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**E. Charles Prather:** It's a pleasure and an honor to have, this afternoon, Dr. William J. Bigler of the Department of Health. You've been associated with Public Health in Florida, some thirty-four, thirty-five years. First came to us as a wildlife biologist, but he spent the last couple of decades as, kind of the focus and the center of knowledge of public health history for this state. He's come today to, one: share with us his experience with the Florida Public Health system, and hopefully, to talk about some [of] his interest in the history of public health; and why he has devoted considerable attention to producing, for example, an orientation tape for new employees, and for the rest of us, that sets forth a pictorial history of Florida Public Health; a super tape.

He's also written widely on the matters of the history of Florida Public Health, and he's published in multiple journals on the history of Florida Public Health. He's presently working on a book, given to the history of Florida Public Health. He's working on updating a classic document of Florida Public Health; a monograph that he's updating to reflect the history of the individual programs within the Florida Public Health system. An outstanding person with a unique interest, Dr. Bigler, we welcome you here.

**William Bigler:** Thank you.

CP: And we thank you for your willingness to come. What in the world got you fascinated with the history of Florida Public Health?

WB: It kind of goes back to when I first got here, I guess. When I first got here, I—it's kind of interesting, I worked in the veterinary section, the Veterinary Public Health

section. I came as a wildlife person. I was, essentially, the trapper for the State Board of Health, at least, that's what I was hired for. (CP laughs) My interests were much wider than that, as you know. I had some good mentors, including you and Dr. Hardy<sup>1</sup>, and some other folks that made me feel welcome and, sort of, tweak my interest in a lot of things. But I think the biggest thing that got me started, probably, was that the biologist that I followed, Bill Jennings, had—were some big shoes to fill, and I didn't know exactly what he did or exactly what I was supposed to do. So, I thought it'd be very interesting to look back at the history of the Veterinary Public Health section, to find out what they had done in the last ten or twelve years, and see whether there was a niche I could fill, because I wasn't sure exactly what I was supposed to do. I had to appreciate it, in my wildlife training, I knew very little about diseases of people, it was something about some diseases of wildlife, but very little about people. So, my first interest was to find out what I could learn in, sort of, a quick study format. And so, I went back and I did an exhaustive history of the veterinary public health section, first.

Did that within the first year or so, and kind of got a feel for where I needed to go; and shortly after that, Dr. Hardy came out with *Millstones and Milestones*, which he and May Pyncheon did, and I went back and I read that; and I got a broader feel for what's going on in the public health arena, at least, at the State Board of Health level. I really thought that's all there was to it, at one time. A few years later, Dr. Hardy came around, he was doing some audio tapes, I believe, of key people, and I sat with him, asking what he was going to do with those, and why they were important and whatnot; and he started mentioning some names of some people who weren't there before, and the things they did, and I wanted to find out about that; and Tom Jarvis was the editor for Florida Medical, as you know, was working with Dr. Hardy, at that time, as an editor for all of the journals and all of the bulletins and annual reports that came out of the health department. And Tom says, "Well, you want to know about this stuff, just go back to the written documents. Go back to the annual reports." And I wanted to know about Dr. Scatterday a little bit more; he was written in the annual reports.

CP: Dr. Scatterday was?

WB: Dr. Scatterday was a veterinarian; a public health veterinarian that probably—the first one, I guess—you know, historically, there was a veterinarian back in the twenties.

CP: Yes.

WB: And then, there was a hiatus there for a while, when everything was transferred over to Department of Agriculture. And then, I guess, Dr. Scatterday was the first veterinarian that came back in the forties, after that hiatus.

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<sup>1</sup>Dr. Albert V. Hardy (1897-1988)

CP: Public health veterinarian.

WB: Right, and he got the vaccination going for dogs, and tried to get a state rabies law going, but he couldn't; but he got city ordinances going to the point where it knocked down dog rabies considerably. So, he played a significant role; but I wanted to know more about him. And there was some information in file, so I kind of got into the history of it, but I think what got—kept me going on this track, early on, was that there were people like you who actually spent time to give me the verbal history; and keeping my interest by telling sort of first person stories about things that happened.

And in my travels, on my job, I travelled to county health departments all the time, and worked with county health people. So, I got a really close working relationship with a lot of them, and then I got to pick up their lore, if you will, their folklore and their stories, and it just kind of grew. It fascinated me. So, where it started out kind of small, the more I learned, the more I wanted to learn; and the bigger the arena got, the more I wanted to get into it. But I think what really got me going was back when the reorganization took place in 1974, '75, '76, all that shakeup. You know, there was a scramble, as you know, to try to save pieces of memorabilia that were going to be moved from the office in Jacksonville all the way over here, and what might happen to those.

And Dr. Hardy, particularly, was very interested in that, you know, making sure we don't lose things; and I know a lot of others were. And Hank Janowski, as you know, you put him in charge of the move, and Hank was worried about not losing anything. So, a number of us—Dick Wistoff—involved—was involved, tried to bring the things over here. Once we got a lot of things here, in boxes, we realized that they were vulnerable to damage. So, we moved to pick the things that we thought were most fragile, and put them in Florida archives, at the Gray Building downtown. So, they were archived; these were the old newspaper clipping scrapbooks. They were the yellowed scrapbooks; there was a number of those. Photos, old photos that were just in file folders. Much of that has already—it was saved, so that's the good news. The bad news is that much of what was saved is not documented in any way.

CP: Is it still there?

WB: I mean, it's still there, but someone who knows what the—

CP: It hasn't been indexed.

WB: Yeah, right; it needs someone who knows what the photos mean. I've gone down there, and I've seen some very interesting photos, but I don't know what year they were taken. I don't know who's in them.

CP: In the bring over of the archives—with the newspaper, you got clippings, in the safe of the State Board of Health, I opened, but did not remove any of the stuff. Red Raglan asked to go through that; make a decision as to what could be thrown away, hopefully nothing, but do some decision making. And I subsequently learned that virtually everything in that safe, which was some scrapbooks, some of the early writings of Porter, by hand, Fred had packed up, hoped for delivery to Tallahassee. Do you have any knowledge of the contents of the State Board of Health's safe?

WB: No. No, I don't. I think Dick Wistoff probably handled—When Dick—

CP: Okay.

WB: I know Dick had these scrapbooks in file cabinets, cause they were fairly long, and they were narrow enough to get in there, and we—and he had—there might have been, seven, eight, ten of those, something like that. That's all I saw. Now, again, going through the Gray Library archives to—for a variety of research reasons, I've come across some of Porter's hand written notes. I've come across telegrams; telegrams were really big—

CP: That was the major communication. In those years, yeah.

WB: Major way, yes, and the telegram. So, those are there. There's all kind of—there's reports, there's letters, there's responses to telegrams and letters, there are speeches, handwritten speeches, you know, a lot of that's still down there. Now—

CP: Do we need to get a grant to have all that indexed?

WB: I think so. I think so. The sooner, the better, because some of the people that could help with the indexing are still around. The longer we wait, the more chance we have of someone not having a clue. A few of the—I mean, there are boxes of photos down there, literally boxes of loose photos. It looks like a household's setup. I know in my household, we have shoeboxes full of photos; some have indexes on the back, and some don't. I mean—

CP: You're getting very personal with my own system of filing photos.

WB: Right, right. (CP laughs) So, we need to address that somehow, and I think, I really think that it can be done. There's—now, I've gone down and pulled various photos out of the Gray Library, and made enlargements, and hung them on the walls, and they're around here now; and when we move to our new building, I would expect we could do more of that.

CP: Yeah. I had an interesting thought: you know, you breathe retirement now, and I know you've been here almost thirty-five years, if not more. A grant from the department of state—those special grants they give for historic purposes, let the department of health get a grant to pay you to go down and do all this indexing after you are retired. Wouldn't that be fun?

WB: Might be, might be.

CP: I'll come down periodically and buy you a cup of coffee.

WB: Could be. There's a lot that needs to be done, and somebody has to have the interest to do it, and one nice thing I've found about rummaging through some of this stuff is that it's easy to get some interested in a lot of this, and some of the things that we've tried to do—one of the things, for instance, when we did the video. You know, you did the orientation for years for new employees; and every time, it was a stand up show, and every time was slightly different, and you spent—you had a half an hour, at least, and you spent the first fifteen minutes trying to make sure everybody was awake, and that—and in fact— (CP laughs)

CP: You must have been there.

WB: Yeah, (WB laughs) the first couple. And then, when I took over for you, it was the same kind of a thing. So, I tried showing, you know, slides, and then trying to have little quips and little remarks, humorous things; kind of trying to lighten it up, to get people going. But one of the things I noticed, I'm sure you did, in the orientation, is that the employees in the health department, particularly, as they get—well, not necessarily, as they get more towards the lower end of the pay scale. Sometimes, it's at the highest ends of the pay scale.

