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Charlton E. Prather (CP): We are privileged to have with us this afternoon, Dr. William J. Weber, a longtime veterinarian in Leesburg, Florida, who also served a term as a member of the state board of health. The board was established in 1887 to provide policy for the public health action in the state. And it continued the policy-making board for public health until governmental reorganization of 1969¹, at which time the board of health was established. Dr. Weber was the veterinarian, the expert in zoological disease for the board at the time of its abolishment.

It is truly a pleasure and a privilege to have with us today, Dr. Weber. I will tell you that he is now retired as a veterinarian and spends the bulk of his time as an amateur photographer who sells everything he takes, which makes him a professional photographer as far as I am concerned, in wildlife and nature pictures.

He is published widely, has published a number of books on wildlife and nature photography so he is accomplished in a number of fields. He is with us today to reminisce about the days of the state board of health. Dr. Weber, it is truly a privilege to have you here, and I thank you for taking the time to come and share with us memories of an earlier day in public health in Florida.

William J. Weber (WW): Thank you, Dr. Prather. I can see several points in your glowing introduction there that I would take issue with. I don't consider myself to be an expert in zoonotic diseases, although, as a practicing veterinarian, it was something we dealt with everyday. And I think I was the second veterinarian to serve on the board. I think Ralph Pole, Dr.

¹The 1969 Reorganization Act resulted in the revision of the state constitution to consolidate 200 state agencies and boards into 23 departments in 1968. The next year, the Florida Legislature created the Florida Department of Health and Rehabilitative Services (HRS) and the state board of health was abolished. County health departments were transferred to HRS under the Division of Health.

Ralph Pole was the first one. When he was elected to county commission in Orange County, I took his place on the board.

CP: Well, as far as we were concerned, you were our expert in zoonotic diseases.

WW: No, you had Dr. Jim Nichols and Bill Sipple and people like that that were the experts. But I do think that there was a place for a practitioner because we were in position to deal with the people that had these problems everyday and made it a little different than—I hate the word—being in an ivory tower.

CP: We understand what you mean.

WW: Where it wasn't a hands-on project all the time.

CP: So you practically brought to the board's deliberations the practical, day-to-day stuff facing the public health practitioner.

WW: I'd like to think so.

CP: Yeah, yeah, you did. And that was part of your purpose, it seems to me, as member of the board of health. Are you going to correct me on your photography? I have been privileged to see some of your publications.

WW: Well, that sounded very nice. And I did start taking pictures when I was in practice. In fact, the first effort was—we used to raise a lot of critters that were orphaned baby squirrels, baby birds, and things like that.

And it got to be very time consuming to tell people how to do these things: to raise them, to turn them loose, and so. It was suggested by one of the National Wildlife Magazine editors that we do a book on how to raise some of these wild critters. And in order to do that, of course, they had to take some pictures.

So back in 1970, I believe it was, why we did do a book on wild orphan babies. It was to care and how to raise a baby squirrel or a possum or a raccoon or a deer or a blue jay or an owl and turn them loose. It was always from the point of view of turning them loose. So that started the

photography. So it just became part of the practice. And as my recreation from practice, I would slip out and go to a blind on a lake and take pictures or something like that.

CP: Fascinating. So it has become an all-consuming now, though, in your, quote, retirement. An all-consuming avocation?

WW: That is true, I have to confess to that. But as we were talking earlier it seems like there is so many things that you can become interested in that slides you off on tangents. And this isn't that—going back to the board of health but—

CP: Can you put your finger on what got you interested in the public health, or were you really interested in the public health policy at that time that the governor asked you to serve? I know you became very interested in public health.

WW: There was always a concerted effort for those in general practice to work in tuberculosis testing at dairy herds and brucellosis² and the testing of dairy and beef herds and that kind of thing. So I think you automatically became aware of some of the public health implications in what you were doing, as well as rabies control. And leptospirosis³ was a big disease at that time, and your equine encephalitis⁴ that you were so active in was a beauty that was raising cane.

So there were a lot of things that could relate to in practice that would realize or that I was aware of that were important as far as health of the public was concerned to. I welcomed the chance to be apart of it, but also, I think being the new kid on the block, I did more studying and more listening than I did advancing opinions and that sort of thing for the time that I was on the board.

CP: Looking back on those days, does any particular memories stand out dominant?

WW: I think the thing that I remember most, probably, was the fact that the board of health and the health department was just some entity over here somewhere, that I had no real contact with it except with the local people in our board of health in the county. And I think after serving even a short time on the board I began to appreciate much more the truly knowledgeable and professionals that brought information to the board for decisions or policy determinations.

