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Charlton Prather: Let us introduce Dr. Wilson T. Sowder, the longtime state health officer for the state of Florida. And in the minds of virtually everybody living and dead, considered the daddy of [the] modern public health movement in Florida. Doctor Sowder, it's a privilege to have you here, and welcome. We're anxious for you to share with us your memories of how the public health system in Florida really came to be. And we've considered that it came to be in your watch. What brought you into public health in Florida?

Wilson Sowder: Government orders.

CP: Government orders? (CP and WS laugh) How is that? I don't want to introduce the subject you came down as a VD [venereal disease] officer from the public health service. I don't want to do that, I want you to do that.

WS: Yeah well, if you want the details—

CP: And I'm not going to tell about the red light district in Pensacola either.

WS: I was assigned by the US Public Health Service to the State of Tennessee. And everywhere I went—this was after I finished my MPH [master's of public health] at Johns Hopkins—I had two little counties in West Tennessee, no, East Tennessee. And I

was on a mountaintop examining school children when I got a call from Washington. I had to go way down to the bottom of the hill and then—

CP: What to answer the phone?

WS: —after hearing about it, so I had to go back to the office and turn everything over to the nurse. But when I got there, the head of venereal disease control in Florida said that the secretary of the navy had gotten disturbed about the VD situation in Pensacola. And they wanted somebody to go down and, to be specific, close up the red light district.

He said, “It seemed to me that out of some 15 or 20 VD that you were doing at least, and most available.” Meaning, interpreted that the health officer of Tennessee had converted me from doing pure VD into a county health officer. So that’s how I got to Florida, government orders.

CP: It is. Have you enjoyed it?

WS: Very much. Very much.

CP: I’m aware you closed down the red light district. How did you manage to accomplish that? This was during the war years, was it not?

WS: Yeah, I believe it was. I’ve got the dates in some of the material I gave you. But it was—I think I arrived in October 23rd, 1940, in Pensacola. We didn’t get it closed until 1941 in March because the navy, locally, they weren’t very enthusiastic about it. And know a lot of other people weren’t. An institution of venerable—I call it a venerable and venereal institution. That had been there about 400 years. But you say I closed it down? That’s what a lot of people thought.

But the county health officer did as much or more than I did. But he got less credit for a simple reason. His wife objected strenuously for reading in the papers any connection that her husband had with the red light district. So I’d see things in the paper, “Dr. Sowder said so-and-so,” and I said, “How in the heck did they get that? I didn’t say anything.” And he said, “I put it in there for you. He says, “My wife gives me a hard time.” (CP laughs) Al Stebbins is his name.

CP: Al Stebbins, he was the health officer.

WS: He was the county health officer in Escambia County.

CP: Okay. Stebbins.

WS: And to show you how difficult it was—if I take too much time, tell me.

CP: No, you aren't taking too much time.

WS: While we were trying to get the navy commander to write a letter to the city authorities to pretty please close this whole district. You know, a block this way and a block that way with nothing else much except houses of such and such. I worked in the VD clinic in the health department.

And we'd get these notices from the navy about so-and-so got syphilis¹ or gonorrhea² from such-and-such a person in the red light district. And Dr. Stebbins occasionally went along with me and we'd go down and look up it. We were both on good terms with all them, particularly the madams down there.

CP: I would hope so.

WS: And one day, he went alone. He had his little 12 or 13 year old daughter, she'd come by to be carried home from school. He had her in the back seat. Without thinking, he went down to the red light district and looked up whoever he was going to look up. And when he got home, the little girl says to her mama, she said, "Mama, you know what I saw down there?" "What did you see?" "Well I saw, daddy and I were down that street and I saw a lady out sweeping her front porch and she didn't have a thing on except her bra and panties." (CP laughs) So Al Stebbins told me then he said, "Boy, did I get it." (CP laughs) That's another reason, see, I got a lot of credit and publicity because—(CP and WS laugh)

¹Syphilis is a chronic venereal disease caused by *Treponema palideum* and produces rashes and lesions in a course of three stages.

²Gonorrhea is a sexually transmitted disease in both men and women and is caused by *Neisseria gonorrhoeae*. It is a very common infection in people from the age of 15 to 24. Most women with gonorrhea are asymptomatic.

CP: Yeah. History shows that you closed down the red light district. And best I know, it hasn't opened up publicly since.

