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Charlton Prather: It's a true pleasure and privilege to have with us this morning, Mr. Samuel P. Bell III, a former legislator, a member of the Florida House, and Mr. John B. Phelps, who currently is the clerk of the House, but he's been associated with the legislature for some years, and he speaks today to his position as the health analyst for the House Health and Rehabilitative Services Committee.

They join us now as a team because it's the two of them that are the daddies and the reason for the College of Public Health in Florida, an institution that was well thought-out by them, that has shown its worth and the value of their pre-thought to it, now in less than 20 years. They join us to talk about the origins in the beginning of the College of Public Health at the University of South Florida. Gentlemen, it's a true pleasure to have you here. Tell me, if you will, what really was the beginning, the stimulus for a college of public health in Florida?

Samuel Bell: Well, John, I guess we're here today to talk about the College of Public Health, and there are those who are interested in knowing where the idea came from, and how it got to where it is today. As you recall, you and I started out—we were young, and I came into the legislature—my first session was 1975, and we had the fortuitous opportunity to work together in the HRS¹ Committee.

And a lot of water under the bridge since those days, but we were idealistic; we could see the need for a focus on public health in Florida because—well, first of all, we had no

¹HRS was the Florida Department of Health and Rehabilitative Services as an effort to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health services.

college of public health. We had a growing population with a lot of public health concerns. And, as I recall, you came to me and said, "We need to take a look at creating a college of public health."

John Phelps: Yes, and that was a result of my responsibilities at the time, which entailed being the health policy analyst for the Committee on Health and Rehabilitative Services. And the work that I had done over the previous two years, my recollection is that this is probably around 1977, and my work in public health up to that time and in health policy analysis up to that time had led me to the conclusion that we needed to place greater emphasis on public health questions in Florida and that Florida had a unique exposure, in this regard, being a tropical state.

The public health issues that might come to bear in Florida were unique to Florida. And that, although there were public health colleges in North Carolina, as I recall, and possibly some others in the southern states, there were no schools in existence, at the time, that could address the problems unique to Florida.

SB: That's right, and not only were there problems that were dictated by our physical location, but also a growing elderly population that really created a whole new set of public health issues. As a matter of fact, I recall, when we first started talking about a college of public health, we got to checking and found that there hadn't been a new college of public health created anywhere in the country in years.

And part of the reason was, at that time, the concept of what public health was, was still the old idea of taking care of yellow fever, and whooping cough, and those sorts of things. And there was a feeling that those had now been, really, cured, and there was no role for public health.

JP: That's right. That's right. And the idea was, basically, to begin exploring what we could do to initiate or to take this to the next level. And we talked about various options, as I recall, back then, one of which was to introduce a piece of legislation, although that never took place.

SB: Right. Well, first of all, we said, If we had a college of public health, where should it be? And we set up some criteria. We said it ought to be in an urban area, it ought to be affiliated with a public university, and it ought to be affiliated with a public university that had a medical school.

And, once you put those three criteria in place, we ruled out Gainesville only because it was not in an urban area, University of Miami because it was not a public school, and I, actually, just by coincidence, I guess, or by process of elimination, ended up at University of South Florida, which has turned out to be a perfect location for many, many reasons. But that was, kind of, how we got to where we—and, you know, we didn't get off to a great start, either, as you recall—

JP: I do remember. We should probably back up just a little, Sam, and talk about why the bill was not thought to be the appropriate initial solution, and it is my understanding that the process by which such colleges are created in the Florida university system does not lend itself to legislative initiatives, per se. The Board of Regents itself, under its powers of governance, tends to prefer these kinds of initiatives being created within their own structure and within their own policy-making system. So a bill was not necessarily the most appropriate way, and we thought, by indirection, we might be able to get their interest in the subject to get their attention in a different way.

SB: Well, that's true. And, of course, if we'd known then what we know now, we might've done it differently, but, one thing we did know, that money would cause them to show some interest. And so in 1981, I think it was, we put some money for planning into the budget and thought that that would be a good start. And, as I recall, our governor, Governor Graham², at that time, didn't think it was a good idea, and so he vetoed that line. And that postponed, for another year, the consideration of looking at the college. And then in 1982—

JP: We should probably point out, at the same time, that, as I recall, you were on the appropriations committee. But you were not yet chair. Is that correct?

