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Charlton E. Prather (CP): Good morning. It's a pleasure to have today Dr. Robert H. Hamlin to review for us the beginnings of the school of public health in Florida. He was the person who spearheaded, did all of the grunt work, provided all of the written reports for the establishment of the College of Public Health at the University of South Florida.

It's a pleasure, indeed, for him to come, now, and review some of that early, interesting history as to what goes into getting a school of public health up and going. Dr. Hamlin, it's truly a pleasure to have you here. Tell us a little about yourself and how it is you came to be invited to do this.

Robert H. Hamlin (RH): Well, you ask about background—how I came on the scene. It's interesting that I had retired from a company that I had founded, called Macro Systems, in 1980 and had moved to Florida. And retirement's all right, but I've been, always, a very active person. I wanted to look around and see whether there's something I couldn't do.

And I came to the University of South Florida as being one source who had had a medical center. In the process, discovered the Department of Comprehensive Medicine, which was in the medical school—which would compare to usually a department of preventive medicine in other medical schools—and met Dr. Soderman (sic). And that was the introduction to myself at the University of South Florida.

And the key thing at about this time, 1979, there had been interest expressed by the board of regents¹ and by other sources in public health training in Florida. Dr. William Morton at the board of regents' staff had worked on a task force on public health education planning for Florida, and that report had come out recommending that consideration be given to a graduate program in public health in Florida. And also, Dr. Soderman had served as a member of that committee.

So the question was: could we build upon that initial interest of the board of regents? That's, initially, how we started the effort. One had to learn the process by which new educational programs are started in Florida.

And that is a challenge because, comes into the scene, is the board of regents. And the board of regents really has control over all academic planning programs at any state institution. And they lay out a very detailed pathway for how programs are to be reviewed, planned, and so forth.

But so that was—the pathway to take was open, but then, there was a confluence of major events at that time that brought about a very heightened interest in public health. There had been studies at the federal level: the Institute of Medicine², which is part of the National Academy of Sciences³, had recently done a report on medical education—including public health preventive medicine education—pointing out the need.

So, that report existed. And the Institute of Medicine carried major weight, not only in government sectors, but in private sectors. In addition, the then secretary of what was called the Department of Health and Health Educational Welfare—currently called the Department of Health and Human Services⁴—had issued a report pointing out the need for public health education. And, also at the same time, there was interest in Congress, particularly on the Senate side, on public health training-ships.

¹The Florida Board of Regents was, from 1965 to 2001, the governing body for the State University System of Florida, which includes all public universities in the state of Florida. The responsibilities of the board of regents included creating and implementing system-wide rules, planning the development of universities and colleges, and reviewing and monitoring the fiscal performance of universities. Its powers are now held by the Florida Board of Governors.

²The Institute of Medicine (IOM) is a division of the National Academies of Sciences, Engineering, and Medicine. It is a private, nonprofit institution that seeks to help those in the public and private sectors of medicine make informed health decisions by conducting and publishing studies.

³The National Academies of Sciences, Engineering, and Medicine are private, nonprofit institutions that provide expert advice on matters of health, science, and engineering. They conduct peer-reviewed consensus studies, hold conventions and conferences, and publish journals and periodicals. The work of the National Academy of Sciences, Engineering, and Medicine informs public opinion and influences policy.

⁴The US Department of Health and Human Services (HHS) is a cabinet-level department of the US federal government with the goal of protecting the health of all Americans and providing essential human services. Prior to the creation of a separate federal Department of Education in 1979, it was called the Department of Health, Education, and Welfare (HEW).

So, there was a lot going on at that particular time. And, in the state of Florida, as I indicated, the board of regents had indicated some interest in this subject. There also was, in Florida, at the time—the board of regents and state had set up what was called the Public Education Planning Commission, PEPC.⁵ PEPC was the short name for it, haven't heard that word lately.

But it was setting out missions of universities and what various levels of missions should be carried on by various state—certain universities would be in research and higher education, certain would be at undergraduate education, and so forth. And that commission set out certain standards for higher education and also pointed out the need for public health education.

So I happened on the scene at a very appropriate time—appropriate from the standpoint of what was going on at the national level of public health, what was going on here at the state level in Florida, particularly, to point out the tremendous need for education of, even, existing public health personnel here in Florida.

And, at that time—and I still think it's true—the State of Florida had one of the best local health department systems in the United States. Although we talk about local health departments, not all states had developed a large network, but Florida had and still maintains that. It's hasn't been funded to the level it should be, and maybe supported the level, but it still is one of the better local health systems in the United States.

So in addition, I had retired, and I had spent about a third of my career in academic medicine. I had been at the Harvard School of Public Health⁶ and the professor and chairman of the department of what was called the public health practice, would be called health service policy now. And I'd also taught at the Columbia University School of Public Health⁷ and Johns Hopkins⁸ part-time.

⁵The Postsecondary Education Planning Commission (PEPC) was a subcommittee of the Florida Board of Regents charged with establishing criteria for the performance Florida public universities and developing plans for the universities to comply with the standards of the commission.

⁶The Harvard T.H. Chan School of Public Health, located in Boston, Massachusetts, is one of the most selective and prestigious public health schools in the world. It is a private institution with a \$1.2 million endowment.

⁷The Columbia University Mailman School of Public Health, located in Manhattan, New York, is one of the largest recipients for sponsored research pertaining to public health. It is a private institution.

⁸The Johns Hopkins University is a private research university in Baltimore, Maryland. Founded in 1876, the university was named after its first benefactor, the American entrepreneur, abolitionist, and philanthropist Johns Hopkins.

So I had that background on the academic side, and I had started my career as a local health officer. So I had three and a half years as being a director of public health in the town of Brookline, Massachusetts, which is a suburb of Boston. So I had been a local health officer, which gave me a feel for the local health staffs in the state of Florida. And I'd also worked with the state health department and served, in my residency, in public health because I'm board-certified in public health and preventive medicine.

But I'd worked in the Massachusetts State Health Department⁹, and then I'd had the privilege of working as an assistant to the secretary of Health Education and Welfare in Washington DC for three years, as his assistant in planning analysis, which is now the assistant secretary for planning analysis in the Department of Health and Human Services¹⁰.

So, I've worked at the federal, state, and local level and on the academic side. And then in about 19—I'm trying to think when it was—1965, I decided that I was going to go into private enterprise. So I had went off and became director of all applied health research and organization for Booz Allen Hamilton¹¹, a major consulting firm all around the world—many countries, as well as the United States.

And then in 1980, established my own firm called Macro Systems, which is still in existence. That was about 19—trying to remember all of these dates now—it was 1969 when I established Macro Systems and served as chairman of the board until 1980.

So the background was there, that I had brought to it, and it became a labor of love for me. It was a terrific opportunity to try to meet a need of Florida and to bring my own background at that time. And I had worked in the United States. I knew a lot of the public health people and had had a lot of background academic programs, so I was able to bring those together. So, that's kind of the background. I appeared on the scene, 1980—about the mid-1980s.

CP: It looks like a hand-in-glove fit.

⁹The Massachusetts Department of Public Health (DPH) is mandated by state law to "maintain, protect, and improve the health and well being of the people."

¹⁰The United States Department of Health, Education, and Welfare (HEW) was a cabinet-level department of the United States government from 1953 until 1979. It was administered by the United States Secretary of Health, Education, and Welfare. In 1979, a separate Department of Education (ED) was created from this department, and HEW was renamed the Department of Health and Human Services (HHS).

¹¹Booz Allen Hamilton is a leading provider of management and technology consulting services to the US government in defense, intelligence, and civil markets. Their scope of services includes strategic planning, human capital and learning, communications, operational improvement, information technology work, systems engineering, organizational change efforts, computer modeling and simulation, program management, assurance and resilience, and economic business analysis.

CP: Well, it was. And there was a sense of commitment, and it was fun. It was fun. Not only meeting a nice need, but I was really pulling together a lot of my own background, plus what the needs of Florida were.

I soon learned, as a first step, that you have to put in what is called a planning authorization request to the board of regents. And what a job that is, because the board of regents sets out a very detailed format to be used, and sometimes these graduate programs can conform to it and some, they can't.

But, as a result of that, various documents would prepare it. This looks like all the work that went into the graduate School of Public Health, here at the University of South Florida. And, almost to the day, 19 years ago, this planning authorization request was submitted on January 1981 to the board of regents. It's called "The Proposed Graduate Program in Public Health, School of Public Health."

Now, this started the whole procedure, but this ruined the Christmas for me, 1980. My wonderful mother had come down to visit us for the holidays, and I had literally disappeared for three weeks because the board of regents—the word came out, it had to be in by January 15. And so it had to be done.

And this was a major document. I had been working, pulling information together, prior to preparation of this document. So this was mainly taking a lot of research and putting it in the document, in the format that would be used by the board of regents.

Now, a little bit about this report—and I'm going to talk, later on, about some of the wonderful people involved in it—but, at this time in 1980, there were 21 schools of public health in the United States. And two-thirds of them were public—that is, in public universities or public medical schools, and a third were in private. And 90 percent of students at schools of public health in 1980 were full-time.