WS: But Al and I were friends for a long time. And furthermore, I managed to make friends with a lot of the madams that we put out of business. One of them used to send greetings to me for years afterwards.

CP: Really?

WS: Uh-huh. And one of them afterwards—

CP: Did you help her get another job?

WS: And one of them was a Portuguese [woman] named Maria. She was a very devout Catholic. And she came up to the health department after we closed them and wanted to see me privately. So I took her in my office and told her to go ahead and tell me what the problem was.

Well, she said, "It's not me." She said, "You know that woman named Pat from DeFuniak Springs?" I said, "Yeah, oh yeah. I know Patricia." She said, "She ain't doing a thing you told her." She said, "She's just carrying on with business like always. And I'll tell you another thing doctor." She leaned over and said, "She ain't even a Catholic." (CP laughs) Maria had never missed a mass, they told me.

CP: Oh really? She probably needed to be there.

WS: She was very religious.

CP: Well, what did you do about Pat?

WS: Well, we talked about it. And she really wasn't—there was another one that did try and we had to give her—actually, she objected this when we nailed up 15 or so placards in red. She came out on the porch and we taped it up. She said, "What's that all about?" I said, "Well, just read it. Syphilis, keep out." And we had the evidence in every case.

She said, “Doctor, how in the hell do you think that I’m going to carry on business with that thing tacked beside my front door?” (CP laughs) I said—I believe her name was Cecilia or something like that. I said, “Cecilia, that is the idea of this thing. That we want you to quit business.” But she was one that really tried to carry on and sneak.

CP: How did you treat syphilis? Those days it wasn’t an easy process in ’41.

WS: Arsenicals, we had arsenicals. We didn’t have Penicillin and it was the old-fashioned way, which was pretty severe.

CP: Yes it was. What was the cure rate? Do you remember those data? This is an aside.

WS: Listen nobody, I don’t think you could possibly have used—if you read some of my material that I gave you. I don’t think you could find the possibility of a cure rate. I don’t know if anybody ever finished the cure. It was about 18 months. And I’d get a—I don’t know if it was a chuckle or what. When they’re still critical of the public health service on this Tuskegee experiment. That these poor people that were denied—what crosses my mind that public health service might have done them a great favor; you know, these were arsenical compounds.

CP: At least they were being kept up with.

WS: And they didn’t discover Penicillin until 15 years after these people were selected. Actually, by that time, as you know I’m sure, that no matter what kind of treatment you gave them, it’s not going to—

CP: It wouldn’t alter the course at that point.

WS: It wouldn’t do much good. And so—

CP: That’s too sad, too sad. From Pensacola, after cleaning up the syphilis situation there, where’d you go?

WS: They moved me to Tampa.

CP: Still a VD officer?

WS: Yes.

CP: VD-ing?

WS: In the city, the city had a health department. The county had a health department. And so I worked in the city health department under Dr. McKechin, and I was always under public health service contract with the state. Made liaison officer with the military authorities because that was my real job, to take the military. But pretty soon, the county health officer went into the public health service. So, since I was handy, they got approval from the state, the feds for me to be the county health officer in addition to be in the city.

CP: The VD officer? Yeah.

WS: And then I—well I didn't get into contact, they got in contact with me. The PTA [Parent-Teacher Association] representative, a Mrs. Warner and I forget the other name, protesting that we weren't doing what the law required, examining every school child every year or something to that effect. I said, "Well." It was a Mrs. Simon and Mrs. Warner.

I said, "Look. I'm just one person. We have five nurses and we have 5,000 schoolchildren, and I have all these other duties too. You know what? We got this county health department with hardly any personnel; we got lots of money in staff over in the city health department. Why don't you all get busy and get them put together?" They thought that was a fine idea. And you know, they did it. It took them about two years. Somebody went to court, Plant City went to court; they didn't want it but they got it.

CP: That's marvelous. Do you remember the year?

WS: Well, it had to be in 1941 I believe.

CP: Forty-one. Okay.

WS: And understand it took a year or two with the legal angles and all to get it done. But they started the process; it was approved by the county medical society. And everybody, except Plant City, approved of it.

CP: Plant City still isn't—

WS: Well, they didn't trust the people over in Tampa.

CP: Yeah. And they still don't. They're still the same. And you were the first county health officer?

WS: Oh no, no, no. No, I wasn't the first.

CP: No, not for the county, for the combined health department. Or had you gone by the time they got combined?