²Brucellosis is a highly contagious zoonosis that can be passed from animals to humans by ingestion of unpasteurized milk or undercooked meat from infected animals or by close contact with their secretions.

³Leptospirosis, also known as field fever, rat catcher's yellows, and petibial fever, is transmitted by both wild and domestic animals. Symptoms may range from none to mild headaches, muscle pain, and fever. In severe cases bleeding from the lungs or meningitis may occur. It is transmitted by contact with animal urine.

⁴Equine Encephalitis refers to the inflammation of the brain. It is caused by several forms of viral encephalitis, which include West Nile virus, Western equine encephalitis virus, Japanese equine encephalitis virus, and Eastern encephalitis virus.

And there were a number of them, both in the veterinary field and you as an epidemiologist, that I always looked forward to when they came in because I knew we were going to get the straight scoop. And there would be little of the, should we say, the political nudge on the side of the thing. And then it was based on science, and the information was presented to make a real decision. The other thing that is impressive to me is the fact that so many of the things that we were concerned with 30 years ago are still here.

CP: A lot of them are. Mention some of them.

WW: Well, for example, I know, I think, you had a hand in parathion⁵ toxicity exposures and things like that. And right now, we are dealing with benlate⁶ exposures in nursery workers and things like that.

CP: That's right. We just changed the names.

WW: The same things are around—the septic tanks. Every so often we were concerned with septic tanks, the soil ability to absorb the water and thing. And you still pick up the newspaper and the debate of septic tanks is still there.

CP: Almost daily in the newspapers.

WW: And the immunization programs that were set up, whether it be rubella or polio. The time of immunizing and the type of vaccine to be used and things. I just read now where they are talking about doing away with the oral polio vaccine and going to strictly a kill vaccine program. And so, it seems to me, as you said, the problems are still there, just the names are different.

CP: You're telling me we haven't made much progress in public health. I thought we had.

WW: Well, certainly we could tell you we have eliminated tuberculosis from at least this area in the country.

⁵Parathion is a potent insecticide and acaricide. It was originally developed in the 1940s. It is highly toxic to humans and other non-target organisms.

⁶Benlate is also known as Benomyl. Benomyl is a fungicide introduced in 1968 by DuPont. It has been known to cause birth defects and is known as having a harsh impact on the environment.

CP: It is coming back, though, Dr. Weber. It is coming back with a vengeance.

WW: Well, I hate to say tuberculosis in animals, but it is coming back in animals now from Mexico and Texas—

CP: Oh, it is? I didn't know that.

WW: Yes, and in southern California and those areas. So, I guess you are going to have to set up some kind of line there. And since the last 15, 18 years, brucellosis is gone, at least it is in animals. I don't know whether it is still much of a problem in people or not.

CP: If you get rid of it in animals, no problem in people.

WW: We have traded it off, and now, we worry about toxoplasmosis⁷ in pregnant women from their association with the cats. And we still worry about both roundworm, hookworm, tapeworm infestation in children from contamination. So we made a lot of progress, but I guess there will always be progress to be made.

You can't see whether it is going to be in—and some of the things that receive the greatest exposure in the press, I think it would be useful if the health department took a position to reassure the public and, again, bring the same expertise to bear if we expect it from professionals who are on the board of health. And the first thing that comes to mind is the gene selection and the alteration of genes to produce better food, more flavorful food, higher returns in the agricultural field and things like that.

To me, I kind of think that is a phony issue, but yet it is something that's getting tremendous amount of press because when you think about it, we started selecting genes and chromosomes back in Mendel's work⁸ in the 1800s when he starts in, If we want blue peas we have to do this, if we want red peas we have to do this.

When we wanted to raise cattle that produced more milk we had to select cows that did produce milk, and if that is not gene selection, what is? If we wanted cows without horns, we selected

⁷Toxoplasmosis is a parasitic disease. There is an absence of symptoms in humans. Sometimes there may be a few weeks or months of flu-like illness. It is spread by eating poorly cooked food that contains cysts, exposure to infected cat feces, and from a mother to child during pregnancy if the mother is infected.

⁸Gregor Johann Mendel is known as the founder of modern genetics. Mendel conducted pea plant experiments from 1856 to 1863, of which established many rules of heredity, known as the laws of Mendelian inheritance.

genes that would produce a hornless cow. So it seems to me this is an issue that has been blown all out of perspective, and it should be something—

CP: The public health community has really not taken a stand, has it?