There's the lack of interest. One of the things that you and others did for me, was that you made me, for whatever—for better or for worse, proud to work where I did, and to have a really deep feeling for, not just the organization, but the whole public health movement. The whole action of it all, across the board, at the federal, state, local level, and I think what I'd like to do, or what I was trying to do, what we were probably trying to do in a half an hour—and that's not enough time, of course, is to entice the new people to come in; to kind of get into that. Get hooked a little bit.

CP: That was my motivation, personally.

WB: So, doing that in half an hour I think is, like, impossible, but what we wanted to do with the video, and I think what Jim Howell got going was a good idea. And the fact the he said, "Let's do it at the outset—start off," and that's how we did it before, and said, "Let's do something for a video tape, and do it for a forty minute stint, instead of thirty," you know, gave us—Davis, Janowski, and I, a chance to really do something different; and I thought that maybe we could generate the interest in the new employees by saying, "Look, this is a big thing that you're dealing with, and this didn't just start yesterday. The new department might have started a couple of years ago, but there's been a department long before that. It goes way back, before there was a department."

CP: It actually—there was history before you got here.

WB: Right, exactly. (CP laughs) And we realized, Davis and I, as we got into this, we realized—Davis had an interest in archeology, and how Florida was settled, and how traumatic it was for the Native Americans, and everyone involved. And we realized that, if it hadn't been for public health, or something like public health, or people who thought about sanitation and hygiene, and making a better lifestyle for other people who came here, this state would have never been settled. It just wasn't going to happen, all right?

And so, it dawned on us that, you know, maybe we could package whatever we do to engage, if you will, the new employees would be to say, "Okay. Public health goes way, way back. It goes back five hundred years. It goes back when this state was founded. The people who came here brought diseases, made the people who lived here sick, and the people that lived here got diseases from the people who came here, and it all got worse; it didn't get better. And for years, people said 'Yeah, Florida's kind of pretty, but I don't think I want to go there, and then, if I do go there, tell me the best time.' And the word was out that this was a place where you could get sick, and you could get sick enough to die, and it happened, and it happened regularly, and if it did happen, you probably couldn't get out fast enough."

So, public health—you know, we're trying to say public health had a great deal to do with this state being where it is today; and we thought that if we could get the people that worked here to tie into that; and not feel like they're just another state employee, collecting another check, waiting to retire, that maybe they would stay here longer. One of the benefits I had, and I didn't realize it when I first came, was—at least, from where I sit now, looking back—and, of course, the hindsight is always—

CP: So clear.

WB: So clear, right. (CP laughs) Was that—in 1965, through about '69, we probably had one of the best state health departments in the nation, including the county health units and departments; and that was probably the peak. You know, shortly after '69—in '69, the legislature, in their wisdom, said, "There shall be no consolidated—"

CP: Consolidated Health Agency

WB: Right. "There will be a division, and there will be the division of health. There will be no state board of health; the state board's dissolved. There's a new health and rehabilitative services," and all that; and people like me, who were there just a few years, were wondering, Well, what's happening? Is Humpty Dumpty falling off the wall? You know, and, is it for real? And the people who had been there a long time, many of them said, this is the worst thing that's ever happened. We can't handle it. We're out of here. And a lot of key staff just walked away. So that was, for me, that was kind of a traumatic experience, trying to figure out, well, you know, should I go? Should I stay? You know, what are we gonna' do? But if there was one, really—there was a lot traumatic things that went on, in that twenty year period that we were with the Department of Health and Rehabilitative Services; but, one of the things was, our identity was taken away. You know, what identity we had was something that was unique, something that we could almost embrace, was diluted to the fact that we were not—(sighs), we—you know, you could see the surface, but you couldn't quite get there. You know?

So, I, at that time, Dr. Hardy was trying to update *Millstones and Milestones*, and was working with Tom Jarvis very diligently, on that; and I was fortunate enough to be the research coordinator, at that time, under your administration; and I felt like we could get that published. Well, the department had other—as you know, had other plans for that. They didn't like some of the things that Dr. Hardy said, and I suppose it wasn't politically correct to try to get that published outside the department, at that time. So, we had—in 1965, he did a seventy-five year *Millstones and Milestones*, that—since the department started in 1889, was appropriate to do in '65. Well, he updated that to about eighty—seventy-eight or eighty, somewhere in there. And then we couldn't get it published, so, I became the keeper of that; and just, sort of, sat on it for a while.



CP: In the meantime, Dr. Hardy got into Alzheimer's problems.

WB: Right.

CP: Okay.

WB: Right, and—but it was fairly complete, you know, we just were trying to figure out what to do with it, because the department didn't think it was appropriate; and as you know, one of the most devastating things that happened, in '69—actually, in '75, when we had—in '69, the legislature said, "There will be a division of health," and then, in 1975, it became the state health office, and we all moved; but the most devastating thing happened there, and you and I tried to overcome this, is we weren't allowed to do any reports anymore; and so, we did hip pocket annual reports, and you ask everyone in your area, all your division and bureau chiefs to do one, and we did one. The last formal one, that was bound, was done in 1974, before we left; and I have one, in big notebooks, for '75, and part of '76—I think we tried to do one in '76; and it's in typed, different fonts, and it's all one, big, loose-leaf notebook. So, those are the last annual reports. So, from 1976 through two years ago, we have no annual reports for anything that was done in health in Florida. Now, to overcome that, I—when we had the centennial, we were able to get bureau chiefs and division directors to write down what they knew had happened since 1976. So, those pieces were sent to me; then, at that time, you and I started working on trying to put those together, to update the manual.

CP: Let me interrupt and ask—Dr. Mahan came in '88. Late '88 or '89. I think it was after—he was here one year. He published a status report, on where we are?

WB: Right.

CP: Where does that fit into the scheme of things? I just thought of it myself—

WB: Well, we have that. That's one—that's, sort of, a singular piece; there's a couple of those.

CP: Okay.

WB: There's about two or three of those at odd intervals; sort of, like, ad hoc reports; where the governor's office said, "I want every agency to tell me the good things that happened last year," and they really focused on the good things.

CP: Yes, it does.

WB: One—one of the things that the older reports that we had—we had a series of annual reports, and a series that's Florida's health notes.

CP: Yes.

WB: The—the—the beauty of the both of those is that the reports that are in there are almost in their own words, so to speak. Particularly in the health notes, and you can really get the sense of the individual; a little bit about their personality, and how they present their material, and what they're trying to get across. They're not bureaucratic reports; they're not just facts. Just the facts, you know? There's some flavor there, some really interesting pieces; but in going through that, we tried to—you know, when the centennial rolled around, we tried to get a hundred year's worth of good information; and we did, but we got kind of bogged down with that, and I was able to pull pieces out, and write an article for the Florida Public Health Association<sup>2</sup> that came out that year; and then, a series—a three-part series of articles that were in the Florida Medical Association that year;<sup>3</sup> and Dr. Sauder, of course, did a series, and they were side-by-side. So, he gave his recollections of his area of expertise, from his perspective, for the number of years he served; and I was trying to just lay the foundation for the whole hundred years. So, I think it worked pretty well.

CP: I think so, too.

WB: We—we still have the raw material for that, so I still have the detail material for that; some of the program detail material, which we can, and we hope, to put together for the scholars to actually go back and see how the program's evolved. But getting back to the video, what the video did is—Davis and I had already started working on a book that would not just speak to the focused area that Dr. Hardy did with the state board of health, and what the state board of health did, but we wanted to look at public health as it evolved. Andrew Jackson created two boards of health, in 1821, in Pensacola and St. Augustine. Turns out that health department in St. Augustine did so well quarantining the

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<sup>2</sup>Bigler, W.J. (1989). Public health in Florida - yesteryear. *Florida Journal of Public Health*, 1, 7-19.

<sup>3</sup>Bigler, W. (1989). 100 years of public health in Florida. The first and second quarters, 1889-1939. *The Journal of the Florida Medical Association*, 76(8), 693-697.

ships, and collecting the funds, and whatnot, that when the state board of health was formed, they didn't want to join. (CP and WB laugh) They said, "Thank you, but no thank you. We're doing fine," as it is. So, here's one of our boards of health that's local that says, "Oh, we don't want to join the state on this one. We'd like to do our own thing." Eventually, they did—they did join, after a few years; but the point is, there were local health departments, too, as early as 1821, and then, there were city health departments in the 1840s and '50s, all the major ports—

There was a city health department where Dr. Porter came from in Key West, there was one in Jacksonville, even Ocala had one; but they just sort of did their own thing in concert with the state board of health, the one that was founded in the 1889; and coordinated—I think, coordinated with it pretty well; but we didn't have our own county health departments until the thirties—until 1930; I mean, formally linked with the state board of health. So, there's a lot of history that we haven't really been able to get a handle on between, say, the 1820s and the 1890s; and one of the things Davis and I were trying to do was to actually go to—to certain cities, like he went to Pensacola, for instance, and tried to go through some of the archives of the newspaper.