WS: I was gone, long gone. I was only there—I forget how long, but the material I gave you will say.

CP: Okay, yeah. That gives me the date.

WS: It was a year or less.

CP: Okay.

WS: Because then they moved me to Jacksonville.

CP: All right. Well go ahead. What brought you to Jacksonville?

WS: Orders.

CP: Still government orders again?

WS: But I'm sure it was with the approval and agreement with the state health officer. And to be—see, I got to be county health officer because the public health service had taken the county health officer. So the reason they needed me in Jacksonville as state VD control officer was that the state VD [officer], Dr. Gonzales—all the doctors had gone in the service—

CP: Being called up to the military.

WS: —and he had decided—he was handicapped. He had a limp and was ineligible. So he decided it was a good time to go into private practice. So I became the statewide venereal disease control person for the state. And then pretty soon, I don't remember exactly how soon. They added to my duties, they always wrote a proviso to the public health service because I was getting paid out of VD funds all this time.

Proviso that I'd still be in charge of VD. I got to be director of county health units, local health services. And then Dr. Hanson³, the state health officer, was getting old. And we got along fine. He made me assistant state health officer. So pretty soon, I was dealing with the governor.

CP: And first thing you knew you were doctor—what happened to Dr. Hanson?

WS: Well, skip to a year. Let me tell you how I left. The reason I left this time was, Dr. Hanson was old and a little bit senile, well, probably. But he wrote this—according to his secretary, such letters as this. He wrote to the state chamber of commerce, wrote them a letter asking them, What are you going to do about mosquito control? They were interested in mosquito control.

He dictated the letter to his secretary to tell them it wasn't any of their business what he was doing. Miss Bellinger was her name. And she knew you couldn't send that. So she gets for Dr. Sanday (?), who was another assignee from the public health service. And they cook up a letter, a nice letter saying, we're going to get busy with this (inaudible).

³Dr. Henry Hanson (1877-1954) directed the Florida State Board of Health's Bacteriological Laboratories in 1909. He fought yellow fever and bubonic plague in Peru, and yellow fever in Columbia, Panama, and Nigeria. He served two terms as Florida's state health officer, from 1929 to 1935 and 1942-45.

And she took it back in, typed it up, and said, “Dr. Hanson, I don’t know what’s getting wrong with David. I’m not sure I got it straight what you said the other day.” She said, “So I’d like to read it back to you.” So she read this nice letter back. And he said, “Yes, that’s fine. That’s what I said.”

CP: That’s exactly what I said. (laughs)

WS: But anyway, that being the way it was, they began to look around for another. Dr. Bryans (?) was president of the board, and he was kind of a kingmaker or so forth. He began to promote me for Dr. Hanson’s job. I didn’t know about it at first. When I found about it, I called up the public health district office and asked for a transfer and I was transferred out of Florida.

CP: Oh really?

WS: Um-hm. I was transferred—

CP: I wasn’t conscious of this piece of your history, go ahead. I’ve been a student of yours for life and you’ve done pulled something over my eyes.

WS: I’m trying to remember. I was transferred to Washington at first. Oh, I was—I believe—a consultant to the War Shipping Administration⁴, and communicable diseases. And I didn’t do anything and there wasn’t much that I could do. And it was so bad that I wrote an official letter to the surgeon general, saying that, you know, I felt that I was wasting a lot of time that—I had a garden at home that I’d like to tend to and if I wasn’t doing anything in the office, I’d like permission to just stay home and tend to my garden.

(CP laughs) So I got a transfer to Dallas, Texas, in the district that covered New Mexico and Texas. And from there, Dr. Bryans again, president of the board, in cahoots with Dr. Williams in the public health service, Angus Laird, the administrative supervisor and the chairman of the board of county commissioners in Dade County. They got the public health service to assign me, to ask me to come over at first to interview the governor, paid my way, and Governor Millard Caldwell, and the governor told me all the good things he had heard about me but, he said he was a little worried about the fact that I had

⁴President Franklin D. Roosevelt established the War Shipping Administration in 1942, as an emergency agency charged with the purchase and operation of civilian shipping tonnage needed for World War II.

been in the government service mostly, and he was afraid I was another one of those bureaucrats and this and that.

And he started on with that and I said, “Well governor, I didn’t even ask to come over to see you. I’m not applying for the job.” I said, “I was sent over here by the public health service because they said you wanted to see me. I said, “I got a good job, I’m not looking for more.” He said, “Oh, blah blah blah.” Pretty soon I was a state health officer.