Well, one can quickly realize—and I hadn't the first six months I worked on this—that a school of public health or a graduate program in public health in Florida could only truly meet its requirements if it were designed with a very important focus on part-time personnel already working in public health. You couldn't have the money to go all full-time to school. Some of these people were mid-career but needed the education. So it was an entirely different focus.

Now, back of this is the fact that schools of public health and graduate programs in public health education are accredited. They still are. And this accreditation process is focused on what is called Council on Education for Public Health, CEPH, C-E-P-H¹². This is the accrediting body for schools of public health and, then, graduate programs in public health.

Now, there's a difference between the two of them. The school of public health needs to have its own separate facility, its own separate entity as a series of programs. A graduate program in public health can be located anywhere within a university. And most of them that existed at that time were in medical schools—departments of preventive medicine in medical schools.

So the first thing was to lay out a graduate program in public health—not a college of public health here in South Florida, but a graduate program. That's the first phase. But, from the beginning, I wanted to focus on a college of public health because Florida is a huge state. It's 750 miles from one end to the other. It had a rapidly expanding population. It had some wonderful local health departments. It had personnel that needed to be trained.

And so, I knew that a college of public health was what we were really looking for. But there's a lot of competition out there because the University of Miami had an interest in a graduate program in public health, but no university in Florida, despite their interest, had applied for accreditation, even as a graduate program in public health, not a college of public health.

So, it was a lot of interest in education for public health personnel, and yet, nothing congealing to pull it together, so that entities would come into existence. So, in preparation of this document, I'm going to look at it—I have a list here of—

CP: Let me ask you: This document is available at the college of public health here now. Is there a copy in the main library that you're aware of?

RH: I don't believe so. This is the anonymous document created by Bob Hamlin. I dug these out of the closet over there, okay? There are a number of documents of information that I've brought along to this session that may be of interest to viewers—certainly are to me because I spent a lot of time on them—and I'll go through these, and I'll refer to them at several times throughout this interview.

¹²The Council on Education for Public Health is an independent agency recognized by the US Department of Education to accredit schools of public health and public health programs offered in settings other than schools of public health.

The first is my key list of 89 cards, with whom I consider to be the key people in the establishment of the college of public health in the state of Florida, particularly here at the University of South Florida. One of my early mentors, when I started my career in public health, had told me, always, “Bob, spend more time with your enemies than with your friends if you want to be successful.”

And so in this are people who contributed very markedly and some who, perhaps, played a role in making me work harder and to offer some insights that they thought differently about public health than I did. But I think we prevailed. So this is a key list.

I’ve also put together, here, a list out of those people’s names, of key people in the establishment of the College of Public Health here in South Florida. I’ve got the key dates on here. This first report, the planning document, was submitted to the board of regents on January 15, 1981.

The implementation plan—that is, for carrying out the graduate program in the college of public health—was submitted in September 1982. Later on, I’ll get to various votes and reviews of these documents.

This list that I have in my hand is of the people that I think, really, played major roles in the establishment of the College of Public Health at the University of South Florida. I divided it into—I’ll discuss some of these people later on. First, were key people, people that absolutely are essential to the fact that there is now a college of public health in the state of Florida and, particularly, at the University of South Florida.

And then, other people, the University of South Florida staff and professors and personnel who really were involved in the planning and played a role and a back-up and a very supportive role and an input role. So there were a number of University of South Florida people, throughout the entire university, that were involved in this planning.

Then, the board of regents. Remember, the board of regents is an important step in this whole process of putting any graduate school. And there were several key people—it’s a very unusual organization. You have to work to understand where the board of regents lies in the whole system of higher education and even mid-level education in the state of Florida, and particularly, with the role and give-and-take between the state legislature and the board of regents because the final determinant is always the state legislature in the State of Florida.

Then, I had certain Tallahassee agencies and individuals that were supportive, but it's rather interesting that, other than from the legislative side—that is the House of Representatives, particularly—there wasn't a huge amount of support for a graduate program in public health or a college of public health in Florida. But there were some very nice, supportive people.

And then, an interesting thing is the local health people. We had some good local health officers—and I'll name some of them later on—that were involved, that wrote letters, that actually worked the political scene. And this establishing a college of public health in Florida is a political process. It is not just an educational process. It's a political process, and a very interesting one. So there are people at the local health department level that I may mention from time to time.

And then there were other competing universities that had their eyes on graduate programs of public health: University of Florida; University of Central Florida, which became very active; University of Miami, and Florida International University. And then there was a report I hope to cover later on, Dr. Meyer Wegman (sic), which recommended that the University of Miami be the site of a college of public health.

Then, there was some external relation people involved in this list—some very key people that helped me, and others, plan the college of public health. Even up to Dr. Fred Robbins, who's a Nobel Prize winner and the vice president for medical affairs and dean at Western Reserve University¹³. A wonderful man who was very supportive and told the medical faculty at the College of Medicine at the University of South Florida, public health, really, was something very important. It's not all that recognized at the time.

And then, the newspapers—the newspaper support is always essential, and we had wonderful science reporters at the *Tampa Tribune* and the *St. Petersburg Times*. So that's part of the background of people that were involved. And this, hopefully, will be incorporated within this interview.

The last document, these two big pages, is the implementation plan, which I will get to at a later time. So, here we are. We've submitted, after a great deal of work, this planning authorization request. And there was a person that I could not have done this without. Absolutely key individual to get this documented because it starts—if you don't have a

¹³Frederick Chapman Robbins (August 25, 1916 – August 4, 2003) was an American pediatrician and virologist. He was awarded the 1954 Nobel Prize in Physiology jointly with John Franklin Enders and Thomas Huckle Weller for discovering the ability of poliomyelitis viruses to grow in cultures of various types of tissue. In 1952, he was appointed as Professor of Pediatrics at Case Western Reserve University. Robbins was also elected a Fellow of the American Academy of Arts and Sciences in 1962.

document like this, no process starts that's going to result in a college of public health. But that person was Janet Strauss.¹⁴

Now, who was Janet Strauss? I bet it's a name not many people know, but Janet, wonderful lady that she was, had been the executive director of the Council on Education and Public Health¹⁵. That is, as I referred to earlier, the accrediting body for graduate programs in public health and for schools of public health.

Well, here, we had 21 schools, and Janet was head of the staff that went out to accredit all the schools. She knew every one of the 21 schools. She had the curricula of each school. She had information on the student body, on the faculty staffing patterns—which she provided to me—which entered in and gave a background for developing the staffing pattern and budgets that would be needed for the University of South Florida.

So a lot of this goes in here, all this background, and the detail can be seen by individuals who want to review the documents. But the fact is that you need to lay out curriculum, people that are currently involved with public health, what the accreditation process is—and the key thing is, we, from the beginning, went for a program that would go for accreditation within four years after its establishment, whether it was a graduate program or college of public health.

And, by having Janet work on it, who knew the criteria and who had put together the various review groups that came in for accreditation, had just tremendous background. I knew a lot of the deans and so forth, but Janet was—and she was paid such a limited amount of money at the time—but she was like, I was committed. And she did a terrific job altogether, putting together, not only the planning requests, but in terms of the implementation plan.

So there we are. Now, the process starts. So there's got to be board of regents' review and various aspects taking place. So the request is in and early in the game, realizes that the state legislature in Florida is a very key part of any educational new program planning.

And, I must say, that I've worked, probably, with half of the state legislature in the United States. And, at the time, I worked on this program for the USF College of Public Health. Some of the finest people I've ever met with state legislatures were in the Florida state

¹⁴Janet Strauss was a member of the American Public Health Association staff, serving as the head of the Council on Education For Public Health.

¹⁵The Council on Education for Public Health (CEPH) is a private, non-profit agency recognized by the U.S. Department of Education to accredit schools of public health and public health programs. It was established in 1974 by the American Public Health Association.

legislature. I mean, some truly fine, intelligent, committed people that we wouldn't have a college of public health here without.

So, I started going up to Tallahassee. It became my second home for a while, and since in my educational background I happened to be a physician—I had my master's in public health—and I happened to be, also, a lawyer, graduate of Harvard Law School¹⁶ and because of the legal background—all the work I've done—I had worked with a lot of state legislatures. And I have respect for political people who must make decisions in difficult environments.

So I like to work with state legislatures, and so I went up and started looking around. And, boy, did I luck out. I met two superb staff people. Again, they're along with Janet Strauss—key people in the fact that we have a college of public health.

First, was Kandi Hill¹⁷, and the second, was John P. Phelps III¹⁸, okay? They were both staff directors of the House of Representatives' Committee on Health and Rehabilitative Services¹⁹—a very key committee in this whole thing. And Kandi, when I first went up there, was a staff director, and John Phelps became the staff director.

And John, both of them, just bright, committed, wonderful people. And I might add that John Phelps is now clerk of the Florida House of Representatives and well deserves that position. But they immediately became my tutors on the whole legislative process and where to go and where to be. And so, through them, I met Representative Samuel P. Bell III²⁰, who is Mr. College of Public Health, University of South Florida.