And see what he could pull out of there, and we've done some of that, and we need to do more of that; but what we were trying to do in the book was to build this continuum, and show how it built over time. The military had a tremendous influence on public health in Florida; I mean, negative and positive. They brought a lot of people here; they brought a lot of diseases here; they brought the wives, and the wives had children; and then, the guys got out of the service, and then, they wanted to go to school, and that made the university system grow; and on, and on, and on.

So, there's a tremendous back and forth of the public health movement and people; and dealing with the growth and development of this state. So, when we did—started in the book, we had gotten bogged down a little bit, trying to get that piece that I just mentioned; and then, we had the opportunity to do the video for orientation; we tried to do the video based on snapshots, where we would show a series of snapshots with voiceovers. And that worked fairly well, in a stand-up mode, but we only had a handful of photos; maybe forty—thirty or forty, when started to do the video, we had hundreds before it was all over. But the video has—it will take you through almost everything that we think we can put in the larger book. And that's been helpful. It gives us a way to look at what the book might look like, you know? And we've researched out a lot of photos that we can use in the book.

CP: Let me just comment, if I may, to our audience, that this video of which he is speaking should be available at the University of South Florida library. If it is not now, it will be, in due course. But it does present, as Dr. Bigler is saying, a pictorial overview of

the history of public health in Florida; from about 500 BC, I think, through 1998; a tremendous work; that it requires forty-three minutes to look at.

WB: Right. (WB laughs)

CP: Or something like that.

WB: There's even some music to go with it, you know, there's an overview of music; it carries through certain parts. But what we tried to do is not bore you too much, but we did it in that format so it could be used in a classroom setting, or could be used for a documentary, or whatever. But it's a, sort of, an un—I think, it's an untold story, and that's, really, the kind of thing that's piqued by interest, recently, is to—the story needs to be told. I think that, generally speaking, people who work in public health, they're kind of like Rodney Dangerfield; they just don't get any respect, (CP laughs) and they notice it, you know? It affects their self-image, and it affects their—I think their ability to hold their head high, and say, I know I'm doing something that's good.

So, if we can do that; if we can get people, whether they're directly in the arena, like we are, or they're infection control practitioners, or clinicians, or infectious disease docs, or they work in a community health center, whatever; they're in public health, and they're—we're all in the same boat, you know? And I think we need to find a way to communicate where we are in it, and who else is in it, and how we're supposed to be working with them, and I think we can do that. One thing that I—that comes across really strongly to me, is that as I read the history, Dr. Porter wrote for a piece for Florida Health Notes, and he started in about 1892, or something like that, I think, and 1894, he wrote a piece that sounded like Governor Chile's healthy start program.

CP: Really?

WB: Okay, and I'm going, "Yeah. Wow. A hundred years, okay?"

CP: (inaudible)

WB: And so—he wasn't—right. And so, one of the things that I've been trying to do; in my own way, and Davis and I felt very strongly about this; is that we—there's this bulletin that you started years ago, where you tried to get a newsletter out to people who worked in epidemiology about the latest and greatest things that were going on; and, at that time, through the mail, we were already able to do it once a month or whenever.

Sometimes, it was more than once a month. But, over time, it's evolved, and now, it's an electronic bulletin board; and it's sort of an electronic magazine, and it goes out every week, on a Thursday or Friday, from epidemiology; and within the context of that, Dr. Hopkins is the state epidemiologist, has been kind enough to say, "If you want to put something in about history, and it's relevant to public health, go for it." So, we've done that for the last—since about late 1996.

CP: And what's the name of this—

WB: It's called *Epi Update*. *Epi Update*.

CP: *Epi Update*; it is available at, what?

WB: And it's—you can get it on our website, the department of health website; it's posted every week, on the website; and you can get it through CCMail—

CP: What's the address?

WB: It's [www.doh.state.fl.us](http://www.doh.state.fl.us).

CP: Okay.

WB: And that'll take you to our website, and then you go to division of disease control, and bureau of epidemiology, and you can find it.

CP: There it is.

WB: There it is. And so, it's posted every week; and what we've tried to do, in that, is pull sort of first person vignettes, like I said, something that's in their own words: the chair we pulled from Florida Health Notes, or the annual report, or some ancillary piece that we've found in a library, under some other author; and we credit where we find it, and cite it as a reference, and then just quote it. Give a little introduction, and say, "Here's how we think it fits;" and some are humorous, some are serious, but basically, I think, what we're trying to do is give the people who read the *Epi Update* a page, page and a half, of a little bit of history, without making it too boring, and have it almost go down easy; and I think that most people that read it take it that way. I mean—

CP: My feedback, from multiple sources, is it's profoundly well received.

WB: Well, even we heard from people visiting the CEC, particularly, as far west as western office in Colorado. Where they think that—that's kind of neat. That, you know, in the seriousness of the business of the day, here, we try to make it light. They're not always light, some of them are fairly heavy; but the point we're trying to make is that, like you said before, times don't change all that much, and that some of the things that are new ideas today really aren't all that new. They've been tried before; maybe they worked then, maybe they didn't work then; but if you think you reinvented the wheel, you may have. It may have been there. And the other thing is, that we want to communicate, I think, to people very clearly, is when you read about this, the pieces we write aren't written always by the bosses. Sometimes, it's an account of what happened, and I think we're trying to say that if you were the nutritionist; if you were the health educator; if you were a nurse; if you were in environmental health, quote, "sanitarian"; or you were a clerk, and you were just collecting vital statistics, day in and day out; all of that has value, and this is the value of it. This is what we get from it. This is how it's used. I think, today, you see too many people, that work in all the range, is that—are so focused, with blinders, on what their job is, they don't—they're not even interested in what happening in the door—the room next door, much less the desk next door.

CP: Yes, yes.

WB: And I think what we're trying to do is say that, to them, in some subtle way, "What you do is important. It's all important." And so, I think it has—like you said, I think it's fairly well received. What we intend to do that—what we're going to do now is, you know, we're trying to take those vignettes, find the best ones, and package them into a little booklet or two.

CP: Now, tell us about it.

WB: And so, where we think that we've covered—I mean, there's plenty of material out there, but in the last few years, we've covered an awful lot of the bases, so to speak. We've covered the whole five hundred years that we've been talking about in one way or another; and we've talked—we've got information, and some pieces on county health departments, and some things that happened there, things that have happened in other areas—one of the things that's been fascinating to me, for instance, is the women's clubs.

CP: Yes?

WB: Women make things happen. We all know that.

CP: Yes.

WB: But one of the things that was really interesting; and, again, this is me just getting an impression from my readings; but, at the beginning, the state board of health was a good old boys' club, okay?

CP: Yeah.

WB: I really think it was, and they're mostly doctors.

CP: I agree.

WB: And that went on for at least ten years, and it was difficult for—and they had an agenda, and it was mostly, like, quarantine, and quarantine, and quarantine, and work on a handful of diseases; and the women's clubs of the state—the cities, they said, “Well, you know there's some other problems out there. You gotta' go bang on some of these doors. These kids, they're not—they have poor nutrition, they're dying of various diseases, they're not well clothed, their sanitation's poor, they're drinking fouled water, couldn't we do something about this?” So, it was interesting to see how the women's club would, essentially, come to the board and say, “Gosh, couldn't we help you do something about this?” You know, and they did; and they did over and over and over again.

CP: Wow.

WB: And, I think, I got the impression that they had a big influence in getting a lot of things started; perhaps some things that related to mothers and the care of their children, and—

CP: Modern times, I'd mention the immunization program.

WB: Yeah.

CP: Women's club was very influential with that, and the auxiliary of the Florida Medical Association, the women's part of Florida Medical Association, very influential in our immunization programs.

WB: Well, now, you don't know whether it was the board—you know, there was the board, and then there were the worker bees, including Dr. Porter, who's the psych health officer; who was the secretary of the board. So, you really don't know, you know. He's got a group that he had to report to, you know? And, of course, they were all males; or I don't know, maybe there were some women.

CP: They were all males.

WB: And I know he made a proposal about 1901, 1902, to get some nurses, and they said, "Well, I'm not sure we really need them out there. Maybe we could get social workers or something like that." And so, it wasn't until 1914 that really got its first nurses. So, it took quite a while.