WW: No, and I think the public needs to be reassured. You know, when they read the things in the newspaper about, This is dangerous, we shouldn't eat this. Man is dooming the world by messing with these genes and things like that.

CP: And we forget we have been doing it for decades.

WW: Right. That is the point I guess I was trying to make. And it is something that I think the scientific community and the board of health, maybe, or the FDA or somebody has dropped the ball by not putting their two cents in to reassure the public.

CP: I will take that as proper admonishment. And I am sure that folks watching this tape will be just as shocked as I am to be snatched into current reality.

WW: Well, maybe it is just something that bothers me more than some of the others, but all—it is off the track, but they are talking about not using corn that has been modified to be resistant to some of the insecticides so the insecticides don't damage it. But by the same token, they are also modifying corn to be resistant to the worms that eat corn ears and things like that.

But nobody even considers that here is a benefit that is there but nobody even thinks about, except the crop duster that is—I have a good friend out in Nebraska who is a crop duster that finds he is not getting to dust near as much corn because, obviously, the corn they are raising, some of it is resistant now to the corn ear worms that eats the corn.

So it does add ramifications over and beyond just health, but somewhere there should be expert opinion that could either reassure people or say, "Yes, I think we got a dangerous situation." And to me in that same category, maybe it is the irradiation of meat, where meat is irradiated with no lasting exposure to any radioactive materials, but does kill bacteria. To me, somebody interested in health, this is good.

WW: Yet again, there has been no voice from the professional community saying, This is something we should do. I don't mean you got to jump into it wholeheartedly, but those that are the pioneers in this, I think, should receive support if what they're doing is something good.

CP: Yeah. And then the opinion motors, public opinion motors, should speak up. I also am recalling editorials where the public health authority today is not respected as it was when you were on the board. When the board of health spoke, the public of Florida took that as gospel, and, It's okay, the matter has been solved. The board of health has spoke.

I don't think that is true today. The public health community has lost their respect of the general public. You want to react to that?

WW: As part of the public and one not involved directly in public health, that is not my impression at all. I think that people still place a great deal of weight, whether it is the local public health officer that has an article in the newspaper about an anemic rabies situation or something coming on in Tallahassee. I think it still carries a great deal. But I think they got to be ready to go out on a limb a little bit and be willing to express an opinion even though it may bring them a little heat once in a while.

CP: Yeah. An earlier speaker we've had in that chair spoke to the fact that public health professionals, historically, have been ones who don't like controversy. They don't like controversy. And if you are bent to be a prosecuting attorney, you wouldn't make it in public health, that is, if you live on controversy.

WW: Well, I don't think they should be expected to jump out and live a life of controversy. But I think when they have a feeling they should have the guts to say this is what we should be doing, even, as I said, from the flack fall out it.

CP: That is okay. Yeah, gather your data and stand on the hard data rather than political opinion, I would say, in response to that. Don't be so much molded by the political opinion, not the public opinion, and do your job, I would say.

Looking back, though, you mentioned some of the public health problems that were dominate. Which was the most outstanding while you were there? The most worrisome?

WW: I think from the standpoint of the professional probably was the encephalitis⁹ outbreaks, which entailed both mosquito control and animal control—

⁹Encephalitis is inflammation of the brain. It is spread by animals or insects. The symptoms of encephalitis range include flu-like symptoms, fever, or severe headaches.

CP: —and people surveillance.

WW: Yeah, the whole thing. I think that is the one that I remember most.

CP: And that caused you the most sleepless nights?

WW: No, it never caused me a night of sleeplessness. Fortunately, I tried to go ahead and read the materials that was sent to me, by the people at the—

CP: For the record, we need to note that you were appointed to the board of health in '69, '68?

WW: You'll have to ask my wife. We have a game in our house where my wife remembers trivia, you know?

CP: And you remember the important stuff?

WW: That's right. We could be riding down a highway and she said, "Do you remember in 1962 when we ate in that restaurant over there?"

CP: It was March 12.

WW: Yes, she'll come back with that. And she says, "I can even tell you what we ate." And I don't remember things like that. I can't remember what I ate yesterday, let alone what I ate 30 years ago. There are a lot of things—

CP: As I am recalling you were there from about '68 to '71, '68 to '70.

WW: I think that is about correct. Something like that.

CP: Yeah, because you were appointed for the reorg, reorganization of '69. Yeah, I am just trying to establish a time period there.

WW: And that is why when you contacted me about doing this I looked for some way to escape because I really didn't feel like I had been on it that long and had that much that I could contribute to your discussion.

CP: Yeah, you can. Just your countenance on this tape is important to our purposes that the board of health was real people.