SB: Right, right. That's correct. And I was coming—I was chair for those years, '84 through '88, but I was—so in '82, we put the money in again, and I think you and I were a little bit more careful about how we situated the money.

JP: How we crafted that appropriation.

SB: And I think the governor of that year would've had to veto about half of the university budget in order to get the college. So that's how we—then in 1982 was the first planning money that went into the—

²Governor Robert "Bob" Graham was the 38th Governor of Florida from 1979 to 1987.

JP: In other words, the appropriation wasn't hanging out there all by itself. It had a lot of company.

SB: And that was, really, the beginning. And it was—when we did that, I think it had been 20 years or more since a new college of public health had been created. And one of the things you urged, and I think it's proven to be true, we saw a quandary of public health officials out, across the state, many of whom had been educated in other places, and they had no rallying point, no Mecca for public health that they could turn to.

And one of the ideas in creating the college, in addition to providing the academic courses and studies to look at our unique problems, was to give a place, or create a place, where public health officials could call home, in a sense and that's, sort of, what has happened.

JP: I think it's worked extremely well. Yeah, it really has. I think the—without getting too far ahead of our subject matter at this point—I think we would have to say that the school certainly has fulfilled our expectations and actually gone well beyond them.

SB: Yeah, there's no doubt about that. But, thinking back, it was not a beginning that was without its problems because, as John points out, it was a legislative idea thrust upon the board of regents. And they like to have their own ideas. But, again, money talked, and they began to look at the planning and studied on the creation of a college.

And, at the time, I didn't know what a big deal creating a college was at a university. I've since learned that it's much more significant. But we were looking at it, not so much from an academic point of view, but we were looking at it as a way to serve the public health needs of Florida. And, of course, time has now developed to the point where we see a whole new framework of public health issues: heart attacks, stroke, preventive things, mental health, alcohol and drug abuse—a whole set of issues that have become the new public health issues that were really not on the radar screen back then.

JP: They were not. That's right. Going back to the sequence of events, in terms of legislative actions, that initial planning money was put in the 1982 budget, and it managed to get through. What were some of the actions that took place, subsequently, in the course of your chairmanship of the appropriations committee?

SB: Well, we—each year, over those next several years, we funded—we did two things. We funded some initial positions after the study had been done: we hired an interim dean, or, kind of, the first dean of the college; we located some space in the old mental health

institute there, on the campus of USF, which is kind of right next door to where the existing, new building is; and incrementally began to grow the program over those next several years. Actually, I left the legislature in 1988, as you recall—

JP: I do remember that.

SB: And the building wasn't completed until after that time, but we had laid the groundwork for the construction of the college itself.

JP: It's been a very gratifying business for me, personally, to watch the school, watch the college grow and become the force that it has become today. This is one reason why we need people with the foresight this guy had in the legislature because he planted a lot of important seeds—and this was one—over the course of his career in the legislature.

And I think it has become a tribute to his leadership in the legislature that this program, and many others I could point to, have come to fruition. This one will be a very important program that will benefit Floridians for many years to come, and, as the college itself grows, I suspect its mission will also expand.

SB: Well, first of all, thank you, John, for saying that. You know, one of the things that makes serving in the legislature so attractive is that you have the opportunity to bring about change or do things that are going to bring about change. And I think this college of public health is a very living undertaking because, as the concept of public health changes, as we see new avenues to deal with public health, the college is changing—and, sometimes, the college is on the cutting edge of bringing about change.

You know, the truth is, we have gone about as far as we can go, in terms of expanding life expectancy, and so forth, medically. Now, the real challenge is with the preventive area, in changing lifestyles, in creating a better environment for people to live in, and that's where the college can be so important and make such a contribution.

But that's, you know, I really think that's the thrill that you and I have enjoyed of being in and around the legislative processes, to put something in motion like this. And that's been great. You know, one thing that's kind of interesting as we sort of look back on things we didn't know—I mean, who would've guessed that we'd put that college down at a university where my wife would subsequently be the president.

JP: For the record, there was no connection at the time.

SB: That's right. She didn't even like me then. But that's really been fun for me, as the first husband of the university, to—when she was first selected to be the president, it was an easy thing for me to say, “Well, one of things I'm going to do is to make the college a major part of my role as a—with the university.