CP: Yes.

WB: But you can see the evolution through time, and you can see how the board and the department we influenced by a lot of outside influences, including Florida Medical; and the Mosquito Control Associations; and Tuberculosis Association—or Anti-Tuberculosis, that's what it was called, early on; so, there was a lot of influences, and a lot of partnerships, a lot of collaboration; and I thought that it was kind of interesting that, in recent years, we've been talking about collaborating more, and I think it's probably because, maybe, we've pulled back some, and not reached out the way used to years ago. So, I thought that some of the things we're doing with the vignettes, and with the video, would show that it's not bad to do that.

CP: Yeah.

WB: Okay, it's okay, you know? (WB laughs) It'll be all right, you know? (CP laughs) So, those are, kind of, things I felt like we—messages that we wanted to get across.

CP: Yes.



WB: And I think, when we put the books together, we'll have some photos in it; but we'll have these little vignettes, which are short reading, and you can flip through the book, and pick a title, and just—it's sort of like a book of short stories, you know? But they're all in the first person; mostly, they're all in the first person. They're not like we researched something and said, "This is what we found." We have one or two of those, 'cause we couldn't find anything first person that worked, but Davis and I worked very hard to try to very selectively bring pieces to the *Epi Update* that we thought would be of interest, but it would also convey a message.

CP: Yes, very good.

WB: All right? And to show that Public Health was deeply involved in a whole variety of things. Now, the part that I'm dealing with, at the moment, is to try to figure out how exactly to package all of this so that it is of interest to everyone involved. I mean, if we do this book, I would like to see people in the Florida Medical Association, Florida Nurses Association, the Florida Infection Control Practitioners—

CP: Public Health Association.

WB: Public Health Association, Hospital Association; all of these people have enough interest to look at this, and the idea would be to try to sell these little booklets, and pull in enough money to help the museum that we're gonna' be putting up in the 1911 building that's being restored. So, that was the intention, and it wouldn't be like we're trying to make any money for it, but if we could just use that with students—it would be for students. They would just—it would be for the light reader; somebody who just feels, "Well, I'm not sure I'm interested in this." What they could—if they didn't spend a lot of money on it, they could flip through, and pick out three or four of these little short stories; they'd only take a minute to read, and if they like them, they'll read more.

CP: Yes.

WB: You know?

CP: Yes.

WB: It's not like you have to read the book, cover to cover, or anything like that. So—

CP: Not in one sitting.

WB: Right, right. So, we thought we'd try to package those, and see if we could get them out on the market, somehow. That's sort of our—

CP: Excellent, excellent. What your timetable?

WB: Well, I've got one drafted, and I've got another one half-drafted, so, hopefully, before the end of the year, we'll have—we'll be able to take 'em someplace, see if we can't get 'em published, and try to—I think, wherever we go, if we don't do them within the department, if we do them external—I'd like to do them external to the department, and try to pull funds in from these other agencies that I mentioned, so they could buy into it.

CP: Yes.

WB: Okay, they'd say, "If it's going to have an upfront cost to publish it, why not get them to contribute to the upfront cost?"

CP: Yes, yes.

WB: And then, they'll have some vested interest in—

CP: You know, from other sources that, first of all, you've been put together, and you have it out to a consultant, but sitting on it. I'm aware of that.

WB: Okay. (CP and WB laugh)

CP: And, for our audience, I'm that consultant that's sitting on it, right at the moment; but I'll have it back to you, in reasonable time. And it's just super; thoroughly, I'm enjoying it, and I like—

WB: Well, we've enjoyed doing 'em, and that's—I think, that's, you know, I hope that comes through, that we've had a lot of fun putting the pieces together.

CP: Let me, for future researchers, what's your source material? Where did you and Davis—you might tell our audience who Davis is, too.

WB: Well, Davis Janowski is the son of Hank Janowski, who is the bureau chief of the immunization program for the health department; and Davis has come to us to through a circuitous route, I guess; he got an undergraduate degree at Florida State, then he—

CP: In what?

WB: I think it was literature or English—something like that.

CP: Okay.

WB: Then he went on to Syracuse to get a degree—a master's degree in communications.

CP: Yes.

WB: Particularly, in magazine orientation—magazine media orientation; and for what ever reason, he didn't finish; he got halfway there, came back to us, then he worked for us in a variety of ways; sort of that O.P.S., which is really not—is almost like contract work; and we got him in the epidemiology program to do the *Epi Update*. And he had (inaudible); he had some background in computers; and had an interest in doing this electronic magazine; and he's actually the inventor, if you will, of this electronic magazine, which has gotten national recognition. Florida, up until two—a year ago, Florida's the only state in the nation that had anything like this; and he took it to a national meeting, I can't remember which, but it was at C.D.C. [Centers for Disease Control], and people just went nuts over it. They thought it was a terrific way to go. It was timely; it was short; it was easy to read; and it—and he actually—one thing that he did, that I'm really proud of, is that—Epidemiology, as you know, you've been there, you've done that, you know it's difficult; people think of you more as a scientist and as a researcher than as a real person, sometimes.

CP: Yes.

WB: And Davis put a friendly face on this weekly report. So, people who didn't even know us, who only talked to us on the phone, or—could kind of get an impression that

we were just like anybody else; we're not necessarily a bunch of eggheads that only talked in scientific jargon, and that we really had a sense of humor (CP laughs), and that, you know, that came across very clearly.

CP: Yes.

WB: And we're still trying to do that, now that he's gone, and he's went on to get his degree—

CP: Where is he now?

WB: He went on to get his degree. He finished at Syracuse, and now living in New York, and he's getting married in about a week or two, and he's job hunting, at the moment. So, we wish him well; but he's gonna'—hopefully, he promised to help us finish these booklets.

CP: Okay.

WB: And I think he will; and he's been to—now that he's got all this degree under his belt, I'm sure he's gonna' give us much more advice on how we should do things. (CP laughs)

CP: But back to my question of the source, source materials. Where did y'all find these beautiful things?

WB: We found them in a number places. Some of them, believe it or not, were in the annual reports; where county health officers would write in a report, and the editor of the report would just take whatever they sent and—

CP: Put it in.

WB: Put it in; and some of them are fairly interesting. The best ones are in the Florida Health Notes, and they're—that was sort of a bully pulpit, in a way; or it was a soapbox, for others. The division directors and the bureau chiefs were able, and encouraged by the health officer, to talk about their program, market it; cause this—the Florida Health Notes was built to go out to the public at large, so it was written at a fairly low level of

education, for the time; but, at the same time, there were articles in there that a physician would read, and appreciate, and understand, as well. So, there was a mix. And so, some of the first person pieces that come out of the Health Notes are really choice. The one that I like the best of all is called *Outrage*, and it's a fellow that was supposed to be doing quarantine service for Dr. Porter, and off of Tampa, he stopped a boat—he had this old boat, he was a contract employee, and he had his own boat; and he stopped a boat, and asked—they talked with Spanish, and he asked the captain for the papers, and knowing it came from Cuba, he was supposed to quarantine it; and when he came aboard, he asked for the papers.

They gave him the papers; he looked at them; handed them back; and then, two of the mates promptly picked him up, and threw him overboard, (CP laughs) and they sailed away; and they went to shore, and unloaded the rum or whatever contraband they were really bringing in; and he—and it was dark, and he had to swim back to his boat; and when all of this was over, he wrote a letter to the health officer, saying, you know, in essence, “This is a heck of a job. (CP and WB laugh) You're either going—let me have a bigger boat and a gun, or I'm not gonna' work here anymore. (CP and WB laugh)” Shortly after that, there was a boat that was commissioned by the port, called the Germ, of all things.

CP: Oh, a schooner?

WB: And it was a patrol boat. They used it to patrol with. But this guy was on his own boat, and he was very indignant about being thrown overboard; so, in the annual report, there's a letter from him to the boss, saying, “I don't know what you got me into down here, but this is not good.” (CP laughs) So, those are the kind of pieces that we're looking for. Some are in letters; letters saying—that are complimentary; some that are complaining about the kinds of service that were given. We just try to find—I mean, there's an awful lot of material there, but we really try to find pieces that have some significance, that have some humor, that have some—that are interesting, and I think you can make a point with some of these, if you don't try to overdo it.

CP: Yes.

WB: And we tried to make them as short as possible; and so, we do a lot of editing; and Dr. Porter, bless his heart, he did a lot of good things, but he was not a writer. (CP laughs) He—

CP: Not a short, to-the-point writer.

WB: He—yeah, and sometimes, he would just go on and on and—but he, in his writings, it comes off, very clearly, that he’s a very strong individual; and when he had his mind made up, he was not going to be persuaded to do anything different; and so, those make for very interesting readings; some of the encounters that he had.