CP: Yeah, it wasn’t long after that. What did you find when you got here? How was—what was the condition of Florida’s health and the health organization?

WS: Well, I’d like to first say when—maybe you said that I had started the modern trend. Actually—

CP: I’ll say that again.

WS: —what I wanted to say was that J. Y. Porter⁵ really started it. If you study his life carefully, he really—from 1889 to 1917, started practically all the—except county health departments. And Dr. Hanson, under his—whom I succeeded, we were good friends, even after I succeeded him. It was during his time that they passed the county health unit law and—I lost my train of thought. Now you better start asking me another question.

CP: Okay (laughs) You wanted to correct the record that you believe Dr. Porter is really kind of the granddaddy, the daddy of modern public health action in Florida.

WS: Absolutely. Absolutely.

CP: And then I would want to add to that, well, if he’s the granddaddy, you are the son.

WS: Well, I try to be. I try to be.

CP: You are the son of modern public health practice.

⁵Joseph Yates Porter (1847-1927) was Florida’s first public health officer serving from 1889-1917 and the 13th president of the Florida Medical Association. He was instrumental in eradicating Yellow Fever, identifying the mosquito as its source of transmission.

WS: You asked about what I found?

CP: Yeah, what was the state of health when you arrived?

WS: Business wise, they were under criticism for financial, not irregularities, but sloppiness. And the purchase of drugs without bids and they distributed the contract for 2 or 3 hundred thousand worth of VD drugs, for instance, to the members of the board of pharmacy. And that was my first task, was to stop that.

CP: You didn't—did you have a plan?

WS: But personnel wise, most of the male personnel were in the services. So we were low, low head. And we were under pressure to get as much venereal disease control and all these people that had positive tests for syphilis treated so they could get into the army.

CP: Yes. And the military was testing.

WS: And the military—I had a friend in the military who had been the head of VD in Massachusetts and later became the executive director of the AMA [American Medical Association]. I forget his name, Ernest somebody. He gave me a hard time in some letter about why didn't I do more of this and that. So I wrote him back a letter and I said, "Look. I'm down here in Florida. You've got all the doctors in Florida up there in South Carolina."

That was before the invasion of Europe. Got them up there pitching horseshoes and I'm expected to treat—we had 32,000 cases of venereal diseases under treatment in our clinics in April 1942 and an additional 10,000 cases of gonorrhea, which turned over faster. And we were supposed to rush through and get them in the army, see? And I said, "We're doing the best we can with the fact that all our doctors are up there pitching horseshoes in South Carolina until you can ship them overseas."

He apologized. (CP and WS laugh). But I found that the people who weren't eligible for military service there. And a lot of good people—and a lot of good people who shortly came back from the service, you know, Dave Lee for one thing and others, and a lot of young people like you that came along shortly afterwards.

CP: I appreciate that note.

WS: And then we imported some from out of state. The governor instructed me to get some people over there and get to work. He says, "If you have to bring in Eskimos from Alaska, bring them in."

CP: That's good. This is a different governor now, isn't it?

WS: Millard Caldwell.

CP: Still Millard? Okay.

WS: Yes. I took a budget over there and they said, take that budget back and ask for some real money. Did you ever hear such a thing?

CP: No I have not. I have not.

WS: Well they did. They did.

CP: And how much did you get out of the legislature?

WS: Lord, I don't remember the figures, but more, anyway. But I revised it up one as you would guess after being admonished.

CP: It was nice to have that support in high places, but that was the beginning of your staffing up, post war.

WS: Oh yes. Actually, we asked the governor to let us raise the salaries of health officers so we could recruit to \$9,900 a year.

CP: Ninety-nine hundred a year?

WS: Yes. Which—

CP: That's almost \$10,000, that would be unheard of, wouldn't it be?

WS: Oh, it was unheard of. He abused it that way. He said, "That's kind of a political area." He said, "You know, it's quite a bit of money." Well, he hummed a (inaudible) I said, "Well, go ahead." I started out at \$5,500 as state health officer. And when I got to \$12,000, I made the same as the president of the University of Florida and I believe the same as the governor, but I know the same as the Cabinet. And it was so bad that I asked J. Hillis Miller⁶—whom I knew very well—"shouldn't we get together and—"

That was his salary too. "Shouldn't we get together and try to get the— You see, salaries are set by the budget commission, the governor, and the heads of these departments. Get their salaries up. He says, "I'll think about it but I don't think they're worth it." (CP laughs) But I started to tell you Dick Urban (?), he said, "You go right ahead. Do whatever you can." (CP and WS laugh) And they got them up.

