it varies from district to district.

CP: Not very much.

RH: No?

CP: Not very much. No. And it does—no, it doesn't vary from district to district in the health system, it's kind of universal.

RH: I think a single track of educational accountability would be fine. But to keep juggling accountability programs from year to year is a mistake, because then you have nothing to compare it to. And I also think that educational ideas do need to be imposed over—gradually, over a period of time.

And, if that can be done, I believe the public will accept those changes more readily. We'd make less mistakes because—by the same token, if Johnny is in the first grade, why should he get the advantage of the new ideas, but why should Jenny, who's in the second grade, suffer the disadvantages of a bad idea? And that can happen, too.

CP: Let me focus you back on health.

RH: Yeah, please do that because that's what this is about.

CP: Just speak to the question of the Indigent Care Act, Indigent Health—Indigent Healthcare Act of the seventy—I'm sorry, the '94 legislature. It's not the Indigent Healthcare Act, it was health departments provide sickness care to the indigent act. React to—do you think the public health department has a real role in the delivery of sick care?

RH: Well, you've almost—you've targeted the question in a fashion that I have—I agree with you, but I don't want to sound like I'm agreeing with you because you said it. But I don't think that the public health agencies have that responsibility; it's an entity unto itself. And it's the protection of the public health, and not the treating of the sick unless you're dealing with contagion.

If you're dealing with contagion, there's a responsibility. But as far as treating the sick, that needs to be handled by an indigent health program that utilizes the services of practicing physicians of one type or another and working in some other kind of community setting. The Hillsborough County plan, for example, is a very good indigent healthcare plan, albeit utilizing some of the services of the public health department, simply because it was advantageous because they were there.

CP: For the community at large point of view.

RH: Yeah. But actually, I think public health is a specialty just as I don't think I should be doing brain surgery. I don't—not so sure that a public health officer, a public health group, should be delivering rehabilitative care for the sick. On the other hand, I think the practicing physician has a responsibility, when he detects a public health problem, to immediately contact—

CP: Bring in the specialist.

RH: Bring in the public health person to do it.

CP: As he would for a brain tumor.

RH: That's right, but it's interesting how far public health has gone afield. I recently was looking at a posting for a medical director of a large hospital and one of the credentials they were asking for, for this physician who is in a hospital for the treating of the sick, was that he have a master's degree in public health.

CP: Really?

RH: Now, I'm not exactly sure why they wanted the master's degree in public health. The public health issues, I mean, I'm sure that the housekeeping staff can keep the place clean. And—

CP: Might be—might be an administrative attitude. The public health physician is very engrossed in a team attitude for problem solving and problem solutions.

RH: Well, public health education involves a lot of the administrative talent and training and I can understand that, and I think that's what they really meant. But, I think, an MBA would do just as well, perhaps, for that.

CP: Probably would. Probably would. Except the MBA—no, it's a physician with an MBA. An MBA doesn't.

RH: That's what I meant. The physician with an MBA.

CP: That would—it seems to me that would fit very well, too.

RH: Better than a public health degree.

CP: Now, not necessarily.

RH: Well, now, I know people in public health—

CP: Being with the public health degree.

RH: But I know people in public health who are wasted; they have wonderful public health backgrounds.

CP: Oh, I know so many of those.

RH: And they're working in so many places where they have nothing to do with public health. And they—but they got the job because they had a public health degree, and I haven't figured it out. I know people in marketing, in hospitals, who, without MDs but who have MPHs, who are working in hospital marketing. Now, I haven't been able to assemble that. People that I know, a few like that, they're very good marketers, and they're very bright people.

CP: I don't think this school teaches that. I find that fascinating.

RH: But I don't know how these people were hired, why that credential would get the job. The job is done well, but then—but why does he get the job?

CP: First public health professional that prides himself as being a salesman because he has to sell his programs.

RH: Well, I can see that. Yeah. You got to convince the community that—

CP: Body politic, the legislature.

RH: —he is, these programs are not convenient and they're expensive, but this is what you need to have. And I can—oh, I think I ought to talk to Dean Mahan here and teach him, offer to teach a course in legislative process for him; I'd be glad to do that.

CP: I think he would enjoy that. Yeah, I'm not going to challenge you; I'm going to tell him myself to do that.

RH: Well, I did do that over on the other side of the campus one time.

CP: I think Dr. Mahan would very interested in that; yes, I do. I'm going to tell him. I'll tell him myself since I'll probably see him before you will again. Doctor, because of the time.

EH: Right, we're out of time.

CP: Yeah. Let me—on behalf of anyone who would watch this, tell you that we're complimented that you would take the time to come. And on behalf of University of South Florida and the school of public health, as a person who's been on the ground floor of public health organization in this state, in recent times. Not (inaudible) to get that straight, sincerely, for coming.

RH: Skeeter, it was a delight to do it, and I'm glad to be here, and I hope that whoever views this interview understands that part of this is in good humor.

CP: They will.

RH: And part of this has sort of a little bit of shock value on purpose. Just to keep attention.

CP: It'll be the historians who'll be watching, not the curious probably.

RH: Thing I—this is part of my style, in a way. I also try to think up little aphorisms that people sometimes—

CP: Yes. Those are useful for our memory and our time. It's been a good—it's been good. And I'm so—I've just enjoyed you a lot.

RH: Well, thank you. I enjoyed talking, Skeeter; we haven't sat and talked like this for years.

CP: No, we haven't.

RH: Appreciate it.

CP: We haven't. I remember several airplane trips with you, far, sitting. This is—no relationship to your talk show. No, these two are not related.

RH: No, it's different. But I want to thank you, personally, as a Floridian, for making the effort to put this program together because we're dependent upon a very good historian in the form of Allen Morris, but very often we don't have—and I have a shelf full of Florida history books, but I don't think one of them—oh, yes. One covers the Department of Health. But it's a very limited book.

CP: Yeah, that's *Millstones and Milestones*, I'll bet. Yeah, that's great and to say that again: *Millstones and Milestones*, it's an excellent overview of the early history of Florida, public health in Florida. And that we haven't had the opportunity to put that on tape, so we'll bring that from you.

RH: You should do that, yes. Well, this is excellent. Thank you, again, very much for inviting me.

End of interview