CP: And aside to the questions here. I was in possession, once upon a time, of the leprosy file Porter had written everybody and his brother over the world as to what to do about leprosy, it was given a teach-in to answer the disease in Key West; and the Public Health Service, about that time, had chosen Florida as the site for the national leprosy hospital; and Porter’s writings to everybody about his not wanting the leprosarium in Florida. In the petition that he did to sheriffs and others in Florida, garnering support against placement of the national leprosy hospital here. What happened to that file, Will?

WB: I don’t know. I haven’t seen that. It may be in some of the papers at the Gray Building. I’ve seen writings that confirm what you’ve just said, but with not as much detail, where it was obvious that we did not want that here.

CP: Yeah—every mayor—yeah, every mayor in Florida signed that petition. Every board of county commission signed a petition. Every sheriff in Florida signed a petition against the placement of a national leprosarium in Florida. Probably unique in all politics, that all birds of one color would agree on one issue. They’re just beautiful writings; and after we moved, I had that in Jacksonville, and it was a part of our move from Jacksonville to Tallahassee; I have not seen those files. There was a fair amount, I would say about four inches of files dealing with that subject.

***Tape stops***

CP: What happened to it?

WB: I don’t know; we could check with Dick Wistoff, if—Dick might know.

CP: It was a beautiful piece of history, yeah.

WB: You know, I said, there was a lot of stuff taken down to the Gray Library that I haven’t even been able to go through, yet; but Davis and I have gone through, and I mean, there’s just boxes and boxes of letters, and it takes quite a bit of time to go through a box, you know?

CP: Oh, yeah.

WB: We've only begun to scratch the surface; it's a possibility that that's where it wound up; but the Gray Library has all of our old photos—not all of them, most of them; we have a few here that are still in our possession; and all of the writings, as well as copies of all the reports that are bound. One of the unfortunate things is that, even in our office here, we don't have all of the annual reports bound; I mean, there's some missing. There's—we don't have—we certainly don't—we only have intermittent copies of the Florida Health Notes here, too.

I rescued some out of the attic of the 1911 building, a few years back, and we just need to make it an issue to get those bound; and I haven't been able to get the time to do that, but I think we can come up with the money, within the department, to do that. But, we have a lot of bits and pieces, not only within the department, that need to be organized and documented and catalogued, but we need to do that down at the Gray Building also. What was—I thought was kind of interesting, actually disappointing, when I first went to the Gray Library, to make some enlargements of some interesting photos, and they wanted to charge me; and I said, "Well, no, these are our photos," and they said, "Well, not anymore. They're the state's; you gave them to us, and they're ours, and if you want to make an enlargement, you know, here's the price list."

CP: Whoops.

WB: And, "Oh, really? That's the way the game is played now."

CP: Whoops.

WB: We did; we played the game, and we made the photos that we wanted; but, you know, we were able to sort through them and whatnot. But one of the things that we found that we were able to do when we made the video was we could bring a video cam down to the Gray Library; and sort through our photos, as well as their photos, and put a stack on the table; and then, one by one, shoot each one, and for nothing. We were able to do that, and then I felt good about that. (CP laughs) So, when we do these—the books with the little vignettes in it, we want to incorporate a few photos, so I intend to try to go down and take a piece of machinery with me, and a computer—a scanner and a computer, and see if I can't run these through and scan them. I hope they'll allow us to scan them. I don't know.

CP: They probably will. Another question: the, quote, “historic files” from all of the programs moving from Jacksonville here, I’m carrying the impression that a lot of those files got to the HRS [The Department Health and Rehabilitative Services] warehouse. I’ve never known where the HRS warehouse was. Could you talk about that?

WB: Well, you know, the HRS warehouse was, until, I don’t know, recently, I guess it’s been moved again, but it was out on the Capital Circle Bypass, across from the Pearl, a place where they still serve raw oysters. It was right across from the Pearl, (CP laughs) and they closed that recently, and we were able to get some of the epidemiology stuff that we had out; and the fact that there’s some other pieces that are now on our boxes that are on our first floor, that need to be gone through, we may have some stuff in there, but I haven’t seen—only thing I’ve been able to rescue are old epidemiology files; hard copy files on certain, what we call, the diseases of infrequent occurrence. The leptospirosis, and brucellosis, and those sort of things.

CP: Quote the *Tallahassee Polio of 1956*?

WB: Yeah, it’ll be an interesting one to find. I’ve read about that in the annual report, that was a—when I was going through the monograph, I was reading about polio in Tallahassee, and it was like, “It’s polio today, but a couple years later, well maybe not.” (CP laughs)

CP: That’s right. They never could confirm it laboratoryly? That was the whole case.

WB: Right, and the more—as time went on, they thought, maybe, it really wasn’t. So, I don’t know how that really resolved. In those days, of course, we couldn’t do very much, we—as far as isolating material, and whatnot.

CP: What happened with that? In the—

WB: You know, some of the stuff might be at the local county health departments, you know.

CP: Right, but they, as a rule of thumb, have no appreciation of history, either.

WB: Well, that’s true. One of the things that I didn’t realize, when I came here in ‘65, is how much continuity there were—there was. I mean, in my first evaluation, for instance,



said that I was—it looked like I was going to turn out to be okay, but I was awfully young; and I was twenty-six, at the time. (CP laughs) Okay? You know? And, you know, there were a couple other that were of my age there, but most of the people were much older; and that was because they'd been there all this time, and they liked where they worked, and they were happy and content, and so, that—one of the benefits of that; I'm sure there were, you know, things on the downside; but the benefit of that, I thought, was that there was some continuity.

CP: Yes.

WB: And the other part of it was that; and I didn't realize this at the time, until much later; is that, in just daily conversations with people, a lot of folklore and tales were being told.

CP: Yes, and passed on.

WB: Right, and passed on, you know? There it is. (WB and CP laugh) But anyway, going—getting back on that subject, I think that it was a benefit to me and a lot of other people that work there, that there was a sense of belonging because we were able to communicate verbally with each other, and the—I think, for instance, the value of these videos that you're doing now is that it's, again, in their own words, it's first person. It's not edited, it's not—

CP: It's not somebody else saying, "I think you said."

WB: Right, it's not bureaucratically written to feather anybody's nest. It's not trying to, you know, make something out of somebody that they weren't. And so, you know, everything was more real; and then, when we left the Jacksonville scene and came over here, it was very, very much different. And you just—that whole scene came apart. I mean, we weren't the same community. We weren't the same. It was difficult to connect with the county health departments; they were leery of us, because we were—they were the same, they thought, but what happened to us, you know? And so, we lost a lot there, and I think one of the overriding or driving forces for me, right now; in the next couple of years, before I decide to retire; is to try to pull the pieces together, if I can—as much as I can, so that we can say, "Yes, we are a department unto ourselves. Yes, we have some history; we have some roots. Yes, we have something to be proud of."

A lot of—we're not going to necessarily dwell on the history, but it's there, if you want it; and if you need something to hang onto, something to connect with, it doesn't have to be

your neighbor; you can go back, and you can see where others like you did similar things; and, I think, that's what I'm trying to do: is to, at least, entice the newcomer to say—to be able to say to themselves, "Well, there is a place for me. What I do will be of value. It may not be recognized by anybody, but I'll know it." You know, it's really interesting, for instance, as we try to save the old 1911 building, all the different things that have happened; and there's a few of us that are pretty passionate about it, but the—within the department, the architects worked for HRS, and when we broke departments apart, some of them went to health, and some of them came with HRS; and the ones that came to us said, "What's this old building about?" (CP laughs) "What are you guys trying to do?"

CP: It was, like, a nice parking lot?

WB: Yeah, like, "I thought we were gonna' tear that down when we built the new lab, Will." I thought Reubin Askew<sup>4</sup> said that, too, about the old capital; and, somehow, we changed his mind. (CP laughs) So, we felt like we could do the same thing; but now, the architects have been into this game for a couple of years now; with this whole building, trying to bring it back, and I think they're as steeped in it as anybody.

CP: Good, good.

WB: So, it—I think it's infectious. (WB laughs) I hate to say it, but it truly is. Even the laboratory people thought that it would make a good parking lot, and finally, you know, they're finally saying, "Well, okay; if we've got to, we've got to." But now, the more they wander through the building, the more they see the character of it, and what it was. And —

CP: Tell—pause to tell our audience what the Union Street Building is.

WB: Well, it's—to go back a ways; I guess the old Board of Health, when it started, they had rental quarters, sort of downtown Jacksonville, and a couple of different places, and we understand it, J.Y. Porter lived in—even though he's a secretary for the board; his assistant was in Jacksonville, doing a lot of the administrative work; but he still lived in Key West, and he would—early on, he would go by ship. He would take a schooner from—a paddle wheeler, actually, from Key West to Miami, and then from Miami to Jacksonville, and—

CP: Wow.