CP: I see Mr. Urban every now and then.

WS: Is he still?

CP: Yeah.

WS: Bless his heart, he was really a lot of help to me.

CP: That's great.

WS: One time I asked him, we had—some of the counties were financed, in part or whole, by school boards until somebody got a ruling that these school boards couldn't give their money away to another department. So I went to the attorney general about it, Dick Urban, and said, "What can we do?" He said, "Maybe they can't give that money

⁶J. Hillis Miller, Sr. (1899-1953) was the 4th president of the University of Florida. He served from 1947-1953, a time of rapid growth for the university, due to the GI Bill, he focused on construction and staff development during his tenure. In 1959, the J. Hillis Miller Health Center was dedicated in memory of his effort to establish Florida's first medical school.

away but since they could contract with you.” (CP laughs) So we just, overnight, turned all these local arrangements from—

CP: “Nice boys” to contracts.

WS: Yeah, into a contract for services rendered for the schoolchildren.

CP: That was an amazing shot in the arm for a school health program, that relationship.

WS: In actually, a few counties, the school board was the main support. The county commissioners hardly came into it at all. So it was a big deal then, to get the school board in on it.

CP: I’m anxious to what guided your prioritization in your early years, if you had a choice of two things of beginning, say a smallpox eradication program, smallpox immunization versus maternal health. What sort of thought process did you go through, which one did you do first?

WS: Well, the big thing, actually, during the war and for a short some time after, for venereal disease control, because it was—and—

CP: That was critical in the public’s mind, the military efforts and you were funded.

WS: Very much. And we used that also, to organize the county health departments. Most of the counties didn’t have health departments. And when I went to the state, it was sort of an unwritten rule that you didn’t—in order to persuade them to have a health department, you gave them no service whatsoever until they came in as a health department. Well, we kind of eased that a bit.

CP: Wasn’t that kind of hard?

WS: We eased that a bit. We set up VD clinics in every county where we could. And pretty soon, they turned into health departments. It worked fine.

CP: Yeah. That would be kind of hard to deny a public health service to a county.

WS: I went down to Miami. I told you that the chairman of the county commissioners in Dade County was one of those that promoted my being appointed state health officer. And I still wonder why because I went down there as head of VD control in Florida for some reason, I don't know what. But we were giving them some money already for clinics, federal money. And when they got there—I'm sure he had it all planned out.

I'd say he got me by the ear, figuratively anyway, and he took me to the meeting of the board of county commissioners, the board of education, the city council in Miami, in Miami beach, Coral Gables, in one day with this proposition. And I didn't say a word, he said, "Now, Dr. Sowder says that if we put all these things together instead of having all these little health units, that he'll see that we get \$50,000, we're already getting it. Isn't that right Dr. Sowder?" I said, "That's right." Before the day now, but actually, in one day, his name was Crandon, they've got a park or something named after him, (inaudible) Crandon.

CP: That's right. It's the Crandon Park and the Crandon Zoo are there, most of Biscayne Island.

WS: Why he got the impression—a good impression—I didn't do anything. He didn't allow me to speak. Maybe it was because I kept my mouth shut.

CP: It takes a wise person to know when to keep their mouth shut.

WS: I didn't have any opportunity to do that.

CP: That's amazing. Out of that group, what we now know today as the Dade County Department of Health.

WS: Yes. That's right.

CP: That's interesting. He was a good politician.

WS: Actually, one of the things that I'm really proudest of is not only developing many counties' health departments that hadn't been there before, but we consolidated, within the counties, city efforts, school board efforts, and any other efforts. And vital statistics—

CP: Into a common package?

WS: —for instance, it was scattered all over, there's county clerks and—

CP: Vital statistics you mentioned? That was somewhere else? I know there was a law requiring—

WS: It was in the state health office, was the law they registered vital statistics. I didn't even know that when I got there. But I found out that they were stamping my name down in vital statistics—

CP: Oh, they were?