And it's given me an opportunity, which, you know, one of my first things was to recruit John onto a development board to raise money for the college. And, let me say, if anyone happens to be watching this tape, contributions to the college are always welcome.

JP: And do we have a phone number they should call, Sam?

SB: I'm sure they'll dub one in.

JP: Well, I do know that the college has, most recently, become—has gotten aboard the internet and is starting to expand its communication with people at that level, and I think that's going to be a very important tool in the future because public health—by and large—is a matter of communicating what is good for us, in terms of our lifestyle, as you pointed out, and what's good for our health. And that stuff gives us another channel through which we could get that message across more effectively.

SB: Well, that's true. First of all, I'd say, in terms of high tech and communication, two things are happening. The college is on the cutting edge of distance learning. A lot of the students that are there, as students working on advanced degrees, are working public health officials around the state, who are able to tune into distance learning programs and get advanced degrees, in a very practical sense. I mean, they may be working on a problem during the daytime and then attend an evening class where that very problem is discussed as part of an academic, in an academic context. So, in that sense, the college really is on the cutting edge.

And then in the area of, in the broader area, there are various terms for it, social marketing or whatever, behavioral modification. Some of those words get you in trouble in certain philosophic circles, but the underlying purpose is to change lifestyles—helping people stop smoking, for example.

JP: Well, and I think we've had some real success in those areas. I think people are beginning to take the message of public health much more seriously.

SB: I think so. As a matter of fact, one of the professors there at the university has developed a measurement tool, so that public health officials can look at the state of health in a county or in a region and see where—given the fact that they have finite amounts of money—where they should direct the money to hit at the biggest problem.

It might be infant mortality, it could be teenage pregnancy, it could be alcohol abuse, or whatever. Where they could see that we, in this given area, have a problem that is greater than other areas of similar demographic makeup. And it's a very important management tool. And that's the kind of thing that the college can do, and has done.

JP: Which is a great benefit to the policy makers up here in the appropriations area. I think they continue to look at those tracking numbers as a way of assisting with their decisions concerning the future appropriations for the programs. And it provides the program an objective and defensible record of its accomplishments and its needs.

SB: Well, we ought also say too that while we thought of the college as a resource for the state of Florida, there's some marvelous work that's being done by faculty members in other parts of the world. You know, you've been traveling all over the world helping people set up parliamentary processes, and some of our friends at the College of Public Health have been going into other third-world areas and helping with the real public health challenges in those areas. It's not only a state asset of significance, but it's now viewed as a world asset.

JP: Which is a remarkable record, in light of the brief period of time that the college has actually been in existence. It's making quite a name for itself.

SB: That's exactly right. It's been—and when you think back, the first embryonic evidence of the college was a vetoed 1981 line of appropriation. Of course, a lot has happened in those years—not quite 20 years, but, certainly, the college has made a significant contribution.

You know, we might mention the building too because it is a beautiful structure. It's a, I think, a work of art. It's an architectural work of—it's very attractive. Since the building was built, there's been an effort to locate now, the state laboratories nearby, so that additional research can be done, in terms—in all kinds of areas. So its affiliation with the medical school has proven to be a valuable connection.

And, with the mental health institute, there's some tremendous study of work that is going on there down there now with memory loss and Alzheimer's research. Some of the cutting edge of work in the country is being done, and the College of Public Health is certainly involved in that, along with the mental health institute so very important.

JP: Indeed.

SB: I think, also, something—we mention Governor Graham, who we shouldn't leave without saying that he—after that early veto and his caution was very supportive—

JP: He was obviously misinformed.

SB: Right, well, he later became very supportive and helped the college get off the ground. A subsequent governor, though, has been very helpful—The Lawton-Chiles Center, which has been created recognizing Governor Chiles'³ long commitment to children. So that, now, is an affiliate with the College of Public Health, and, again, the issues that are involved in infant and child health, maternal and child health, are public health issues. So that's a marriage that's been very important.

JP: Indeed, it has.

SB: Well, I had good staff work.

JP: Well, thinking back, Sam, actually, I think our first partnership in this area was probably the nursing home subcommittee.

SB: That's true.