WW: Yeah, especially when you phrase it as being the last living member of the board of health.

CP: Now, I didn't say that on tape.

WW: I know you didn't say that this time. In your letters, you did it.

CP: Yeah, yeah, you're especially valuable to what it is we are trying to record here. Yes. Who are the other members of the board? Oh my, is that a bad question?

WW: No. Obviously, the one I remember most is Dr. Pete from Ocala.

CP: Yes, he was chairperson was he not?

WW: Yes, and the whole time I was there. And he was well respected in the medical community in Ocala and the medical community in the state and, I think, by the people in the health departments too.

CP: Very definitely. He was a good guy.

WW: He was a strong personality. He didn't mind letting you know what he believed and what he felt.

CP: I think that is the reason he was so outstanding. He didn't waffle, you know. He would let you know where he felt. If you wanted to argue with him, he would argue with you. And he would change his mind, if you had a good data.

WW: And I vaguely remember Dr. Adler, who was a dentist. Beyond that, I don't remember any of the other board members.

CP: Okay. Mr. Crumby, who was the pharmacist.

WW: I remember the name, but if I had to put a face to it, it would be impossible.

CP: I am just trying to help you remember who was members of the board. And I can't remember them either. Guess I would have to go to the record and look them up. For your interest, I had but I don't remember them now that I can just spout them off. How about the meetings? You had a meeting once a month, bimonthly?

WW: It averaged about every other month, but I don't think that it was on a particular day or something like that. When there was information to come out, we would usually receive a large manila envelope loaded with material. And I did feel a responsibility as a member, and I did try to read it all. And I think I understood what I read so that I felt like when I went I would be in position to, if asked, to make a decision based on the material I received.

CP: Yes, that you could be in good conscious.

WW: Yeah. I never ever had the impression that any decisions were made on the basis of political expediency during the time I was there.

CP: I appreciate knowing that.

WW: And I always felt like everybody was really trying to do what would benefit the public with the least harshest to them without really putting restraints on them or the people that they associated with and trying to do what was really needed and what was right. And again, it was most of the time by way of suggestion rather than edict, I think. But some of the things like the license against nursing homes—and again, it is a problem that we still have with us today. Even though they are licensed today, there are still problems.

CP: Yeah, you were there in the early debates of the licensure of nursing homes weren't you? Did you pass a rule while you were yet there or did that come afterwards?

WW: No, I think there was. In fact, it was passed and amended even one time while I was there.

CP: I remember that was a long debate. There were two sides to that debate whether they needed to be regulated, whether nursing homes needed to be regulated. And I remember the board of health mandated—told the staff to do an educational program.

And you used your influence to get special funding from the legislature solely for education of nursing home staff and administrators and the what is right, proper, and good. But there was no legal teeth that they didn't even have to attend educational sessions.

WW: I may be mistaken, but I think while the time I was there that they did affect licensure and required both training and physical facilities of a certain caliber and that kind of thing.

CP: Yes, yes. That was about your time.

WW: Yeah, but again, it is still a problem that we have with us today, so the wheel keeps going around, as a blacksmith would say.

CP: Yeah, but we have got a whole lot more regulations now, I would bet. I can't give you a quantitation on that.

WW: Oh yeah, we know that is true.

CP: Oh, nursing home.

WW: Whether it is a nursing home or whatever.

CP: The hospitalization of the indigent programing as my memory—was that not a beginning, hot issue when you were on the board?

WW: That was started, how to bring healthcare, but it was never resolved while I was there. I think everybody on the board felt that something needed to be done. And there was a need somewhere to bring healthcare, especially preventative medicine, to people.

CP: To the poor, maybe to the poor. But we didn't get that accomplished while you were there?

WW: No, the legislature decided we weren't needed.

CP: For the record, the board of health was abolished by legislative fiat effective July 1, 1969, I think.

WW: You'd have to ask my wife. She remembers things like that.

CP: And that was the date of the birth of the Florida Department of Health and Rehabilitative Services¹⁰. State board of health was abolished and the state health organization became a division within this large human services.

WW: I think at the time we felt like that they might get lost in there not being able to have the contact with legislators and things like that, to see that these programs got—

CP: As the world turned, it got worser and worserer.

WW: Did it? As a past director, you should know, huh?

CP: But two years ago, the legislature finally saw the error of their wisdom and pulled all the health functions back into a distinct department, now a separate department of health.

WW: I think that is the way it should have been right from the beginning.