¹⁶Harvard Law School is one of the professional graduate schools of Harvard University. It is the oldest law school in the United States and one of the most prestigious law programs in the world.

¹⁷Kandi Hill was a key contributor to the HRS House Legislative Committee during the 1970's. She served as staff director to the senate president and deputy secretary of the department of health.

¹⁸John P. Phelps III was a prevalent figure in the Florida House of Representatives for many years. He served as assistant staff director of the House Corrections Subcommittee, held several staff director positions including staff director of the Senate Rules Committee, was long time clerk of the House, and was the first executive director of the Florida Legislative Research Center and Museum. His service to the Florida legislature earned him the meritorious title of clerk emeritus.

¹⁹In 1973, the Committee on Health and Rehabilitative Services (HRS, 1973-1995) became a standing committee with a permanent staff under the provisions of Ch. 68-35 laws. The committee reviews legislation on public health, public welfare, health facilities and state institutions, elderly and indigent care, medical care, rehabilitation, family services, and social services. In 1996, this committee was renamed the Committee on Children, Families, and Seniors.

²⁰Samuel P. Bell III represented Volusia County in the Florida House of Representatives as majority leader from 1974 to 1988. He also held the titles of president of the Florida Public Health Foundation, chairman of the Advisory Board for the College of Public Health at USF, chairman of the Advisory Board for the Institute of Child Health Policy at USF, and chairman of the Florida Legislature's Commission on Local Government.

In fact, I want to step back and say the college should be named for him because Sam Bell had very key positions in the state legislature during this process. First of all, he was chairman of the House of Representatives' Committee on Health and Rehabilitative Services. In other words, he was Kandi Hill's and John Phelps' boss. But, he was a great listener. Sam had a capacity never to waste time or get lost in an issue. He liked it, or he didn't.

He also was chairman of the House Committee on Commerce and, at a later time, chairman of the House Committee on Appropriations²¹, which becomes very key. And later on, chairman of the House Rules Committee²² during this whole process.²³

And Sam was the Speaker designate for the House of Representatives until—unfortunately, that did not culminate because the legislature, particularly the House side, came up with a proposal for sales tax and professional services, which industry in Florida fought very successfully. And, as a result of that, Sam Bell was not reelected as representative—I think it was 1984, about along in there.

But what a superb person. And he still has been, even after he left the state legislature, Sam Bell has been a very firm, wonderful supporter of the University of South Florida, College of Public Health. He is the key person—I'll get to some of the votes that were written—and there's some humor in them, although there was a lot of hard work later on. But Sam Bell is very key.

Also, and this is very interesting, at the same time, there was a key person from the University of South Florida, who was Betty Castor. Betty Castor, when I came on the scene, was vice president for University Relations for the University of South Florida, which probably means that she's the one who carries out the Tallahassee liaison for the university.

²¹The House Committee on Appropriations is a standing committee of the Florida House of Representatives. The Appropriations Committee is tasked with allocating Florida's public funds in to promote the best interests of the state and designating approval for expenditures from the state budget.

²²The House Rules Committee, formally known today as the House Rules, Calendar & Ethics Committee, has two broad categories of jurisdiction: special orders for the consideration of legislation (known as "special rules" or "rules") and original jurisdiction matters. A special rule provides the terms and conditions of debate on a measure or matter, consideration of which constitutes the bulk of the work of the Rules Committee. The House Rules Committee, has the authority to do virtually anything during the course of consideration of a measure, including deeming it passed.

²³Representative Bell served on these committees during what is often referred to as the Golden Era of Florida politics—the '70's and '80's. It is often said that the most powerful committees in the House of Representatives and Senate were Commerce, Appropriations and House Rules, due to their exemplary staff.

And Betty had been senator from Hillsborough County—state senator from Hillsborough County—before that, and then had ended up here at the University of South Florida. What a lovely lady. I mean, she knew her way around the legislature. She had been a senator. She knew key people. She didn't brow-beat them. What she would do is make introductions for people to tell their own story. And that's what she did for me a great deal.

And the interesting thing is that Betty Castor later became president of the University of South Florida, by part of that, the wife of Sam Bell. It's a very, very, very small world in all of this. And I hope 10 years, 20 years from now, people will realize how important people like that are and have been to this university, particularly the college of public health.

Then, at the highest academic level at University of South Florida was a very key person and that was Dr. Gregory M. St. James O'Brien.²⁴ He was the University of South Florida vice president for Academic Affairs, now called the provost, all right. And, Greg O'Brien was a warm supporter, and I'll get to some of the issues that came up later on. But, a very warm supporter that created pathways within the university, primarily.

And, I worked with him very closely. He was a psychologist. And fortunately, he would allow the community mental health programs, public health programs. And he had worked for one of my associates at Harvard, so it was a small world of coming around to work with Greg. And I worked with him a great deal over the three and a half years on this report.

And then, the other key people, at that time, were a wonderful support staff I had. In writing this report, I worked, usually, about 12 hours a day. It was handwritten—before the days of computers and word processing. And so I had to hand write all of this material out.

I'd work from 10 in the morning until 10 at night; leave a big pile of materials to be typed up in the morning. And Paulette Varney was my administrative assistant. I had a wonderful staff. They'd type it. First thing, I'd come in next morning, I'd edit that, and go on.

²⁴Dr. Gregory M. St. L. O'Brien has had a long career in academia during which he has played an important role in the development of higher education systems across several states. He has served as president of Argosy University and chancellor of New Orleans, vice president of Academic Affairs at the University of South Florida, provost of the University of Michigan-Flint, dean of the School of Social Welfare at the University of Wisconsin, and is currently president of the International Technological University in Silicon Valley.

The interesting thing about these documents, all the three and a half years of work—nobody ever changed one word of what we'd created at the beginning. Well, maybe it's because the tomes are so thick, nobody read it. But at least it was interesting, the process, all the review process, nobody ever changed any word.

Now, Bert Hartley²⁵ was vice president for Administration and Finance of the University of South Florida at that time—a terrific guy, really, a powerhouse on the whole financial side of the university. And Bert came up to me once and said, “This is one of the best planning and influential reports ever prepared that he'd ever read.”

And it's the fact that there was a tremendous number of people involved, feeding data into me, and so forth. So it was nice. So that's where we were when the plan came into effect and the actors but the times began to work up in Tallahassee. This is where the work started. The work had been finished down here, and now you work up to where the political process goes into effect.

And, so there was a lot of discussions going on with the board of regents, but really, basically, the board of regents' staff doesn't do a great deal. They didn't do much review on it. They realized that the Florida State Legislature calls, pretty much, the signals on it.

And so there was a lot of discussion at the board of regents. I spent a lot of time with Kandi Hill and with John Phelps, with Representative Bell, and then Pat Berrick (sic) was on the Senate side—the Senate Health and Rehabilitative—and she was quite supportive, and I would work the information with her.

So we go through a year of really hard work, and now I'm going to move to the votes, all right? After all of this—I should say, during this year, an interesting event that I referred to a little bit earlier came about, and that was the fact that, through this board of regents' process and the interest of University of Central Florida and Miami and Florida Atlantic and even Florida A&M in public health programs, the board of regents pulled in a consultant. I mean, there's a lot of interesting—give-and-take goes on.

And it was Myron Wegman, who was dean of the School of Public Health, University of Michigan, one of their key people in public health—I remember, a really fine person. But he came down, made all the visits to the various interested universities, there was Florida, Miami, Florida Atlantic, and so forth. And darned if he didn't come out with a

²⁵Bert Hartley joined the staff of the University of South Florida in 1971 and retired in 2002, making him the longest-standing of all the upper-level administrators. In his 30 years of service to USF, he worked under five presidents as vice president of Administrative Services (a position previously referred to as vice president for Administration and Finance).

recommendation that the graduate program and the school of public health be established at the University of Miami.

And Miami did have something going at that time, and I spent a lot of time—I mean, you still work here, you’ve got to go over and meet the Miami people, you’ve got to meet the Florida people; so I was traveling all over to meet the people at Miami and seeing what they wanted to have in Florida Atlantic, provost, and everything else.

And the simple fact—and it was a very powerful argument we had—the state legislature is not going to establish a graduate school in a private university. And one of my major arguments that public health people are primarily public servants—there’s a lot in private sector—and that a college of public health is a state investment and must be in a state university that’s got a medical school, other resources. And this fit the University of South Florida to a T.

But anyway, it took some work. I told Myron Wegman I was very disappointed in what he’d recommended. I didn’t upset him.

But now, we move into a year later, all right? January 15, 1982, when the board of regents is going to take action on this original planning request. And I want to read you, because it’ll take a little bit, but this is the epitome of how the board of regents operates because all of this enters.