WS: —on department of the local registrars. When I found that out, I said, "Don't stamp my name anymore. I'll sign them." And then I told them that I wasn't signing any unless it was in the county health department. And made the county health officer the local registrar, and the clerk would do the work as a deputy. And he could have as many assistants and all as they wanted, and they got a quarter then for each—

CP: Each certificate file.

WS: And we got that; that was to be put in the budget of the county health department.

CP: That's a useful little piece of history. Who was doing the vital statistics before you came, the local collection.

WS: I don't want to mention names because it was a prominent family, but he was one that—the governor told me to fire two people. Those were orders when I got over here. And the head of vital statistics was one of them. He was an old gentleman from, as the governor said, "I don't give a damn if he is one of the leading families in Jacksonville. Get him out of there."

I said, "Why?" "Because," he says, "he writes insulting letters to people when they write to him." And when I went out and talked to his aide, assistant, he said, "The governor

doesn't know half of it." He said, "These letters that Dr. so-and-so writes, we don't show him half of them because they would just blow his top."

CP: That's pretty bad. Was he also getting a little senile?

WS: Yes. He was.

CP: Too bad.

WS: And we got Dr. Makeba (?), who was a Jacksonville register, to talk to him. The board did, to retire. He wouldn't do it. And then they told me to talk to him and he said, "I don't give a damn what Bob Makeba thinks, I'm not retiring because he told me to. What do you think?" I said, "Well," eyes on the governor's office. (whispered) I think doctor—he had gotten to the point where he couldn't get into the office. He had to come in the basement. "I do believe it's about time you retired." So he did.

CP: That's nice.

WS: And the other one, I protested on the spot. And I won't name him because—I'll tell you later.

CP: Yeah. No. It's not important to the record.

WS: But I said, "Oh Governor, I don't want to do that." And his assistant, or whatever you call them, headstrong, said, "Well Governor, why don't you let Dr. Sowder have a little time to work on that." He said, "Okay." But he had also offended some old doctor over in West Florida; he was (inaudible) in health services, by trying to cure a quarrel between the clerk and the sanitarian.

So then he wrote first that they should fire the clerk. And then somebody got action about that, so then they said, well, fire the sanitarian. And this old prominent doctor over there didn't think either one of them was right. So he writes to the governor. I didn't do that either. So I just—you know how long George [Dame] stayed on.

CP: Yeah. Yeah. Wow! That was kind of your beginning. That was kind of being baptized in fire, too, to report to your new job.

WS: Actually, I had a little experience with his predecessor, Spessard Holland⁷.

CP: Yes.

WS: Because Dr. Pickett was kind of an acting health officer. And he was afraid to go near the—

CP: Governor.

WS: He wanted to be the opponent. They tell him to come over there and he sent me. They got acquainted with me and, “Where’s Dr. Pickett? Why doesn’t he come over here?” I said, “I don’t know. He’s kind of busy and all,” kind of stuff.

CP: You don’t get too busy for the governor’s office though.

WS: No. No. So I was a little acquainted with the governor’s office before I got to be—not the governor that appointed me but his predecessor, who got to be a senator. He was always a good supporter of—

CP: Public health at large.

WS: He was. He made speeches. And public health is not a political matter.

CP: I love it. Well it was to your success—

WS: Tell me to shut up when I talk too much.

CP: Uh-uh. No. You haven’t even gotten started yet. You haven’t got started yet. I want you to talk about—we can read your writing in your history. There’s a fine written history on your tenure here. But we don’t know the man. And there’s a lot of stuff that can’t be reflected in statistical summaries. We got that.

⁷Spessard Lindsey Holland (1892-1971) was a lawyer and politician. He was governor of Florida from 1941-45 and US Senator from Florida from 1946-71.

WS: One thing and I meant to save it for this. You asked what I found here.

CP: Yeah, good.

WS: I found a lot of good people. Some of whom had been recognized as such and some who had not. And I didn't come into the attic to just clean house. In fact, I don't know that I cleaned anybody's house at all.

CP: Well, you didn't need cleaning in that sense.

WS: Even when the government told me to, I didn't do it. And then others rapidly came back from the service, Dave Lee (?) and Lynn Parks (?) and probably a good many others in the counties, who had a right to their old jobs and all that. And then by raising this top salary to \$9,900, it was a sensation all over.

The health officer of Kentucky got up in a public meeting when I was there and berated me, got his states mixed up, somebody from down in the peach state. And the peach state, he says, has gone wild on salaries. And I said, "They were coming from all over the place in Florida." A lot of the people that you know, the old-timers, you know. Higgins and—what was the one that was one-legged in Alachua County?