JP: Because, Representative Bell at the time was a member of a select committee—select subcommittee—that was appointed by then speaker, Don Tucker, to look into nursing home problems in the state. And it was, uh—

SB: Shared by then Representative George Sheldon. And we toured the state; I think, at that time, we held a record for the number of nursing homes that any legislature had ever

³Governor Lawton Mainor Chiles, Jr. was a Florida politician in the Florida House of Representatives in 1958, the Senate in 1970, and governor in 1990.

been in. I think we saw 60 some nursing homes in all degrees of—from very bad to quite good.

But we were—we really were enthusiastic. We felt like we had a mission to bring about change, and we had the ability to influence the legislative process. And we could see this exploding population; we could see—the needs were very clear to us—needs of the elderly, problems that are created by growth, some of them, environmental problems.

And so, as we worked in the legislative process and had these problems just right there in front of us, we said, Well, something has to be done, where we can focus on these issues in an organized way. We need professional people in the field that can advise us on legislative matters. I think that was part of how we really began to look at the need for the school—is to get that help.

JP: And that select subcommittee's business actually resulted in a major nursing home reform bill passing in the 1976 legislature. And it was shortly thereafter that we first started talking seriously about the College of Public Health.

SB: And during that same period of time, we got involved with reorganizing the department of HRS. You know, when in doubt, reorganize.

JP: I'm sure you do.

SB: And, you know, one thing that still, even as recently as 1999, there's talk of the possibility of creating a state surgeon general for the purpose of really focusing the health issues of the state in some way. We do have the position of the chief state health officer that's been held by a number of distinguished persons over the years, including the current dean of the College of Public Health. Charlie Mahan was the chief state health officer, and his going to the college really, I think, helped bring the college and state government into closer alignment and the county health departments—no question about that.

The first dean of the college, after Bob Hamlin was the interim dean, was Peter Levine, who came from Oklahoma, and was there for a number of years during the building phase of the college, helped with the planning and development of the building itself and hired a lot of the faculty that are still at the college.

SB: I think I was, at the time we began to talk about it, John was staff analyst in the HRS committee, and I was a member of that committee, and Layne Gordon was chairman at that time. John and I followed—we stayed together as a team—when Hyatt Brown⁴ was Speaker of the House. John was there as staff—on the speaker’s staff—and I was majority leader, and we were actually located in the speaker’s office, which didn’t hurt in terms of helping this project along in its delicate, fragile infancy.

We then—the year that we actually, successfully, put the appropriations money in and didn’t get it vetoed. John was the Chief of Staff of the Rules Committee, and I was Rules Committee Chairman, and we actually drew a line in the sand and said, We dared anyone to mess with our money.

CP: (inaudible) matters of public health in this way.

SB: Well, you know, it really took—it was, I guess, until we finally got it underway, it was about a seven or eight year process, from the time we began to think about it until it came out of the ground and was reality.

JP: Well, probably, my background in research—my first position, after leaving undergraduate college, was with NASA. I worked with NASA in the space program training chimpanzees for research that was being done at the time on determining exposure to rapid decompression and what impact that would have on, potentially, astronauts, using chimps as analogs for that purpose and that research.

Research has always been something that I’ve been a great believer in, and I think that orientation and the knowledge that without a college of public health, research of this kind, with a focus on Florida, simply was not a possibility in an organized way. That it had great potential to improve the lives of all Floridians, if we had that kind of focus.

SB: Well, and I think John’s early experience with monkeys has served him well in the legislative process.

JP: Why did I know that was coming? Well, in following, I might add, as well, that the nursing home experience was probably the initial—for both of us, I think—the initial exposure to some of the issues that might touch on public health. But, after that, there were a number of other issues that were generated out of that committee, such as a scoliosis-screening program.

⁴J. Hyatt Brown was the Speaker of the Florida House of Representatives from 1978 to 1980.

If I recall correctly, that was attached by Representative Bell as an amendment to a bill in the appropriations committee and went on to become a policy and a program for the state. We had some others, as well, some screening programs—prenatal, or postnatal screening programs.

SB: Well, we had the screening programs—the genetic screening programs. We had the hot water heater bill and some other things of that sort. We, during that same period of time, we had—it was fun; I mean, it was exciting, and we, probably, enacted some of the best children’s legislation of any state in the union. And part of that was due to the leadership of Jerry Schiebler⁵, who was so effective as the president of the Florida Pediatric Society and subsequent president of FMA⁶.