“(Unintelligible) the board of regents, January 15, 1982. Public health program recommendation. The University of South Florida, in cooperation with the University of Central Florida, is authorized to plan and, upon approval, implement a graduate program in public health with the right to grant a graduate degree in public health and recognize public health specialties, and subject to legislative approval to plan for a school of public health utilizing existing faculty and physical facilities to the maximum extent possible.” So here we’ve got University of South Florida and University of Central Florida.

And now we go on—continue this vote. “The University of Florida is, likewise, authorized to plan and, upon approval, to implement a graduate program in public health. In addition, the board of regents²⁶ recommends that the state board of education²⁷ contract

²⁶The Florida Board of Regents was, between 1965 to 2001, the governing body for the State University System of Florida, which includes all public universities in the state of Florida. It was created to replace a predecessor body called the Florida Board of Control, which had existed from 1905. Its powers are now held by the Florida Board of Governors.

²⁷The Florida Board of Education is a subdivision of the Florida Department of Education, also known as the State Board of Education (SBE). It is a committee composed of members appointed by the Florida Governor to guide and direct public K-12 & Community College education in Florida

with the University of Miami to support of that university's graduate program in public health in cooperation with Florida International University. Six hundred fifty thousand dollars is recommended for such graduate programs at the University of South Florida, the University of Central Florida, and the University of Florida.”

This is a very interesting process because, right about—since there's been a lot of work going on in this year since the original planning request and a lot of political forces working with the board of regents. So what the board of regents did? They don't make a selection amongst competing—everybody is to be covered. And this is a personal observation.

I love Florida, and I think there are some fine universities here. But this vote represents, to me, one of the weaknesses in the Florida higher education system—it's spread too thin. And that's what concerned me with this vote. Here you have four or five universities that, in essence, the board of regents says can have graduate programs of public health. It becomes so fractionated. You compete for a limited amount of money and what happens? You have very weak programs.

It was a disappointing time. But now, Sam Bell, the legislature, steps in, and the 1982 Appropriations Act of the state legislature said after this vote of the board of regents says as follows. This is a preface right out of the Appropriations Act of 1982:

“Funds in specific appropriations 411 through 414 for public health are to implement a graduate program in public health at the University of South Florida Medical Center, and to plan a school of public health to be established at the University of South Florida Medical Center, subsequently, by the board of regents.”

That was the state legislature. That was a result of all this process of give and take. And this is the reason so much time was needed in Tallahassee in working with various people like Betty Castor, and Sam Bell—and very interesting.

I should say as a side-cap, Sen. Jack Gordon from Palm Beach County was a terrific, terrific man. He has an interest in higher education and, particularly, at baccalaureate degree level. And he and I used to have discussions about—but it was very fortunate.

He was very supportive of the University of South Florida. You would say, you know, “Well, he comes from Palm Beach County and Florida Atlantic University's over there by it.” But, for some reason, he was never a big supporter of the University of Miami, which was very fortunate for the University of South Florida.

So, on the senate's side—it was really the House that did the work. The House did the work, but the senate has to go along on this, and so there were people like Senator Gordon, and others who—

CP: He was chairman of appropriations in the city previous to that.

RH: That's right! I'd forgotten, but you are absolutely correct—which was rather key. But the interesting thing is to look at what the board of regents' vote was and then to see what the state legislature did. And then, at that time, Bob Graham was governor, and the question is whether would this line item veto, if this would survive. It did. It did. Thanks to, I think, Sam Bell and others. So that's kind of the background.

So, here we've got the planning report ready to go, all right? And, it approved. And now we go into implementation phase, which is, again, a series of different sections that are required by the board of regents when you develop this plan. And so, after the vote of the state legislature—the appropriations bill—we went into the production of what is called the implementation plan. And it was submitted in September 1982.

This was—my wife was up in a dark place in New England and I was here in hot Florida. And I think, on my list of key, absolutely key people, were the air-conditioner engineers at the Florida Mental Health Institute at the University of South Florida²⁸ because, boy, without—those rooms got awful hot, and I was there until eleven, twelve o'clock at night. And, on weekends, usually they—boom! They shut off all the air conditioning. It got pretty miserable. So I would prevail upon some very cooperative gentlemen to keep the air conditioning running around the area that I was working in.

But, so we went to work to prepare this document, which is the implementation plan. Now, one of the things from the beginning—which is a little bit unusual—is the fact, first of all, to start on the whole process in 1980, I knew we needed a school of public health—college of public health, it's called in Florida. And so from the beginning, that was a concept: not just a graduate program in public health, but an accredited college of public health, or school of public health.

The second thing is, I knew that you needed to have doctoral programs. Well, under the board of regents' procedures, you've got to do planning authorization requests for doctoral programs, as well as for graduate level programs—master's of public health. So

²⁸The Florida Mental Health Institute (FMHI) at the University of South Florida is dedicated to research and education related to mental illness and related disorders.

I decided, in this second document, to put not only implementation plan of the master's degree in programs of public health, which included the college of public health, but a planning authorization request for doctoral programs in public health.

And it was fortunate we did that because as soon as the college was established they were immediately able to start the planning of doctoral programs, because, in the process, doctoral programs were approved—doctorate of public health and PhD programs in certain areas. So it was, again, a fact of fortunately having a background of working in academic public health, working in public health departments, and working in the private sector that I realized you needed to have them all together because you can't have just a graduate master's program.

You've got to have a research input to various graduate schools to really make them powerful. You've got to attract the best faculty. And unless you have research programs and unless you have research doctorate students who do the work for the professors, you don't have strong programs.

That could get into another subject, which is the College of Medicine, University of South Florida,²⁹ which started out as being, initially a—the initial charter of the College of Medicine was to become a training ground for practicing physicians with a limited research orientation. And that has an impact on what happens over time. I won't get into that anymore.

So then, we went to work to prepare this document, and this is where it gets—Janet Strauss came in, all the background. And, boy, when I read it over this weekend—pretty nice job. I felt good. I felt good because this, basically, was a very anonymous job to do. I think there are 10 people that know that I developed these reports or Janet Strauss because it was all handwritten.

It is a key document. In what you have here, we developed a faculty plan. We laid out a five-year plan. The first three years of the program were to be a graduate program in public health. The last two years were the implementation of the college of public health, all right? So those are two different things, so it's a five-year plan, more or less, like the board of regents requires.

And, first three is a graduate program. The last two, you move into the college of public health. So, it laid out that phase—it laid out the faculty and, I think, for the first five

²⁹University of South Florida's Morsani College of Medicine is a graduate school located in Tampa, Florida. Established by the Florida legislature in 1965, the college enrolled its charter class in 1971. Tampa General Hospital is the primary teaching affiliate for the College of Medicine.

years, faculty. And we moved toward this program to be accredited in 1986, '87 year. I think it was that, about that. Peter Levine did a terrific job of putting this school together and getting it accredited. So, that was one thing, laying out the whole plan.

This topic has the actual course schedules for each one of the degrees. A master's in public health degree, we had a master's of science degree for people in, for instance, tropical medicine and more of the natural science fields. And so we had to lay out the actual courses that were to be taken; they're included all here. Thanks to Janet Strauss, she knew what all the courses were at the other school of public health, so we had a tremendous reservoir of talent to use.

Then, we had to lay out the budgetary requirements, year by year, each of five years, and what the financial requirements would be—particularly from the state legislature—and to put a justification together that it should be state appropriations that are the core financing for a college of public health.

We laid out data here, which, again, through Janet Strauss, we had. It was all the budget and expenditures of each of the 21 schools of public health, so we knew how much came from federal government, state government, how much came from private sector, how much came from research grants. And, particularly, this was true for the 14 public schools of public health.

So we had that data. We had the courses that were involved for the number of credit hours. I had to become an expert in the university system in Florida, on how you do full-time equivalents³⁰, how many FTEs that you got in there. And I'll bring up, later on, some of the problems with having a solid public health program at any Florida state university.

So the budget, the staffing pattern was put together—all the courses are contained in here. And so, when the college started, here was the whole course catalog that we put together as part of this plan.

CP: That was a recipe. Just sit down and follow it.

RH: It was. It was. And I think Peter Lebowitz (sic) told me at one time, It's amazing how closely what evolved followed this particular plan. So that was a very interesting aspect of this, of putting this whole document together and then getting it approved by the

³⁰Full-time equivalent (FTE) or whole time equivalent (WTE) is a unit that indicates the workload of an employed person (or student) in a way that makes workloads or class loads comparable across various contexts.

Florida Board of Regents. And, as I recall, it was some time in April 1983 that this plan was approved but it was foreordained by the 1982 vote of the Florida legislature.

The board of regents went along. And there were some people at the board of regents—I said, Bill Wharton was a person who had done some of the work in '79, kind of laying an interest area in public health and having a task force and doing a survey. And there was a very fine member of the board of regents: Terrell Sessums³¹.

Now, Terrell Sessums was from the Tampa area and a very intelligent, impressive individual. And it so happens, he was former Speaker of the House of Representatives of the Florida Legislature and very astute in the way of how things are accomplished in Florida. And so, any time something came up in the board of regents, there was always a nice consultative session with Terrell Sessums to bring him up to date. And he, in his quiet way, very influential and very helpful with the board of regents, so we have a lot to be appreciative to him for.