CP: Yeah, and we do, and I am very pleased with that. Let's talk a little bit about the relationship of the veterinary community and the organized public health action. You know some folks—outside of rabies possibly—they don't see much role for a veterinarian in public health, in the general public point of view. But clearly you know and I know that the veterinarians' knowledge and his eyes are critical to a functioning public health program.

WW: If I was aware of it, there was no formal effort to enhance a relationship between physicians and veterinarians by Florida health or the department of health. But I know in our community, I had a good relationship with the physicians in the area. And I'd say you have to go to the point where—that was a long time back when my license number is 397, you know?

¹⁰The Florida Department of Health and Rehabilitative Services was created to promote and protect the health and safety of all residents in the state through the establishment and maintenance of high quality public health standards.

I was only the three hundred ninety-seventh veterinarian to be licensed in this state, so we as veterinarians knew one another. And in our community there weren't more than about seven physicians, and I knew them all as friends. I took care of their animals.

And if I had a problem that I thought one of my animal patients had a problem it might reflect on one of their people, whether it be ringworm or whatever, certainly, I didn't hesitate at all to pick up a phone and call them and talk to them, we were friends. And I don't know if that still exists today or not. I think—

CP: I would hope that it does, but I worry that it probably doesn't.

WW: I think because there has become—there are now probably 130 or 40 physicians in our area, where before there were seven or eight. No way can you know who they are and know them on a personal basis like you could back then.

CP: I see that as a role of your local health department to be the communication point between the two professions, as regards to specific public health issues.

WW: Yeah, I think there is still a good relationship with the public health and the veterinarians, the local health departments. And I think they go back and forth all the time, whether it be a dog bite, or I had an occasion to have a—

CP: (Unintelligible)

WW: Yeah, or a young man bring in a bat. He was a nice friendly little bat. and the kids loved stroking him, you know? And I petted the bat, too, because it wasn't, what you would say, exhibiting the typical rabies behavior or anything like that. And as it turned out, when you opened the wings, one wing had—the webbing between it had torn loose, so the poor little old bat just couldn't fly.

But, by the same token, talked like that this was something that since he had handled it, his mother had handled it, and his sister had handled it that maybe we better blotch cross it. So I kept the bat for two days, and the third day, it died. And so we immediately contacted the local health department and arranged to have that bat checked, and as it turned out, it was negative for rabies.

The rapport right there with the health department—they appreciated what we did and we appreciated what they did. And certainly, the people that had handled the bat, the family, were scared. Actually, I would say the wife, the nine-year-old daughter, and the seven-year-old boy handled it, and they instituted rabies preventative immunization immediately. But I think it was the father that was really far more scared and worried than any of those that had the immediate problem.

CP: Well, that can be very worrisome. I have to tell our audience a story on you, Dr. Weber, if I may. I have relatives in Leesburg. And many, many years ago, my teeny little niece at the time, who would have been three or four years old, had a pet duck that became very ill. And according to my brother-in-law, my niece's father, this duck was dead, but the niece insisted that the duck be carried down to Dr. Weber, because Dr. Weber could make it well.

And the duck was—this dead duck delivered to you for you to tell this little girl that her duck was dead, because Daddy couldn't tell his little girl that the duck was dead. And you did, you did in a nice way. I am told that you took the duck back to your examining room, and it was obvious to everybody that the duck was dead, but you carried it to your examining room. And, in due course, you came back out and told the family that there was nothing you could do for the duck.

WW: I am a little older and, hopefully, a little smarter. Now, I would have said, "Let me keep it for a day," and I would have found her a substitute duck that we could have given her the next day.

CP: Wise, wise, wise. It all worked out in my eyes. The end product of that was that the father was prepared to pay you for your time. And he asked what he owed you, and you said something to the effect, "What is a dead duck that you can't eat worth?"

WW: I don't remember the occasion, but I know that there were a lot of things that, again, that are different then than they are now. And we had a lot of folks that wanted to meet wild critters or whatever, and we just did it because we felt we needed to. And they weren't charged for things like that.

But it scares me now, even now. When I go into even some veterinary offices now, it seems like that they say my license number was 397. I really thought I was in with a bunch of good guys. We all cared about what we were doing.

CP: And each other, too, I think.

WW: Yes. And as far as money being the forefront, I didn't have that impression about any of the guys that I knew. And I felt like I knew them well.

CP: You had a service motivation. But you had an adequate living. Not as much as you wanted, but an adequate living.

WW: It was certainly fine. I don't think either of my boys ever felt deprived and we took camping vacations and things like that, that they, still to this day, say that it was some of the best things that ever happened to them was getting away—

CP: The highlights of growing up.

WW: It was probably best for me too.