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<sup>4</sup>37<sup>th</sup> Governor of Florida. Served 1971-1979.

WB: And then, of course, later, when the trains came in, when Flagler finally got the train, he took the train back and forth; but he was a commuter. (WB laughs) That's a heck of a commute.

CP: From Key West.

WB: And so—but he did show up, from time to time, and sign things; and go to meetings; and whatnot; and through the telegraph and other methods, he was able to keep in touch with what went on, and he had his eyes and ears out there; he had agents—agents, they were called, out there. But there was a devastating fire in 1902, 1903, somewhere in that range in downtown Jacksonville; swept the whole city; and it burned all the records, and burned down the Health Department, State Board of Health and everything. And so, they had to get new rental quarters. And, of course, all the records up to that time were burned.

CP: Oh, boy.

WB: In fact, Porter sent something out about 1904—'05; a call to—saying, “We've lost all of our health notes that—our back copies, and if anybody's got any, please send them to us, because we've—ours are all burned.” So, they didn't even have any records of their own publications; but the city had this park that was called Raspberry Park, that was on—what was the name of that little creek?

CP: Hogan.

WB: Hogan's Creek. Which was—I don't know whether it was—I guess it had some aspects of an open sewer; but, at that time, because there was dump at—called Raspberry Park. We know that, now that we've dug there, but—for the new lab, but it was city land, and it was sold. I think Dr. Porter said, “Look, it'd be really nice if we had our own building,” and the city of Jacksonville didn't want to give this away free. I thought it was kind of interesting, that it was city land, and then they charged us a hundred dollars for it. But, we got the lot for a hundred dollars; and then, I'm trying to think how much the building cost. It wasn't a lot of money, it was like thirty-five or forty thousand dollars—forty-five thousand, somewhere in there.

CP: What year?

WB: It was built in nineteen—it was finished in 1911; I think it was started about nineteen—late 1909.

CP: Okay.

WB: And it was built—it was finished in 1911, and there's pictures of it in the annual report—the 1911 annual report, without landscaping. It was a, like, on a—actually mounded up area little bit, to build it up a little bit above water level, and they—we now know that they put pilings down, wooden pilings; and then, on the pilings, they poured a cement foundation. So, it has a basement, it has a first floor, and it has a top floor.

CP: And you said something about the attic, did you? The attic, where you got some health notes?

WB: Yeah, there's an attic. There was an attic in it, too; and what happened, I guess, in the beginning, they had a basement, which I guess they—we found, when we—when I came there, that it flooded. I suppose it had flooded all along. So, parts of the basement, they stored materials in; and then the first floor had, I believe, some program stuff, maybe on one side; but on the other side, it was our laboratory. The new laboratory was put in there. Now, I think Dr. Porter's office was on the top floor, and over on one corner, but the attic was for storage, also; but as time went on, and they grew, they actually had offices in that attic. And after being up there, it was not a special place to be; it was pretty warm, and it was poorly ventilated, and musty, and just not finished. I mean, there was just boards.

CP: Yeah, it was unfinished in the early '50s, when I went up there.

WB: But you could see where they stored things up there, and they had desks and bench—workbenches and things; So, and it—you know, over the years, it went through a lot of iterations; as you know, it was changed from this to that, but it has some really beautiful characteristics, and I think it's got some nice tile floors, and some iron railings, and I would like to see—I don't know whether they—when they restore it, they're going to bring the—at one time, obviously, you came in the front.

CP: Yes.

WB: And you went up—you went up a central stairwell that went off two ways; and it only goes off one side now, and they filled the second curvature off with cement to build

a ramp to go to the other buildings they built in 1936 and '37. So, I'm hoping that they'll be able to get that cement fill out of there, so they have that flow that they had, at one time, which would really make it nice.

CP: Ah, yes. So, Union Street Building is the original State Board of Health headquarters.

WB: That's right.

CP: Yeah.

WB: That's right, and it's served us well; and I think having that as an icon, something that, sort of a touchstone, something that people can go to. We thought the big room that's on one side, which is probably as big as the room we're in right now, it's probably, oh, twenty-five or thirty feet long, and maybe fifteen or eighteen feet wide. It's pretty big. It would make a nice meeting room, and what we would try to do is open that up as a meeting room, and—on the main floor, for those who would like to use it; and then use the rest of the main floor library/museum for medical paraphernalia and memorabilia. And the big call that we would have to make, I guess, would be to have people go into their attics, and their basements, and their garages, and pull the things that they've been squirreling away for years, and decide there's a safe place to send them now.

CP: Great. Great. This building's been put on the national registry of historic places?

WB: Right, right.

CP: And senator Jackson got a special recognition from the city of Jacksonville, of some sort.

WB: Right, right. And the difficult part, I guess, was trying to come up with departmental funds to restore it; and we were able to qualify for a Department of State—Florida Department of State grant for about three hundred and fifty thousand dollars; because we put four hundred thousand dollars in matching money, as departmental money. And—

CP: When was this?

WB: This—I think we started that in '96.

CP: Okay.

WB: Ninety-six. And so, we're doing—trying to re-up that grant right now. We got three hundred and fifty thousand dollars for the first year. First year we put in for, we didn't get the grant, but we went ahead with our own money and did some restoration work, and tried to actually find out an assessment; is it worth restoring?

CP: Yeah, saving, yeah.

WB: You know? It might be that it wasn't worth restoring. So, we got that part done, and we got a fellow named Kent Smith, who's an architect at—actually did some restoration work at the city hall in St. Augustine.

CP: Uh-huh.

WB: And then that's—if you've been down there, it's a beautiful job that they did, down there. So, he's sort of like the architect, overseer, contractor to work with, a different sub-contractor—

CP: Is he state employed with the Department of Health?

WB: No, no, he's an outside consultant who specializes in restoration.

CP: Ah, what's his name?

WB: Smith. Kent Smith, I believe.

CP: Kent Smith. For the record; for my knowledge.

WB: Anyway, I think, once we get that together, and get it moving, it'll be a nice for people to actually go back and visit; maybe have a meeting at; maybe, if they get to Jacksonville to—if they're on some other business, they can pop on in and look at the museum.

CP: Yes.

WB: It would be nice, I think. There's only a handful of us who've had the privilege of fondling some of these photos, and some of the—the old papers, and I think others might like to do that.

CP: Yes, I'm sure so. Now, I appreciate all that you're doing. I really do.

WB: I'm having fun doing it.

CP: For the record, I just—tremendous, for a guy who's reason for being is catching wild animals. You've come a rather interesting path from there, but we need to note that you're a dominant in our bureau of epidemiologists. I'm not sure of your current responsibilities in bureau of epidemiology, but I know you do know trapping these days. Other than humans that you want to pick their brains some; you trap them, I'm witness to that; being one of those myself, you do very well. If I was some future researcher who really wanted to go beyond or go into the publications that you're doing, where would you suggest he start? I think at the Borland library, for example. When we—

WB: Yes.

CP: When HRS took over—the '74 reorg[anization], the library of the Division of Health—the State Board of Health was lost, and it was divided some. There was a lot of historic documents that were part of that library, that were in that attic that you're speaking to. Some went to the University of Florida, some went to the Borland Library in Jacksonville, there's a prospect that some went to the city library in Jacksonville; tell us about that. What happened to those documentations?

WB: Well, I've been to the Borland library, and there's a special room, and Davis and I pulled quite a bit of material out of there, actually. Speeches; reports on signed—some of them unsigned reports, some of them signed; newspapers clippings; magazine articles, there's a variety of material there. Old textbooks. So, yeah, there's a wealth of information there. We've gone through a lot of it, but there's an awful lot to do there.

CP: Is it catalogued? Or is it just there?

WB: Not really, not really. It's just there; it's never really been catalogued all that well. You just have to, like, start at one end of a row, on a shelf, and work your way down. So, it takes—I've been over there three or four times; it just takes a long while to go through it. There's no way you can easily just thumb through it. Caroline Hall, as you know, who was the librarian for years and years and years, has retired; but she does go over there, from time to time, and do some volunteer work. It's supposedly on her agenda to do some cataloguing of that; I don't know how that agenda's being worked right now. Down in—

CP: Not very fast, I'll tell you that; and we were privileged to have Caroline as a part of our historic group for these tapings; and so, we have her own words.