So, there's the plan that was put together and approved. Now, I'm going to get into some of the later aspects of the evolving of the school of public health. I'm going to talk about, here, some of the people that were involved in applying the documents and moving into implementation.

As I've said earlier, Dr. William Soderman was chairman of the Department of Comprehensive Medicine—one of the first who got me involved—a very unique, intriguing character. His father had been a rather famous, as I recall, tropical medicine expert at the School of Public Health at Tulane University. And Bill had come here, and he had a small department. But it was very unusual because I would ask him for comments on this—never review it—and I would set up meetings.

I went to Centers for Disease Control³² in Atlanta to garner their system's input to this plan because they're important in the Southeast—well, in the whole world—but they were important down here. I had wonderful meetings with the staff at Center for Disease Control, and I wanted Bill to go up there with me. And I'm not surprised, but he cancelled out at the last minute.

³¹Thomas Terrell Sessums was the Speaker of the Florida House of Representatives from 1972-1974. He was also chairman of the Florida Board of Regents, president of the Board of Trustees of the University of Tampa, and member of the Board of Governors for Florida Southern College.

³²The Centers for Disease Control or the CDC is the leading national public health institute of the United States. The goal of the CDC is to protect public health and safety through the control and prevention of disease, injury, and disability. The CDC focuses national attention on developing and applying disease control and prevention.

But he was there. He was the person that got me involved. But from then on, rather unusual method to deal with because he was my boss, and I was trying to get him involved.

So we got 275,000 dollars appropriated for 1982, '83. Now, what happened to that money? This is when it becomes interesting. Here with all the hard work goes in, you get a graduate program established and approval for a college of public health, and none of the money flows over to the program.

This comes to the interesting part that the money comes in and, of course, not directed to the college of public health or graduate program because the graduate program is located in the college of medicine, so the money comes in through the medical center. And this is where some difficult times for me happened—and among the reasons that led to me leaving the program, probably, earlier than I would have liked to.

But the money started—when I started tracing it—went for computers and other purposes, but none of it was flowing over to get some faculty, to get the courses started at the graduate program in public health. So, I had known a lot of people at this university, and it was a labor of love to me, so then I had—this is part of my ultimate career. So I began to work to see what could be done. And there were some—I'm giving this history just to give an idea of some of the problems that go on at state universities.

But I dealt with John Belindy (sic), who was the chief finance officer in the medical center. And one time, I couldn't trace the funds. I wanted to come in and hire some faculty, and so I even set up a meeting with John Lott Brown³³, who was the president of the University of South Florida, and with Greg O'Brien and with Bert Hartley—with all the top officers of the university because I was having a very difficult time having those funds allocated to the graduate program of public health.

And, one of the problems—Greg O'Brien was a wonderful supporter, but he had some difficulty in making decisions, and particularly when there was controversy—when people were competing for the same objective. He just got very uncomfortable, so I had to tell the president of the university. I said, "Gee, I need some decisions out of Greg." And that was a pretty strong step to take, but I had to do it.

³³John Lott Brown served as the University of South Florida's president from 1978 to 1988. During his tenure, USF saw a momentous influx in enrollment, doubled its research grant funding from 14.7 million dollars to 23 million, added 38 degree programs, and expanded the library's collection to over 1 million books and media.

And I worked with Barbara Sherman, who was the assistant vice president for finance³⁴ and was a very capable person, who later became, I think, president of the Fort Meyers campus program³⁵. And, a very, very nice lady.

So, I was trying to trace the funds down and make certain that they came in to the public health program, so when the new dean would come in—or new head of the program—there would be money there that he could be paid from and deal with. Well, we finally got it pretty well resolved, but in the process, it became uncomfortable for a number of people at the time.

Now, let me step back for a moment. Some concepts that didn't get into—that were in this document that didn't get implemented or had difficulty—not only did I want a college of public health with a strong research and educational purpose, but I thought a Florida institute of public health should be established.

Similar to what the legislature does with the—on commerce and business statistics at the University of Florida—all the economic data on Florida, growth and so forth, that's supported by legislature, but the whole program is within the University of Florida and a nice, very nice job done. There needs to be a central core that the legislature and even private sector business can turn to, to have research done on an applied basis.

So I thought, based at the new College of Public Health at University of South Florida, should be a Florida institute for public health. And it never did evolve. I think it would've been a wonderful source of financing for the college of public health. Now, I'll get into this a little bit because that's one concept that did not work out—that is, to base a Florida-wide institute of public health at the University of South Florida, College of Public Health. It would've made a name for it. It would've been available to legislature to use to get a privileged public health program.

Now, the other thing, which I pushed very hard for and started when I was still here, but it didn't survive—and that is joint programs and joint degree programs. To just train public health people, surely, in, let's say, health backgrounds, health sciences, in what we need public health. If there's ever an integrated series of disciplines, it's public health.

³⁴Barbara Sherman also served as dean of the University of South Florida's Tampa campus.

³⁵The University of South Florida system is comprised of five different campuses, one of which is located in Fort Meyers. The USF Fort Meyers campus is located adjacent to Edison Community College and serves students at the junior, senior and graduate levels. Twenty full and partial degree programs are offered in the arts and sciences, business administration, education, and nursing.

I've never been able to define what public health is, in terms of all incorporations—when you begin to define it, it gets so broad, it's almost meaningless. But, really, it's a place where a number of various disciplines come together on common tasks, whether it's educational research or applied research. That's what public health is.

So you don't just have a college of public health that's isolated over here and has its own students. You need to have joint programs. And, I got into, a little bit more too, the fact that here at the University of South Florida, we have a lot of resources. The people now, for instance, in this day and age, with managed care, with the issue of cost of medical care, that isn't going to be done necessarily by people with just a master's of public health degree and a health science. That's going to be done by economists, by accounting personnel, by people working in political science.

I'd started this at Harvard. It's not my joy to be a fundraiser, but I've always been a good one because it's a necessity. You don't survive; you don't get programs unless you can raise money. And at Harvard, I started joint programs with the Department of Economics at Harvard—put out a number of PhDs who concentrated their thesis in the health field and are important people now. People in the Department of Government, which would be political science here—social relations. Those people are people that are key to public health in terms of how we provide services and how we measure their ability.

And so, I had tried to do it at Harvard, and it was difficult enough there. But if you raise money, and you can feed it into another department, it decreases the work. So I could support young, assistant professors in the Department of Economics or in the Department of Government or in the business school of Harvard and be able to pull them together.

But the great tendencies of schools of public health is to say, Oh boy, you've got to have 100 percent economic system of allocating—you don't get the best people that way. You don't get young people involved. So I tried the same thing. But it's not this universal thought—it's the whole Florida, higher university system. The way appropriations are made, they're done on FTEs.

If you have a joint program, and you're trying to make a joint program here, or any state university, between the college of business administration and the college of public health, who gets credit? Who gets credit for the students? That's fair. I mean, you'd like to work out a system where you can split it. Business school gets half and the college of public health gets half, but that's not the way the budgetary system operates here.

If I'd stayed on there, I would've fought very much for two things. One, separate funding for the institute for public health. It could be a research corps, here, applied research

corps at the college. And I think we would've had a chance because we've done a lot of very good work. And there was a lot of very good people—lots of great support. We could've possibly had appropriations there for—

Now, this would've permitted to bring in paid people from the college of business administration, from college of education, from the natural sciences, from engineering. We could've paid that but you could've had a core staff that's available to do work and then raise some additional funds.

And I think I would've worked harder to get some kind of method to have joint degree programs. I mean, between the college of business administration, college of engineering—tremendous environmental science people over in the college of engineering—people in the college of education, for health education. That's where health education should be. But you needed to get a system through the board of regents, so that the budgeting of these various colleges reflects their joint efforts.

But because of that, it's just—I put a few joint programs together. I had a couple of young assistant professors over at the College of Business Administration that I used some initial funds for, but that didn't last very long. I mean, their future lies in the college of business administration, so you've got to support them there, but then you still need them in your program.

But the point I'll just emphasize, again, is, the type of people who are going to solve the policy questions in public health are not just MPHs. They're going to be people out of business backgrounds, people out of government background, people out of accounting and finance. And they are the people that have to be brought into public health if we're going to really be able to do it from—

Pause in recording

And we have to admit public health doesn't have the prestige or the status of organization in the United States that it had 20 years ago, when we were working on this. And one reason is that typical public health people avoid conflict. And when you're in managed care, when you're trying to do quality of care study, conflict is innate to those.

And one reason that, for instance, environmental health basically has gotten out of the purview of usual colleges of public health in the United States—it's controversial. You try to deal with contaminated sites, you try to deal with fog and smog or you're fighting legislation and business. Public health people are innately trained to deal and live in conflict, and yet we have to bring these people in.