CP: Let's talk about research, particularly in the zoonosis by the board of health. Can I refocus you there? I'm contrasting then and now. I am trying to remember that there was a lot of sponsored research going on within the board of health. I think of encephalitis. And a lot of our learning was from sponsored research.

WW: Quite a big mosquito lab down on the East Coast down there.

CP: That's right, the Vero Beach lab as it was called.

WW: A lot of good information came out of it.

CP: Almost 100 percent sponsored research, not legislative (inaudible) provided that good stuff for Florida.

WW: I think it has still got a place today. Who better knows than the health professional where this research needs to be applied, maybe then—

CP: For immediate application to the human welfare.

WW: Right. I went back after I graduated from veterinary college and got a master's degree in bacteriology. Even then, I felt like in graduate school that they were looking for projects that, maybe, somebody hadn't done for a while that they could go ahead and either get funding for, or you could get in and get it done and get out of rather than something that had an immediate and probably beneficial result. And that is why, to me, research where the health professional is saying, We need to do this—

CP: We need answers to this question.

WW: Yes, would really both benefit the health community and the public at large.

CP: You see much contrast between then and now? Because as I'm remembering in '69, in the '60s, the state board of health had a bureau of research whose only business was to stimulate, sponsor, help define, and help write grants. They don't have that anymore.

WW: I was going to say, I had no idea what the situation is now.

CP: But you would endorse we could still use stuff like that? I would.

WW: Yes, provided again that it would for a practical application rather than to see how much money we can garner because I can get more money than you can type of thing and some of these grant people—

CP: That seems to be their motivation, doesn't it?

WW: Yes, take great pride in so many—I think you miss the whole point of the game when you get off on that track. The need comes first rather than having the money and looking for a need, to me.

CP: Yeah, I agree with you, but you and I may be old timers.

WW: I am afraid so.

CP: We might be old timers.

WW: The last survivors.

CP: Yeah. Looking back on those days and the great number of veterinarians we have now—I suspect the number of veterinarians is what, ten times more than your 397? And communication between you, statewide, is probably problematical.

WW: Yeah, there are local associations, which I can only speak again being very provincial from our local area are rather poorly attended, there are meetings which are, again, primarily for continuing education type of things rather than any—

CP: —sharing of information.

WW: Or even sharing a fellowship.

CP: That is too bad.

WW: It is. I think so. I think they lose a lot, but everybody is so busy and running their own race I guess it is hard to get off the track.

CP: Did you see a place for the official public health organization to somehow be involved with that?

WW: Can they? I don't know.

CP: The Florida Medical Association has recently mounted with some Robert Wood Johnson¹¹ research money, enacted the ability to nurture a closer working relationship between local medical societies and the local health department in which dual common programs are being mounted. The money is for the purpose of somehow causing the local public health organization and the organization of local physicians to combine their eloquence to some particular activity that will better the matters of the public's health in that community. It is 12 counties that are participating in that pile of counties right now. It is too early.

WW: Yeah, you need to see whether they can accomplish what they are trying to do or not.

¹¹The Robert Wood Johnson Foundation provides grants for projects in the United States and US territories that advance the effort to improve the health and health care of all Americans.

CP: From the public health's point of view, they are trying to establish open lines of communication, easy communication between the county health department and the practicing physicians in town. For the medical societies' point of view, the official medical community is trying to stimulate their members to get directly involved in thinking public health with every patient encounter. If you follow that?

I was taught in medical school by my favorite professor that every patient that comes to your clinical attention is only an index of something larger going on, and you are obligated to figure it out, what that is. And I remember a particular example, so the guy, the workman, comes in with his broken arm and you do all your good stuff and you set his arm fine—no, his leg.

Comes in with a broken leg, you set it good, you put him in a long leg cast, and tell him he is going to have to stay in bed three weeks, pat him on the head and say, "Good luck, come back to see me in three weeks." And if you fail to ask about his wife and kids and how they are going to eat while you aren't at work, you have not served your mission as a physician.

You have got to take into account the larger impact of every illness. And you are obligated to figure it out and use your influence to do something about it. I think that is what this Robert Wood Johnson program—that is a piece of it.

WW: That would be neat, but I get, again, a provincial view that most of the times that I had to consult a position it was very polite, very nice, very knowledgeable, but hurry up and get out of here because I have got work to do. And the one with the broken leg normally doesn't have time to do that, like you said, is a shame. It seems that is the way we are going.

CP: Well, I want us to take time to do that.

WW: Well, we can now, see? We are retired—

CP: Yeah, you and I can take time.