CP: Hall.

WS: Yeah. Frank Hall⁸ and his brother. They came from Tennessee, I guess it was.

CP: That's right. That's right. And Basil, Basil and Frank.

WS: But they came from all over.

CP: You had a nice a nice cadre when I joined, when I came. You know, we don't have a (inaudible).

⁸Frank M. Hall was Alachua County's first health officer, serving from 1944-47, when he became health director for Pinellas County.

WS: When Dr. Hardy came and Sharp (?), and Dave Lee came back from the service. Ruth Menger (?) was there as head nurse. And it wasn't long—I hope this shows on the—that you can hear me over there. It's not long before—

CP: Right here's your microphone. Right here's your microphone. Let me remind you of that.

WS: —Ruth Menger (?), the head nurse, confided in me that I was the second best health officer that she had known. And she had been here about—after Dr. Hanson. So I always kidded myself, you're good enough to be second best. (CP laughs) Dr. Hanson did have a wonderful reputation before he faded.

CP: He came by here twice. Dr. Hanson was health officer twice, wasn't he?

WS: Yes.

CP: He came, we sent him off and he came back.

WS: Well he was a Swede. The reason he left the first time, he was pretty—he grew up with the idea that the government had little or nothing to do with the—

CP: —public health.

WS: One of the old doctors kept on saying that the governor simply asked him to come over and discuss some of the problems. And Dr. Hanson said, "Hell, he knows where I am. If he wants to see me, he knows where my office is." (CP and WS laugh) But the thing that got him fired was a hurricane in the Keys, I guess, in 1935 or something like that.

CP: There was a big one in '35⁹.

⁹Dr. Sowder is referring to the 1935 Labor Day hurricane, the strongest and most intense hurricane to make landfall in the United States and the Atlantic Basin in recorded history. The hurricane, which passed through the upper Florida Keys caused a storm surge of 18-20 feet, decimating most structures in its path. It is estimated that 488 people died.

WS: A lot of deaths.

CP: That was the big one.

WS: Dr. Hanson went down and had them all cremated. The President of the United States had stated that he wanted to have a big public funeral and all that, but Dr. Hanson

—

CP: Took care of it.

WS: —with the attitude, “The heck with them. I’m going to do what I ought to do.” And he did it another way.

CP: Oh boy. I didn’t know that story.

WS: Yeah, he did.

CP: And I’ve read rather widely.

WS: And he really was a—when I knew him, we got along very fine. One time, he just, you know, to kidding—actually, I don’t know, maybe I didn’t intend for him to see it, but I had the artist draw up a little cartoon. I got it from *Lil’ Abner*, it said, this little thing—I put it on my desk said, “Insulting letters written. For you to sign, 50 cents, for me to sign, two dollars.” Because Dr. Hanson was known for it. Well one day he caught me with that sign on my desk.

CP: (laughs) Uh-oh.

WS: He just smiled. He said, “I know who you are talking about.” (CP and WS laugh)

CP: He did?

WS: But insulting letters written, give him my rates.

CP: What was your most challenging—in the early formative days after the war, when you were beginning to staff back up? What was your driving philosophy?

WS: Well, I announced at the first meeting of the Florida Public Health Association that we wanted to make Florida's health system the best in the United States. That was my—

CP: That was your ambition.

WS: And Russell somebody from Dade, the Sanitarian in Dade, said that's pretty ambitious. But you know there were some who felt it came true. I don't know, but we were ranked pretty high at one time.

CP: Most everybody thinks it came true. It came true.

WS: But anyway, that was what we wanted then.

CP: Well, how did you do that? How did you proceed to make it the best in the United States? Which,, we all agree, it did become and then came 1976.

WS: Well one way, we raised salaries so we could recruit good people. We had a training program and we trained a multitude of bright, young people. One notable example was—his name was, let me see, Charlton Prather.

CP: Oh well, this is not his day. This is not his day. But that is true. You had a training system that was unique in the United States.

WS: We sent them off every year. And we—furthermore, we didn't send them all to the same place. Some even went all the way to California. Got ideas from all over the place. And we used the material that was there. And there was a wealth of real good material already there. I recruited and we were lucky, in governors, that they left us alone pretty much.

CP: And supported the public health movement.