So this is one of the fairs I would've liked to have seen is to be able to bring in the joint programs—joint financing programs of the parts of the college because, when we were doing these reports, I really worked very excessively with—I think it's the nine colleges of the University of South Florida. That's excellent cooperation, but money is the key. If you can't feed money into their programs, you can't get people to do things. And if there's anything that prevails at the University of South Florida, it's survival. And survival means full-time equivalence.

CP: Can you put your finger on the—how come the institute of public health did not, you know, receive better thumbs up?

RH: Well, let's get a little bit to the process of selecting the new dean for the college, which, again, was a little bit like, Where did the money go? or, Where is the money? It's a little disconcerting to work so hard and get programs approved and then you've got to do a money trace. But then, also, the issue came up, Who and from where would the new dean come from? What kind of a dean should it be?

And this, again, it is a process that can have conflict in it, all right? A selection committee was set up by Greg O'Brien, the vice president for administration. And it was quite interesting. I was never made a member of that selection committee. And I had stated publicly and in writing, I had no interest in being the new dean. I had had my career, okay? But, with all that was going on, it is a very interesting process.

But in looking at the selection committee, a decision was made to bring in some outside experts to give us insight on, What are we looking for? What are we looking for? Okay. And—

CP: Oops. Did any of them bother to read the documents?

RH: I doubt that, but they were such experts that they—

CP: That was an unkind aside.

RH: No, I could bring them up to date. But, I put in names, which was pretty good. And this was how we had people come in from outside. Now, I'll name some—Dr. Norman

Scotch³⁶. Norman Scotch had been involved earlier, and he was key in my own orientation way back in 1980 and '81. Norm had been a member of my Department of Public Health Practice at the Harvard School of Public Health.

He was a social anthropologist—had done his PhD in all places of the Zulu tribes in South Africa, I remember that. But he became dean of the School of Public Health at Boston University. And Norm had—I always had a rough relationship with him. And Norm emphasized that part-time students is it, okay? And Boston University was, I think it's fair to say, it was the first school of public health accredited by the Council on Education for Public Health³⁷ that emphasized part-time students.

As I said earlier, in 1980, 90 percent of students in schools of public health were full time. So, here we switched over. Well, Boston University was a leader. And, fortunately, I had known Norm, so I was able to talk with him about how it was carried out and the process.

So, Norm Scotch came in here. And it was nice to see him again, so he came in as one of the experts. And Allen Pond³⁸, who had been a key person in the US Public Health Service³⁹ in the Department of Health, Education and Welfare⁴⁰ and, at the time, was dean of the University of Pittsburgh, School of Public Health. Allen came out of kind of an engineering background—a little bit different.

But I knew how these people thought. They were very good because they came in and met with the selection committee, who, really, were diverse people from different parts of the university—weren't necessarily very close to public health, in terms—understandably so.

³⁶Dr. Norman A. Scotch was the founding dean of the Boston University, School of Public Health. He completed his PhD studies in anthropology from Northwestern University's African Studies program. He also taught anthropology and medical epidemiology at Harvard University, Washington State University, and Johns Hopkins.

³⁷The Council on Education for Public Health is an independent agency recognized by the US Department of Education to accredit schools of public health and public health programs outside schools of public health.

³⁸Martin Allen Pond served, for 24 years, as an engineer officer in the US Public Health Service. He also worked for many years at the public health departments of Yale University and the University of Pittsburgh.

³⁹The United States Public Health Service (USPHS) is a child agency of the Department of Health and Human Services. The purpose of the USPHS is to promote public health, disease prevention programs, and public health science.

⁴⁰The Department of Health, Education and Welfare administered, through constituent agencies, federal and federal state programs in public health, education, and social and economic security. It was abolished by the Department of Education Organization Act (93 Stat. 695), October 17, 1979. It was a predecessor agency to Department of Health and Human Services and the Department of Education.

And, thirdly, Dr. Frederick C. Robbins, who was vice president of medical affairs and dean of the School of Medicine of [Case] Western Reserve University, and who had been a Nobel Prize winner in medicine, along with Tom Weller, at Harvard School of Public Health—absolutely terrific guy. And, as I said earlier, president of the Institute of Medicine⁴¹—a very important part of the National Academy of Sciences⁴².

And, what a great guy, because we had professors within the college of medicine here who were dead-set against the college of public health for a very simple reason, and that it would divert funds from the college of medicine. And there were some pretty key people that were involved, but Fred Robbins, here he comes, as the dean of a medical school, vice president of a university, Nobel Prize winner. He says, “Listen, you people are doing the right thing at the University of South Florida. You’re establishing a college of public health.”

It just gave us wonderful support—a terrific, terrific man. And then we had the backing of the Centers of Disease Control in Atlanta, which was an important type of organization to have. So that, kind of—they had a couple of days of orientation of the search committee.

Now, the search committee started by—and, of course, it’s an open process within the State University System, the SUS of Florida⁴³, which a lot of people comment on or don’t like, and one can argue for and against it. But it does have difficulty in attracting candidates because the candidate must become public knowledge, all right?

But it became somewhat of a troublesome time for me because there were candidates who were wanting to come in here—some were former deans of schools of public health in metropolitan areas with full-time students that I wasn’t certain would meet and endorse our interest in the part-time students. And so this plan was developed with a particular new thrust. As I said, Boston University was the only one, really, doing part-time students.

⁴¹The Institute of Medicine (IOM) is a division of the National Academies of Sciences, Engineering, and Medicine. Its goal is to promote public health knowledge among working professionals by conducting studies and experiments. Many of the studies that the IOM undertakes are requested by federal agencies and independent organizations. The body of the IOM is composed primarily of volunteers.

⁴²The National Academies of Sciences, Engineering, and Medicine are private, nonprofit institutions that provide expert advice on prevalent scientific queries. They seek to shape sound policies, inform public opinion, and improve upon medical and scientific knowledge by conducting consensus studies, publishing periodicals and journals, and organizing conventions.

⁴³The State University System of Florida (SUSF) is a system comprised of the twelve public universities in the state of Florida. The SUSF is managed by the Board of Governors, which seeks to mobilize resources and diverse constituencies to govern and advance the higher education system of Florida.

And so they began to look at the various dean candidates, interviewed various ones. And fortunately, Peter Levine came along, and Peter had been dean of the School of Public Health, University of Oklahoma. And there had been appropriation problems, Oklahoma had had some economic difficulties. And so there was the diminished financing for the School of Public Health of the University of Oklahoma, and Peter would become available.

So Peter came in here, and, even though I wasn't on the search committee, I talked to most of these candidates because I knew most of them—they would even call me for background and so forth. But, I think he was an excellent choice. He's a PhD and worked in hospital administration. He'd been at Stanford University, and so he brought in a diverse type of background that was needed. And then he was young and full of energy, which is—any new endeavor—I'm basically good at planning, conceiving, conceptualizing various programs.

And I would not be the best to do the implementation side, which a lot of—detail side of it. But Peter came in and he had a background in public health. He'd been at a school of public health. He knew what the accreditation process was, he knew people in the field of public health, and that was made to order to put this plan into effect.

And they did one heck of a job. I think it was four years after the college was established it was accredited. I think it's the shortest period of time of any accreditation of a new school of public health in the United States, which is a real achievement.

CP: That's a nice little feather in your cap, also.

RH: So that evolved out and, pretty much—it was about April of '83 that I, pretty much, had finished up my work. And I, really, have had very, very little to do with the program since then—

CP: Have you had the opportunity to keep up with it? Some very exciting things are going on.

RH: I live way on the other side. I haven't really kept up with it and—

CP: You can't read about it in the newspapers.

RH: No, you can't. And, for instance, one of the concepts—I named two that were important to my concept. One was the Florida institute on public health, all right? And secondly, were the collaborative joint degree programs within the university, which, really, I don't see how they'd ever work out with the current provisions of the board of regents.

CP: I'm going to admonish you—you're having lunch with the dean today, and I admonish you to bring up those two points, again, to the current dean.

RH: Well, there's also two other problems that haven't really worked out, all right, that I really worked for. Collaborative programs with other state universities—why shouldn't we have a graduate program at the University of Florida that's affiliated, and have a joint degree in planning—?

CP: You don't understand our jealousies. You haven't been here long enough.

RH: Well, I sure found out.

CP: I'm kidding, of course.

RH: But no—and University of Central Florida really wanted to put a program together, and there they are. They, geographically, can reach the eastern part of the state, where a lot of public health people are. But, again, the collaborative program—it always comes down to budget and full-time equivalence and so forth—

CP: And who gets the credit.

RH: Who gets the credit. But what I worked a lot on, particularly with the University of Central Florida, was the idea of a joint-degree program, where some basic courses could be given over there, by Central Florida. Some of the bias assisted courses and so forth, especially, could be given here—maybe, on a geographic basis, there. But the two institutions—and there'd be a joint degree, a joint degree of the University of South Florida and the University of Central Florida. Unthinkable. But it makes sense.

CP: It does. It makes imminent sense from an academic point of view and public health point of view.

RH: Well, and another way is also—and I thought there was real merit in it. Part of it was, there's a good political aspect in doing that because here we're competing universities who wanted to have colleges of public health or graduate programs.