WB: Well, that—there's some—if there is some in the Haydon Burns Library downtown, there's a Florida room there; I've been in that, and I don't know if there's—how much of our material is in there; but I've been in that years ago, and I need to get back again. There's places—things I want—I know where I want to look, now; when I was in there before, I was focusing on a specific disease; and it was rabies, at the time; so, I was really not looking for some other things. There's a really nice little library in Key West that's got a wealth of history, and Key West goes way back.

CP: Sure does.

WB: What I want to find out—I—I—my agenda is to find a good little library in St. Augustine. I hope there is such a library in St. Augustine.

CP: Try the, in St. Augustine, for you and for the record, the St. Augustine Historical Society. I was looking for an anvil, and found them. They have a library, and they have a lot of material. A lot of it I can't read, because it's in Old Spanish, in longhand.

WB: Yeah, it's Spanish.

CP: But for your interest, they were very interested in my interest in a particular anvil—particular anvil. We didn't find the anvil, but it was a good contact. Anvil black and blacksmithery.

WB: Yeah, yeah. Well, that's—



CP: Let me mention that for the record.

WB: I think that might be one place I want to start picking up some pieces, but the little town libraries are a good place to go. The—wherever you can find, and Davis is at the archives of newspapers that have been around a while; for instance, I think I want to try to visit the Ocala Star Banner, which has been around forever.

CP: It's been there for years and years. Yeah, forever. It's as old as dirt, as you'd say.

WB: Right, so, they may have some microfilm that I could—

CP: It's not as old as St. Augustine—as Pensacola.

WB: Right. So, Davis has done some looking in Pensacola, and actually, there—I don't what the newspapers have evolved in Tallahassee, believe it or not, but there may be some archives. I know there's microfilm of some newspaper archives in the Gray Library.

CP: Yes.

WB: But I haven't had time to go through all of them; I've gone through some of them, but it's pretty tedious work. So, there's a lot of interesting material, but I haven't been to Gainesville; I don't know if the University of Florida, what they might have that's—

CP: P.K Young is we're thinking—I'm associated with some Spanish antiquity, as you're aware, in some sort of way, in P.K Young, it maintains a rather large historic file—Florida historic file. Let me mention that to you for the record, and I'm aware of no one who's gone there for early Public Health; but if you're interested in Spanish documents; early Spanish-occupied Florida, or English-occupied Florida, historic documents, real ones.

WB: Really?

CP: There are documents on that sort of history, and P.K Young Library is an appropriate place to go.

WB: Sounds like another mine that I have to visit.

CP: Some of our stuff from the State Board of Health Library got transferred to the University of Florida Medical Library. It was divided, it's my impression, between the Borland—

WB: I wasn't aware of that.

CP: And whether the Borland got first choice, I'm aware that Caroline said, "Just know, there's certain Public Health historic things that shall stay here." And she was dogged for that.

WB: Well, in my conversations with her, after the reorganization—and I visited with her quite often, for a variety of reasons, and I got the impression that she wasn't going to let anything out of her sight. So, unless it happened after she left, I think it actually—she probably was a good keeper of the material, at least, up to some point.

CP: Yeah, you; for your future reference, too, in case I get killed on the way home this afternoon, and for the record—

WB: (WB laughs) Heaven forbid.

CP: I've just thought of—the Florida Medical Association had a museum in the nation's first hospital, which is the St. Augustine Hospital, built by the Spanish in the late 1500s. A hospital. And the Florida Medical Association established a museum in that building.

WB: Really?

CP: It was called the Medical—the Florida Medical Museum, and it continued to operate until someone broke into it, and Dr. Porter's watch—

WB: Oh, is that where his watch was?

CP: The city of Jacksonville gave to Dr. Porter, in 1889, a watch—a pocket watch; a beautiful, profoundly expensive thing they had had specially made for Dr. Porter to say,

“Thank you, Dr. Porter, for getting us out of the ‘87 Jacksonville yellow fever epidemic.” And that watch, that belonged to the State Board of Health—it had come down to the State Board of the Health, and was in the possession of the Board of Health, was loaned to that museum for a display. The museum was broken into, and the only thing of value stolen was that watch. But upcoming from that, was they say, “The museum was closed.” They weren’t gonna’ do that anymore.

This was in the mid-late ‘60s, when all that occurred. The Florida Medical Association, for lack of a place to store their artifacts, they were sent to the Museum of Natural History in Gainesville, the University of Florida Museum; and they stayed there in boxes, that museum did, for a long time; until the museum needed space, and they are not a medical museum; they had no intention of displaying those artifacts. So, correspondents with the State Museum of Florida—Florida State Museum/R.A Gray Building, you call it, agreed to take those artifacts, with some notable exceptions that they would not take, because they didn’t want them or have room for them; and so, those artifacts, from St. Augustine to the Gainesville University of Florida Museum—

WB: What a trip.

CP: Are now in the possession of the museum—Florida Museum in Tallahassee; and they are due to catalogue, and they’re due to kept here, but they have no intent of displaying them, either; but because of what they are, they’ve agreed to keep them there. When a museum, a medical—Florida Medical Public Health Museum opens in the Julia Street building, it would be very appropriate for those in charge to consult with the Florida Museum here, in the R.A Gray Building, for those artifacts to be moved for our discipline. For your further record, the storage—

WB: Yeah, would there be any trouble getting those?

CP: No, not really. Everybody has to be under very official hospices, though; no, you could not walk down there and walk off with some of those artifacts.

WB: Well, I was hoping that we could get those. There’s probably—I got the impression that there’s—some of our stuff in is a back room down there, too, in boxes.

CP: There probably is. For your record, I personally have a whole bunch, though, that I’ve collected, over the years, for that museum. For the record, too, I’m stimulated to tell you that there is a pharmacy desk, for lack of a better term, that came out of McIntosh—

the city of McIntosh, was built by—for a physician who practiced in McIntosh in the early 1800s.

WB: Wow.

CP: And was there, and in due course, that pharmacy desk was given to the Florida Medical Association as an artifact. That is now in—that particular artifact is in the warehouse at the laboratories in Jacksonville. It is in their physical possession.

WB: And they're in a warehouse?

CP: Yeah, it's across—on the west—

WB: Is it in someplace where it's going to be high and dry, and all that?

CP: Yeah.

WB: Yeah?

CP: It's, if you'll remember, across the street from the Julia Street building, west of Pearl Street. Across Pearl Street.

WB: Okay.

CP: There's a warehouse. There's a (inaudible)-house looking building that was a warehouse when you were there.

WB: Yeah.

CP: You know?

WB: Still there.

CP: In building number two, is this pharmacy desk. That in the opinions of a lot of folks, is a valuable piece. It is there for the purpose of the Julia Street building museum, if it ever gets put up, but that is physically in our possession.

WB: How big is this?

CP: Big. I think it weighs nine million, seven hundred and sixty-three trillion pounds, since me and Dr. Hardwig and all of the laborers we could gather, complete with some pieces of iron tubing, were moving that sucker around. It's about eight feet, maybe ten feet long; made of heart pine, a lot of it one inch thick heart pine; if you could imagine, it has got a lot of cubicles—cubby holes for the storage of pharmaceuticals; but a really, really, really, really old-time pharmacy desk, but it's a place for the compounding of prescriptions; but it belonged to a particular physician, and was made for him; but it was his pharmacy center. There was no such thing as pharmacists—

WB: Oh, yeah.

CP: In the early 1800s, in Florida, the physicians did their own compounds; but this is where he kept all of his crude drugs, and he would provide your compound; he would compound your drug if you got to him and needed a drug.

WB: That's terrific. And we have in the lab that are aware of all of this.

CP: And the director is the—all of the upstairs of the laboratory are where it is over there, and I'm quite certain that anybody who goes in will ask the question, What in the world is this? It's about eight feet tall, and about ten feet wide; comes in two pieces, the top piece is tractable—is detractable from the lower piece; but when I left them there, some years ago, they were one sitting on top of the other, and I personally went to Gainesville, 'cause their museum wanted that big monstrosity out of their space, and the Tallahassee library—Tallahassee museum didn't want it. And it was one piece, and they were anxious to have their record cleared, but it's still—it's a valuable artifact, and it's an officially recorded piece in the Florida Museum R.A Gray Building, and they know exactly where it is; but it is in the possession—their official records state—

WB: So, it's our very first piece, is that what you're saying?

CP: Yeah, and I'm kind of—I've got some legal accountability for it, but it's in the legal possession of the laboratories, and that's where it's physically located.

WB: Well, I know that you've had visions for years of trying to get a Public Health museum, and I'm just hoping we're gonna' get this thing to fruition, before too long.

CP: Yes, you know, you're—I appreciate this opportunity with—you're here to record that piece of that stuff. That's valuable for future researchers interested in public health; and, perchance, you and I don't see all this come to fruition, at least there's a public record now.