WW: —or, as they say up in the mountains where we have our home, we are "retire-dead."

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CP: Not me, I am too busy for that. These relationships when you were on the board, I am certain that you had some thoughts about relationships between medicine and veterinary practice. You recall any particular incident, or you let Dr. Nichols take care of all those little details?

WW: I think that was more his. I think everyday, like you say, we listen to the people we saw and the animals we saw there was always a relationship. Whether if you saw a dog that had sarcoptic mange¹² you would ask the wife or whoever, “You don’t have any red itchy spots where your belt is, or where your bra strap goes do you?” “How did you know that?” “You better see your physician. If you like I’ll call him and explain what your dog has. We need to treat that because this is sarcoptic mange, and just handling the dog, some of those mites you’ve acquired them.”

I think even today most veterinarians look at most of the diseases from that standpoint, Is this going to be a problem? I know my son does, he is in practice there in Eustis and he regularly says, “Dad, you know, I had one today. I had to call so-and-so because I thought this might be something that would be worrying to kids.”

I think they still worry about it. And, as I say, in our area, in provincial, there is a good line of communication between veterinarians and the health department. I think veterinarians and physicians respect one another, but they just don’t have the contact back and forth to have any basis of friendship or camaraderie or exchanging of views one way or the other.

CP: Yeah, I think that would be very desirable. I am recalling my Clay County medical assignment I was associated with for many years. We had an annual meeting between the veterinarians, the dentists, and the physicians. We had an annual meeting with a little finger food, and it was solely for the purpose of camaraderie and knowing each other and provided the forum—if I know you and you know me, I can call you on the telephone much easier than if you had never met me, that is for sure. And I thought that was very desirable.

WW: Back in the olden times, again, we had our local association because there weren’t any real continuing education programs, formal type programs. So we met with local meetings and had local speakers, and we had a state meeting and the same type of thing.

And all of these things you had a chance, not only acquire knowledge to keep you up to date and, hopefully, keep you up to date, but you got to know the guys that you were associated with. And if you had a beer with Fred who lives in the next town and that way you didn’t hesitate if he had a problem or you had a problem that was related to him to pick up the phone and call him and talk to him. It wasn’t a dog-eat-dog competition; you were both there doing the job, trying to help.

¹²Also known as canine scabies, sarcoptic mange is caused by a mite. In dogs, hair loss occurs. It is highly contagious.

CP: You had the same mission.

WW: Yes.

CP: The board of health was policy making, we don't have—we have very few boards in Florida state government anymore that are policy making. You think it was unwise to abolish these policy-making boards—which were folks from the everyday walk of life who were faced, on an everyday basis, the sorts of problems that they came together to discuss and provide solutions to, but they could do that with state loan policy, which was statement of law at the time that you were there—or is the way we do it now, largely through legislative fiat, even the smallest problems get legislative review and a law is passed to solve that problem?

WW: I don't know. I think there is still a place for an advisory board, but I think the board should be individuals that really have some expertise or knowledge that they can bring to the community that they are trying to serve rather than because he is Joe's cousin, and Joe is a big guy in the Republican Party, and this looks like a nice plum type of thing. I think that has happened.

For the board of veterinary medicine, they have an advisory board. And some of the choices have not been good from political expediency rather than knowledgeable people would really have something to contribute to a group of that type.

CP: That's sad. As long as knowledgeable people can out-vote, there are more of them every meeting such that the non-knowledgeable folks vote doesn't count, they get in the majority. They can cause havoc.

WW: That is true. But I think that, again, department of health can sure do a lot to mold opinion of the voters and of the public in general, if they are willing to stick their neck out a little bit and take positions on some of these things.

CP: My opinion is that is a part of their mission. Educate the public whereas they can make wise choices about their health and their healthcare of themselves and their neighbors. I extend that to neighbors. Who is my neighbor? Anybody who needs me is my neighbor that I think the public health definition should be.

Pause in Recording

CP: Well, you have obviously had a good veterinary public health career, veterinary career, which included some public health stuff. Give me a paragraph on your retirement avocation, photography?

WW: Well, I'll back up to train a little bit and go to the first point. I was a active practitioner for over 30 years and I used to play a game with myself every Christmas, between Christmas and New Years, and walk by myself and sit down for an hour and say, "If I had my druthers, what would I like to do if I weren't a veterinarian here?"

And I know you knew Bill Sipple and I had an opportunity to go down with the lab down there. And ever since I had a bacteriology master's degree and I would like to do that better than what I'm doing now. And over that 30 plus years, the answer always came out the same: I like what I am doing. I want to keep doing what I am doing.