And I would've liked to have seen at least a couple of them worked out, particularly the one with the University of Central Florida. I think we've gone far enough. It could've been funded through the appropriation process, but how you ever change that, I just—

CP: Well, the old Chinese water-dripping trick⁴⁴. Keep dripping water on him until he washes away.

RH: And then there was the last concept that we put into this document, to which some work, some accomplishment has been made, but I think even more emphasis has to be given to it, and that's extended degree programs, whereby you're using computer systems, technology. The student can do much of their coursework at their work-bases for full-time—even part-time public health personnel located in health departments or elsewhere—they can do the coursework from their home via computer technology.

Maybe—and I've spent a lot of time setting up—two weeks of the year, they come in for courses at the University of South Florida for a period of which was a full review and so forth, but the majority of the work for a master's degree in public health would be accomplished on an extended program.

CP: Let me tell you that this college is doing that par excellence that they call their distant learning. And they, even beyond the walls of Florida—

RH: Well, this is the way it should be because the time when working on, in terms of concept, this document, the University of North Carolina had been a leader in this. And even in—and this is 20 years ago—the University of North Carolina was doing extended degree programs, whereby people were doing most of the work at home bases.

Now, you didn't have computer technology and Internet and so forth, but it worked out quite well. And it's, quite frankly, a revolutionary part of this college because, I think, more and more, it's going to be an external type of program, whereby we're going to be able to have people on-site to do the work, on their living location or working location.

⁴⁴Chinese water torture is a process in which water is slowly dripped onto a person's forehead, allegedly driving the restrained victim insane.

CP: At their work location. Getting real, practical, day-to-day problems.

RH: At the beginning, we weren't able to—Peter Levine did start some of these programs, on the extended degree program. But, boy, they require a lot of work, and not by mid-level or low level personnel. It takes time of your top-level faculty, who may have teaching and research and other responsibilities to do.

So it's been—I really, really enjoyed the opportunity to sit down and review these documents after 20 years. And it's kind of indicative of my interests that I did bring along these three plans, of which only a few copies are in existence, I think, and to review and sit down and go through this because, gosh, there are a lot of wonderful people involved.

Just to name a few of them, Carl Riggs⁴⁵, all right. Who's Carl Riggs? Carl Riggs was the dean of the graduate school at University of South Florida, a biologist. I think he'd been former provost at the University of Oklahoma, which was kind of a liaison when Peter Levine came in. But, I'll tell you, if you wanted somebody who was enthusiastic, wonderful, and helped out a great deal, it was Carl Riggs.

Now, one of the processes we didn't get through because of a lot of things that had to be done—these documents have to go through a review process at University of South Florida, and one of them is a graduate council⁴⁶. Well, thank gosh, Carl Riggs is kind of the chairman of the graduate council. And when we had reviews to go through, and I had meetings to present this, we encountered no difficulty.

But Carl—what a terrific person he was, just within this university. But, I mentioned, earlier, we have the newspaper reporters—the science and medical reporters from *Tampa Tribune* and from *St. Petersburg Times*—that would write nice articles from time to time on the process and be very supportive.

I like to call it a political—and a very nice—political process, it's not just an educational process, of pulling together experts in public health who are interested, local people who are interested and supportive, the political leaders of the area—and not just the elected political leaders, but political leaders like board of regents, movers and shakers, and wonderful people who put in time and give effort.

⁴⁵Dr. Carl Riggs, MS, PhD, served as provost under USF President Cecil Mackey and helped push USF toward a greater emphasis on research. In 1983, he was named acting dean of the University of South Florida's College of Public Health.

⁴⁶Graduate Council (GC) is an official body of the USF Tampa Faculty Senate and works closely with the USF Office of Graduate Studies. GC advises the provost and the senior vice president for USF Health or their designees on principles, policies, and procedures affecting graduate education at USF.

And, lastly, I'd like to give credit to some of the local health department personnel because it wasn't all just Tallahassee and University of South Florida, and Bob Hamlin going to Miami and University of Florida and such places. We had some very fine local health officers. And one particular one was Dr. Willa Brown, who was director of the Pinellas County Health Department.

And Willa wrote some superb letters to board of regents and legislators in support of a college of public health at the University of South Florida. And, Willa, last I heard was she's out in California, someplace—

CP: I've lost contact.

RH: Yeah, she went to California. But a very nice lady, and I was a resident of Pinellas County so I got to know her over there. Another was Dr. Robert May, Bob May, from Pasco County Health Department—really nice guy. A little bit on the character side, once in a while, but, again, a public health person who could work the political process. He saw his local legislator. He wrote letters and gave support at the time and was very helpful.

And, also, there was Don Qualick (sic) who was director of the Hillsborough County Health Department. These were people that not only gave support to the plan, but they became the faculty. They became adjunct faculty of the college of public health program because they all had MPHs, so we could say, Look, we've got people already with their MPHs that are available to teach in the program. I forgot the number, but I think at the University of South Florida, with these people, I had 16 people with MPHs who were available from the beginning—

CP: Who can begin to teach right now!

RH: And they did. They did. And then there was another person who was Jack Frankel⁴⁷. Do you remember Jack Frankel?

CP: Director of the labs.

⁴⁷Dr. Jack W. Frankel was an internationally known microbiologist, virologist, and researcher who conducted important research in the fields of polio and cancer. He helped develop the polio vaccine along with Jonas Salk and John Enders; taught at six different universities, including the University of South Florida's College of Medicine; and served as director of the Tampa Branch Laboratory of the state health department.

RH: That's right, director of the Office of Laboratories, the Tampa branch, for the Department of Health and Rehabilitative Services [HRS]⁴⁸. Now, here's another thing I worked on that—I guess, the fifth thing I worked on that didn't come out. I wanted—and we really had a chance—I wanted to have the state laboratories to be based here at the University of South Florida.

There was talk about the deteriorating labs up in Jacksonville and the need for new labs. We had the space here. We had the land to give. Oh, Jack was so enthusiastic about it and supportive.

But the Department of Agriculture⁴⁹ has its food laboratories. The state police have their crime labs, so forth. We have the public health lab in Jacksonville. And what a program if you could've had the laboratory centralized next to a college of public health. Look at the opportunity for educational programs and doctoral programs, and—

CP: I hope you're aware that that is now coming to pass. That the Tampa regional lab is moving to this campus is a combined effort that is underway as we speak.

RH: That is absolutely terrific. I spent, 20 years ago—and Jack Frankel, he was very enthusiastic. But it was such a good concept, and, if I would've stayed on beyond '83, the state labs would've taken a lot of work because there was a lot of fear.

The state health labs—I don't know all of the history there—but they were an isolated group, being in Jacksonville. And they required a tremendous amount of reassurance to do this because I had a number of meetings with them and so forth. But, not only the fact, would you have had a quality input to the laboratories, but look at the educating opportunities for doctoral students and so forth. Boy.

CP: I don't know the date of actual fruition, but it is my impression that the moving is now in process. We'll ask the dean about that.

⁴⁸The Florida Department of Health and Rehabilitative Services (HRS) was created to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health standards.

⁴⁹The Florida Department of Agriculture and Consumer Services (FDACS) is an executive department of the government of Florida formed in 1870. It is comprised of several divisions, including but not limited to the following: Administration, Agricultural Environmental Services (AES), Animal Industry, Plant Industry, and Marketing and Development.

RH: That's terrific. So a lot of good things were accomplished. A lot of things that were desirable weren't, but what a wonderful process. And I sat back here, and it took a few hours to sit down and look at all of these names and pull them all together—

CP: But they brought back some both happy and unhappy memories, didn't they?

RH: But let me tell you—it was putting together a network of some very fine people, from Sam Bell to Betty Castor to Carl Riggs to people in the wonderful legislative staffs, down to people here at the university and their support. And you wouldn't have had a college of public health without the documents going through the process. I mean, there had to be an effort to gel and pull it together, so that there is something for the board of regents to deal with and the legislature—

CP: But you have to have a quarterback to do all of that, yeah. Let me jump back even beyond 20 years ago. Now, you've had a very outstanding career in public health. And through your work at Harvard, I happen to know some of your students that are graduates of you, out of Harvard. So your reputation as a public health educator and public health philosopher has come to fruition in this particular document. But you've been in public health all of your professional life. What got you interested in public health so early?

RH: Nice question. Nice question. Well, and my story is not uncommon to many other people. It happens, what events come along in life.

I was born in Cambridge, Massachusetts, but my father was teaching at Harvard Graduate School in the summertime. Really, grew up in Columbus, Ohio. Went to Ohio State, and this was 1940, and the war came along, so in two and a half years—it wasn't four years of undergraduate—off to medical school. Well, I lived at home and so forth and not much money and all this kind of thing.

You know, state schools were the place to go at that time. So I was admitted to Ohio State, but then my close friend—I'd been president of the student center at Ohio State, and my friend was head of the yearbook, and all of that stuff on campus. And he went to Northwestern. He says, "Come on, Bob. Go on." So five days before Northwestern opened up, I took a train overnight up to Chicago, got admitted to medical school, came home and packed, and went up to Northwestern Medical School.