But he, in a sense, provided part of the model for our thinking because he was the rallying point for pediatricians around the state, and because they had a place to look centrally, they were able to get so much done. And one of our, sort of, models, in thinking about the College of Public Health, is that it could be—it could work in much the same way because if you have everybody pulling together, with a sense of commonality, you can get a lot done.

And we did in those kind of glorious years make a lot of changes in children’s health and, of course, in public health, generally. And one of the things, too, that I think, maybe, we’ve gotten away from in the legislature that we used to do—our committees used to go out in the field and tour Sunland Centers⁷, and go to mental health facilities, and actually see the problem, and be able to associate the problem with real individuals.

And it’s so easy to sit up in Tallahassee and make a decision looking at paper and talking about numbers. And if you don’t put a face with it, if you don’t put a situation with it, it’s easy to turn it down. But if you’re actually out in the Sunland Center and see, firsthand, the effect of a good program or the effect of not having a program at all, it’s a lot harder to make the negative decision.

And we did a lot of that, and I think that had a profound impact on me and I can tell you. And I know, for example, when Hyatt Brown was coming into being speaker, he had not had some of those experiences because he hadn’t served and so we set up a tour where we

⁵Dr. Gerold L. Schiebler was a prominent physician in the state of Florida that specialized in pediatrics.

⁶FMA refers to the Florida Medical Association, a professional association for doctors in the medical profession.

⁷Many Sunland Centers were remodeled W.T. Edwards tuberculosis hospitals that were established to care for patients with mental health issues in the 1960s.

went to the Sunland Center, we went to MacClenny, we also went by Union Correctional⁸ and some other places of that sort. And it's a powerful experience, when you see that. And those are the sorts of things that cause good legislators to make good decisions and do responsible things in the legislature.

JP: Well, I suppose, on a personal note, I would certainly say that the evolution and the development of the school of public health is one of my proudest moments in this process, on the policy side. No question about it. I think it's—

SB: Yeah. Well, you know, the Dempsey Baron had a little sign on his desk that said, "It's amazing what a man can do when he doesn't necessarily need to get the credit for it." And John certainly lives up with—so much of the great stuff that was done in that legislative time was because John was there. I mean, we just touched on one of the great things that we did, but I mean, the idea for this was John's, and that's how we got started. So there's no question about, you know, where the credit needs to go.

JP: Appreciate you saying that, Sam.

SB: And, you know, the naming of things, I guess, is important. But the real satisfaction comes from knowing that you saw a problem and you addressed it. And that's what gives you that good feeling that you know you did the right thing. And you see that college, and you see that, now, every year, we see graduates, or students, at the College of Public Health that are coming up here to the legislature doing that very kind of networking that we thought about. And the college is the mecca that they look to.

And on that lonely night when a public health official is wrestling out there, alone on a problem, he's not alone now, or she's not alone now, because they know that there's this army of people that share their concerns, that are there to support them, and that's going to make a difference.

JP: Huge difference.

SB: Well, thank you. And thank you for doing this while our memories are still sharp—

JP: You know we're getting old, Sam, when they start taping us, and they start naming things after us.

⁸Union Correctional Institution was opened in 1913 and is known as Florida's largest and oldest correctional institution.

SB: That's true.

CP: Do you have a footnote, Sam?

SB: No, I think that we've covered it. The college, among a number of things that I worked on in the legislature, has got to be one of my things that I'm proudest of because it's a living thing that is going to continue to be of service, and that's why it's important.

JP: Well, I am still the, I think—I don't think I got fired when she left. I'm still the chairman of the development committee at the college. And, as a matter of fact, I got a notice that my next installment on my pledge is due. So I'm trying to continue to support the college financially.

And I think, you know, it's harder to raise money for a college of public health than it may be, for a medical school, because we're not firsthand doing heart transplants and so forth, and there's not that same level of—

CP: (inaudible) culture right now. College of public health results are individual (inaudible).

SB: But I believe, as we educate people on the importance of public health, I think it's going to be easier to raise funds for the college because—actually, a dollar spent in prevention, is worth many, many dollars spent in treatment. And that's the message, and —

JP: It's a real multiplier effect.

SB: —as finances get tighter in the public sector, I think there's going to be an increasing respect for what the College of Public Health does.

CP: And I am Skeeter Prather.

End of Interview