WB: Right; somebody can dig through it and find it. (CP and WB laugh) Well, I think that it's—I suppose you knew that your office, in that 1911 building, was in part of the laboratory, but I didn't know that. I mean, I—it was all partitioned and whatnot.

CP: Yeah, it's not my time on tape, but the room that you're talking about is a—when I joined the State Board of Health, was the serology laboratory, and it was physically—the physical arrangement of that room and that floor, was sharply different from what it was when my office was there, and what it is now. It's been—

WB: I was kind of surprised, it goes from the front of the building to the back of the building, you know, and I guess there was a refrigerator or something that we had that was built on the back—

CP: We had a separate (inaudible) called the “Preparation room”, when I joined in 1950, the way that building was constructed, and that was the state serology laboratory, one of the main—that and parasitology, was the two major functions of the laboratory and consumed all the space. An earlier speaker that we've had spoke to the parasite surveys, the hookworm surveys of those days. We had the parasitology lab over there, and the serology lab, because we'd just come into our own for doing something about syphilis; just got penicillin. Right? Just got penicillin available, and there was great promise for eradicating syphilis, and a law was passed to require premarital syphilis law—this is not going to be on tape.

WB: That's right, all of that, we've come across that.

CP: All of great historic moment of why all of that, and this room that you speak to, in that building.

WB: Well, you know, there's a lot to be said for getting photos of that. There's not many photos that we can find that were taken inside of that building. We do have a photo of the lab in the Tampa laboratory building, but not of the lab in the 1911 building. At least, we haven't come across it.

CP: You might have challenged me to go through some slides, 'cause I have a fair number of slides that were taken of the interior of that laboratory.

WB: Really?

CP: And that's not 1911, now, I'm not that old. Not 1911, but from 1950.

WB: From when it was still functioning as a laboratory.

CP: um-hm.

WB: Yeah, I thought it was kind of strange that, you know, that they came full circle; the laboratory, years later, finally came back to that building again. (CP laughs)

CP: That's right. And it started out in the basement and first floor were largely laboratory. Even in 1911. You're aware of that; the basement was a laboratory.

WB: Was the basement part of the laboratory? Yeah, I guess I did read that. I was wondering what it would be like, with the fumes coming out from down in the basement, whether they have a way to ventilate that.

CP: I'm sure it was pleasant. Cause they still did a lot of parasitology.

WB: I think they were doing chemistry—a lot of chemistry, down in the basement.

CP: Yeah, yeah.

WB: I remember commenting to that, I thought, I'm not sure I would want to be working in the basement down there. (CP laughs)

CP: No, I would want to be working the second floor.

WB: Yeah, because it would be coming right on through, right on up to you. But I'm really anxious to see it come back together again. I really think it's gonna' make a difference, and I really—I hope that, you know, the conversations we've had recently, I've had particularly with Florida Medical Association indicates that they're very anxious to participate in that museum, and I think—

CP: I think they are. I think they are.

WB: I think that would be really terrific, to sort of bring that piece together again. 'Cause, you know, the readings I've done, it really indicates that they actually sat at the table, literally, sat at the table, and a lot of the decisions that were being made early on. Because that's where the medical association was formed, and—

CP: Yes, secretary and first executive officer, the guy that did all the work for the medical association was also the vital statistician of the State Board of Health.

WB: Right, right. So, there's some really close ties.

CP: Yeah, and the offices of Florida Medical Association—quote-unquote, “offices”, physically were at the Julia Street building.

WB: Right.

CP: In the office of Dr. Thompson, was his name, who was also chief of the Bureau of Vital Statistics, and that's what he was doing there. But he was selected secretary, and consequently, carried on all the work of the office of the Florida Medical Association was in the Julia Street building. You know what?

WB: Yeah, I understand that, at some point, he got crowded out. When they grew a little bit.



CP: Yeah, he did, yeah. But that all is because of all his records—all of his records, he had to move. Remember that all this was longhand; remember his longhand records?

WB: Yeah, yeah. Well, you know, it is really interesting, though, like you say, the county health units have a turnover like we do, and I'm not sure that, when they did have—I've gone to several county health units, and tried to find the records, and they just don't seem to have them. They just don't seem to have them.

CP: No they don't.

WB: And I've enticed a few of them to dig deeper, and a couple have on their own. For instance, I've heard from Bill Toth in Orange County, who's been there about twenty-seven years or so, and he couldn't—he found some materials; a diary from a nurse in the Apopka clinic, but many of the things he's pulled out, he has gone down to the Historical Society to get.

CP: Yeah.

WB: Because it's just not there for the health department, which is really unfortunate. You know?

CP: It is. Shockingly some of them in a particular county health department, not to be named, they could not determine from their records, or county commission records, the year they were organized. Because they were wanting to celebrate their hundredth anniversary—

WB: And they didn't know what year they were began.

CP: And they couldn't find, locally, what year they began; and I had a phone call about that, and with a flip through our annual report, of course, I could tell them what year they were organized, and there was some nice stuff in the annual report about their coming on as one of the cooperating county health units.

WB: Well, I think, as time goes on, we're gonna' find the twenty years that we lost with HRS are—there's gonna' be a lot of gaps there, and I'm hoping—there's a possibility that a few of the people who were there then will help us put the pieces together; but they're

going to be a rough overview, they're not going to be detailed, you know? There's going to be a lot of cracks.

CP: I hope you'll have time to stimulate them to do it. I was talking to one of your cohorts recently, in the immunization program, and trying to admonish him that the necessity of getting the written record for that period of what all happened. You know, in the immunization program, amazing things happened during our HRS years; and I know of no place that that's recorded for future historians who are trying to get a handle on this sort of stuff.

WB: All right, well, you and I both know Joyner Sims, and we know that Joyner, for better or for worse, would create volumes and volumes of documentation in the AIDS program; much more than I ever did when I got it started for a couple years before, but I would hate to see that be lost, though, cause, you know, I mean, we could cook that down.

CP: Yeah, to a manageable size.

WB: Right, but I wish, you know—I mean, he did it. He sort of overdid it a little bit, but, I mean, it's there, and you can actually work through it; but if it's not there at all, you don't have anything to work with, and that's a bit disappointing; but the part that disappoints me the most is that I think the counties made more of a contribution than they realize, and the staff at the counties, I think there's more of a chance for some of those staff at the small counties to stay on and actually spend a long period of time at a county health department, should they wish to, assuming the salaries were appropriate and whatnot, but there doesn't seem to be much incentive for them to stay, and, I guess, that's how they lost whatever records they had. So, those annual reports, where they required the counties, as you know, A to Z, every county, send in a report once a year saying what their highlights were, those were quite important. Now, I'm sure some counties have their own annual reports, which they continue to publish, at least, during that twenty-year period.

CP: I hope they do.

WB: And I'm not sure anybody's really gone back and asked them to—

CP: "Did you do it?"

WB: To put that together.

CP: Yeah.

WB: And I could do that. I—you know, what I do now is connect with the counties through the regional epidemiologists; we have the state divided in five regions. So, our regional epidemiologists visit the county health departments regularly; so, through them, I could get the word out that we'd be trying to find a way to pull those together; even if we just gathered them up and put in 'em in a library. One of the nice things that we've got going for us in the epidemiology program is we have a little library space, we have some shelving; and hopefully, we'll be able to carry that over to the new building.

CP: Good, good.

WB: But—but, again, as programs go, space is used for offices, and so—but the main thing, I think, is to try to pull it all together, and even if it doesn't get cataloged, we'll at least have it. But right now, things are scattered; and anybody who wanted to come in and try to follow where we've been, hopefully they can do that from the documentation that we've made on the pieces that we've put together.

CP: Yeah, you're—

WB: But there's—I have an office full of material that I want to put someplace safe.

CP: Yeah, don't you retire quick.

WB: Well, I'm gonna' hang around just a little while longer.

CP: 'Till we can get that taken care of. Well, Dr. Bigler, have we left out any significant something?

WB: Don't think so.

CP: I appreciate your letting me talk. This is very unusual; it is not my purpose on tape, but—

WB: Well, that's great.

CP: Things occurred to me. We're trying to—I knew this is trying to make a record of what's in your head, though, and I think you've done very well at putting that out for others to see where the record of the history of public health in this state can be located. I appreciate sincerely your willingness to do that. And on behalf of the University of South Florida College of Public Health, we're very interested in what it is that we're doing; but especially myself, Dr. Bigler, really appreciate your coming by and sharing with us these terribly valuable things that I worry there's too many that don't share my and your opinion of the value of these things; and I thank you, Dr. Bigler.

WB: Right, we're going to have to do some missionary work, I think here.

CP: We gonna' work on it. And I'm Skeeter Prather.

***End of Interview***