And so that was step one. But that was beginning in 1943, all right. And so we went to school all year round during the war. That's three years, all right. So I was 22 years old

when I came out of medical school, just because of this compressed (inaudible). And I'd be just turning 23 years old—just ready to.

Then I went to—I was, well, “What do you do for a residency?” I was always active in kind of things, and I had a wonderful acting dean of the medical school at Northwestern. He used to call, and I'd go in about, you know, dormitory council problems, all this.

One day, he says, “Come on, Bob. Sit down. What are you going to do? What are you doing when you finish up here?” I said, “Gee, I think I'm going up to Mayo.” He said, “You don't want to [go to] Mayo,” and this type of thing.

So, anyway, I ended up at Johns Hopkins when he picked up the phone. And so I went to Hopkins into surgical internship residency for 15 months. And it was wonderful, but—and it's unusual to say this—when you've done your 200th appendectomy, you can be an expert at doing it, but the intellectual process is not always in front of you.

So, then I had to go fulfill my Navy requirements because the Navy paid my way through medical school. That was a savior, when I say that events come along, because the most my father ever made was 5000 dollars a year. So I went to Northwestern with the idea that I'd go in the Navy program, and they paid the way through my medical school, which was nice.

But I had to go into naval service in July 1947, and, at the time, I said, “Gee, I had been in surgery and so forth, and I could go back to Hopkins. But maybe I'm interested in law, all right? And I'm going to get the process outside.”

So, I went up to Harvard for some interviews, to learn something—wonderful associate dean, and he had great, great stuff. And I said, “Well, I'm going into military service for a couple of years, but I just wanted to come up and explore and see. I might be interested in coming to law school. I'd like to know can you give me the papers?” He says, “You're admitted.” And so he was a really a terrific guy, Lou Teffer (sic). He became dean of the College of Law at Western Reserve.

So, out of that, I went into the military service, but then I got sent to the Pacific. Now, I started seeing diseases I didn't know anything about, all right? Began to get into the infectious disease field. I got sent out, and I wasn't taking care of US Navy personnel, I was sent out to be in the US naval government service for the native population of the western Pacific.

And, here I was, about 25 years old, and, just because I was the oldest person in the service, I think two days before somebody else, I became a senior medical officer for a great big area of the western Pacific. Based, of all places, in Koror in the Palau Islands, which is western Caroline [Islands].⁵⁰

And, in that process—and this is '47, '9—I converted the former military headquarters for the Japanese for the whole Western Pacific over into a 100 bed hospital for the native population and trained local personnel and saw yaws⁵¹ and all kinds of diseases I didn't know about. And then this was just when antibiotics was coming out, so I'd get outdated antibiotics that the US had, had them airlifted out from the states to take care of native populations. So I said, "Boy, this is different. This is not what I had in medical school."

So, I got exposed to a whole different world by the military service. When I left the military service, US Navy, I made the decision to go out to Harvard Law School, and it was interesting to make this combination.

But then, I went to law school for the first year, and what a shock. I mean, the difference between medical education and legal education is just outstanding. Medicine has an answer, supposedly, or tries to, to everything. The law loves to change the facts, so that the situations loosen it. That first year of Harvard Law School was quite interesting, quite an interesting experience. But I also missed the fact of not having contact with the health system and health personnel.

And so, during the first year, I went over to the Harvard School of Public Health, which was 10, 11 miles away because Harvard Law School is in Cambridge and the School of Public Health is over by the medical center, which is in Boston. And, fortunately, met Dr. Hugh Leavell⁵², who had been city health officer of Louisville. He became my true mentor—wonderful guy.

⁵⁰The Palau Islands, an archipelago composed of over 500 islands, form a part of the Micronesia region in the western Pacific Ocean. The Palau Islands are the westernmost cluster of the Caroline Islands. The Koror Island is the most prominent island of the Palau region and is home to about 70% of the country's population.

⁵¹Yaws is a chronic bacterial infection that affects the skin, bone, and cartilage. The most characteristic symptom of yaws is the appearance of berry-like sores on the skin that spread throughout the body if left untreated. In severe cases, yaws can cause severe disfigurement and disability. Yaws can be treated with antibiotics.

⁵²Dr. Hugh Rodman Leavell was an important figure in public health. As an educator in the medical field, he taught at the University of Louisville Medical School and the Harvard School of Public Health, for which he also served as dean. He also held numerous titles in the field of public health. Most notably, he was president of the American Public Health Association in 1954, assistant director of the Medical Sciences division of the Rockefeller Foundation, and chairman of the World Health Organization Expert Committee on Public Health Administration.

And he says, “Come on, you can come over to the school of public health. We’ll get you in the program.” And so I said, “Gee, I don’t really have the money to do these two programs. I can’t even do the second year of law school.” “No, come on, I’ll make some introductions.” Wonderful.

So, I made introductions to the Conwell Fund. The Conwell Fund, what it does so much, is it gave me funding just to be able to go to law school and to go to the school of public health. I did them both at the same time—driving, taking classes 10 miles between each. Didn’t make all the classes and survived.

But, it was a very interesting time. Then also, my third year of law school, I was full-time assistant to the state health commissioner of Massachusetts. So I was going to law school and doing a lot and having a lot of funds.

And then, at the same time, in my third year also, Dr. Leavell got me involved in doing my first major consulting assignment, which was to review all the health services for students, faculties, and employees of Harvard University. And it was a wonderful experience. I mean, I was working all kinds of hours.

And so, I started doing that study and putting the data together, and I really enjoyed that experience. Made it so that they put up a new student health and faculty health program. They hired a new full-time head, who was a terrific man. So it was kind of interesting. A little bit like this study of how you put things together and work out, so that there is a result that is what you’re actually trying to achieve.

So that was having wonderful mentors at the time. And then, even then, I went out—I didn’t want to do that, but Dr. Leavell said, “I want you to be a local health officer.” So he got me into Brookline, okay. And then he was serving on the Hoover Commission⁵³, and if you remember the Hoover Commission at the time.

And the Hoover Commission was doing studies of health services, of a lot of other services, but in the Veterans Administration⁵⁴. And they had some staffing problems, and Dr. Leavell says, “Well, why don’t you handle it?” So here I was, a local health officer,

⁵³The Hoover Commission, officially named the Commission on Organization of the Executive Branch of the Government, was a body appointed by President Harry S. Truman in 1947 to recommend administrative changes in the federal government of the United States. In 1953, Congress created a second Hoover Commission under President Dwight D. Eisenhower’s administration.

⁵⁴The Veterans Administration (VA) was a predecessor agency to the US Department of Veterans Affairs. The VA was established in 1930 as a government agency with responsible for providing and protecting veteran benefits.

flying down on weekends, working from Friday afternoon until Sunday evening, writing reports for the second Hoover Commission⁵⁵ on the Veterans Administration—now, that's another story.

So, I was doing everything at the time. And, I, more or less, ended up having contacts at Harvard and then got an offer to be assistant to the secretary of Health Education/Welfare in Washington. I'll just add, yeah, because this is too long a story, but one of the most intelligent, most accomplished people, and one of the people I had the greatest admiration for, I worked with, and that was Elliot Richardson⁵⁶, who just died 10 days ago.

And Elliot was assistant secretary for legislation, and I worked very closely with him. He later became one time secretary of Health Education/Welfare. He was secretary of defense, under secretary of state, and attorney general, which is all on Norfolk. But, look—this very career, what a wonderful opportunity to meet with some brilliant, terrific people.

That's just about the history of my background and the College of Public Health at the University of South Florida. The University of South Florida is fortunate to have this college here. I think it's done the job—it's wonderful to see something that's put on paper to become a reality. And a lot of people put their blood, sweat, and tears into this.

CP: And you were the cheerleader, the coach, the quarterback, and the guide for all of that. This obviously was a labor of love for you.

RH: Yeah, it was.

CP: Because I don't imagine they paid you. Well, Dr. Hamlin, we are complimented that you would come and share for us, today, and for future students of public health, how one goes about getting a college of public health. But equally important, you shared with us today yourself, and we think that's very important.

⁵⁵In 1953, the second Hoover Commission was tasked with conducting an evaluation of the Veterans Administration and its facilities.

⁵⁶Elliot Lee Richardson (1920—1999) was a prominent member of the cabinets of Presidents Richard Nixon and Gerald Ford. He held many important positions during his political career. Within the US Cabinet, he served as secretary of Health, Education, and Welfare, secretary of defense, attorney general, and secretary of commerce, and under secretary of state. Additionally, he was the US ambassador to the UK, lieutenant governor of Massachusetts, US attorney for the district of Massachusetts, and a recipient of the Purple Heart Award.

And, I thank you. I thank you on behalf of the university, the college, the students, and myself. We do, indeed, thank you. And today is January 10, 2000, and I am Skeeter Prather.

End of Interview