And when both my boys indicated that they might want to do it. And I said, "Son, there are a lot easier ways to make a living." But I said, "If you are going to think you are really interested, you are going to get the worst with the best."

And so if I had a night call, the oldest one went with me. On the weekends, they had to clean cages and help hold dogs. They assisted in surgery. When the younger one came along, he was five years younger, he got the same thing. But I didn't teach them a thing since both became veterinarians.

But apparently, they are both satisfied by what they are doing, just as I was. So, I wouldn't trade my career as a veterinarian for any kind of photography or any other thing, but I like what I am doing now. And I have—kind of stupid to say—but I have always been satisfied at whatever age I am at.

CP: Oh, I like the age I am.

WW: When I was 30, I enjoyed being 30. And I was never afraid to be 40. And when I was 40, I enjoyed being 40. When I am 70, I enjoy being 70. There are some things I can't do, but there is a heck of a lot more I can do in my 70s than I could when I was younger because of financial restraints or whatever.

CP: Great. I make it my choice to enjoy today and I do.

WW: And I think that is the reason we are both active and happy. And right now, my younger son and I are building our second airplane.

CP: Your second one? You missed your first one?

WW: Oh no, we built it.

CP: You happen to have a picture of your airplane?

WW: What did I do with that? There it is.

CP: You're building your second airplane.

WW: So I still fly, and there are both boys in the first airplane and the youngest son and the two grandchildren. It is an experimental Rans S-12, and now, we are building a [Rans S-6S] Super Six. So, that is what I say, it doesn't matter what age, I am always finding things to do and challenges.

CP: Okay, do you fly this?

WW: Oh yes, sir. Made a point to fly the last day of 1999.

CP: And the first day?

WW: No, I missed the first day. It was a bad day for flying. It was the second day of 2000.

CP: Well, that is neat, that is neat. And we will show that to the audience. Speak to your photography too. You do know photography? You do airplane flying.

WW: Oh yes. But I also take photography from the airplane too.

CP: I would hope so.

WW: I have taken a lot of pictures around the state of Florida and the younger son was going to buy me a book on aerial photography and he said, "Dad, I looked at it and there was no point. It emphasized on page one: rule one, is you don't fly the airplane and try to take pictures at the same time. I knew there was no point in me getting that for you."

CP: Not going to waste his money on you.

WW: No, because I hold the stick in my hand and take pictures. And when I have shot about three shots, I come up and see the airplane and, Oh yeah, I better go back and straighten back up again.

CP: Oh no. Dr. Weber, that bothers me.

WW: It does? Well, that is part of the challenge of being 70.

CP: What have we left out?

WW: I don't know.

CP: Did you enjoy being a part of the board of health?

WW: No.

CP: Why?

WW: There, I shocked the camera. It went off. No, I felt it was a responsibility that I might not be capable of fulfilling.

CP: You felt insecure?

WW: Yes, I felt that maybe there was somebody more knowledgeable that could maybe do a better job than what I can do, I think, and could be more persuasive or whatever. But I had no

regrets being on it, and it is one of the games that I wouldn't have missed for anything, you know. I felt it was much more of an obligation than anything to do with fun play or whatever.

CP: Yes, yes, okay.

WW: And I won't say I resented the time, but I would have rather spent my time in reading that material and making the trip to Jacksonville and spending three, four, five hours and the trip back from Jacksonville. I would have enjoyed it much more doing other things, but I did feel like this is a responsibility. And I'll give it some time and try to do it the best I can.

CP: One of your civic obligations, what you were asked to do it.

WW: That's about it. And I felt that way in the local community that it was something that you needed to do and get in there and do it.

CP: I am afraid that is another common quality of our current professionals.

WW: They need license number 397.

CP: That would help.

WW: Way back when.

CP: Let somebody else do it, I am too busy. It is hard to find somebody else to do it. Well, Dr. Weber, it is truly a pleasure that you would take the time and come by and let us reminisce about a long time ago in both of our lives.

But a terribly important chapter in Florida's public health history is that board of health and that you would willingly represent the board that was abolished in '69 and all of the boards preceding that from 1889, when the first one was appointed, was particularly complimentary to us here at the school of public health and the University of South Florida libraries. And on their behalf, I say thank you sincerely, and I personally thank you sincerely. And it is truly good seeing you again.

WW: It has been about 30 years. I hope you will come to the mountains and see us.

CP: I want to. I think that is a threat—I mean, not a threat—that is a promise, I will come. And today is January 10, 2000, and I am Skeeter Prather.

End of Interview