WS: And supported the public health movement. I would say that without the kind of governors we had, we just had a succession of very supportive governors. One of course was mad at me—he was acting governor—because I joined up with the Florida Medical Association in trying to get rid of naturopathy's right to prescribe narcotics.

And Governor Johns¹⁰ took that to be—and he was a senator then—an effort by an entrenched group of people at the Florida Medical Association to persecute a small minority (inaudible). They were mostly [didn't have] any training at all. And we were in charge of the narcotics program too. And some judge in the state had given them the right to prescribe narcotics. So you know. I forgot your question though.

CP: No, you were doing good. Your trials though, I want to follow up on that. With acting governor Johns, you did proceed though, with the help of the Florida Medical Association to get a law having to do with naturopathy and they came under your jurisdiction—

WS: We tried. We tried before, he got unfriendly with me. But what happened later was that Leroy Collins who—actually, he beat Johns out for the permanent governorship. And he was convinced—and on our side. There was no trouble at all when he got in.

CP: Yeah. And you did prohibit that, doing narcotics and they practiced under your jurisdiction—on the state board of health's jurisdiction for a long time.

WS: And they were—furthermore, I believe they passed a law that they wouldn't license anymore at all.

CP: Yes. That is true. I don't know what the current status of that is.

WS: I don't either, anyways.

CP: That's been since mine and your time.

¹⁰Charley Eugene Johns (1905-1990) served as the 32nd governor of Florida from 1953 to 1955. A Florida senator, Johns became acting governor upon the death of Governor Dan McCarty. In 1954, Johns ran against Leroy Collins, but was defeated. He then returned to the Florida Senate and served until 1966.

WS: Yes.

CP: Okay. With good people and with a supportive governor, you got funds, then—

WS: Governors.

CP: Governors, the plural.

WS: Even Charley Johns, who was certainly for a time, very unfriendly. He always supported public health.

CP: He is from Starke. You know and he had a—I'm glad that he supported public health.

WS: He sure did.

CP: It's okay to have philosophic differences as long as we keep the boat running.

WS: And I met him, after he was not the governor anymore, at a hunting expedition down somewhere in some national park. The doctors—I forget his name, but anyway, he was a big politician, invited the doctors and others. Then I found myself having drinks with Governor Johns. He said, "I nearly fired you one time." I said, "Yeah. I know you did." I said, "Why didn't you fire me?" "Well—

I said, "What made you mad at me?" He said, "I was mad at you because you announced that I was trying to fire you." I said, "Well, you were, weren't you?" Well you know we had a lot of grief. He said, "Well, I found out after a while that you weren't such a bad fellow."

CP: Oh, those are fun.

WS: Actually, you know, on that firing business, when you got a four-year commission, then theoretically they couldn't fire you, except for cause. But I noticed one little item

that made me more respectful of governors. Even after I'd been reported. I noticed they signed your paycheck.

CP: Oh yes. That does have some influence.

WS: So I never challenged their authority.

CP: How did you get along with the legislature? And how did you cause to get along with the legislature? Your history shows you got along very well with the legislature, but tell us some stories.

WS: Well, I didn't always get along with them. For instance, when we were arguing about the naturopaths, or maybe something else. We had very controversial things. Like who or whether we inspected dairies or the Department of Agriculture. We were always—you know.

CP: At odds.

WS: I've been over there when I would stand up alone and the room would be full of dairymen telling me what a so-and-so I was and all that good stuff. But I guess, in general, they identified me with the Florida Medical Association, so any enemies of the Florida Medical Association, they took me in and included me. But on the other hand, it was a tremendous amount of help to have the Florida Medical Association backing you.

I remember when [Governor] Charley Johns was unfriendly. This was told to me, I believe it was Bob Carter's dad that went and said, "Now Charley—He was running for governor, Charley Johns. He said, "Ain't no use in you going out and making all of those doctors and nurses and all them mad." He said, "Why don't you just leave (inaudible) alone." He told me that.

CP: This was Jerry who told you this? Jerry Carter¹¹?

WS: Yeah. But old Jerry, you know, in the '20s, he had been head of the restaurant—

¹¹Jerry W. Carter, Sr., served 34 years and was the longest member of the Florida Public Service Commission. Previously, he had served 14 years on the Hotel and Railroad Commissions. He lost two elections for the United States Senate in 1926 and 1946 and one election for governor of Florida in 1932.

CP: Utilities commission commerce committee¹²?

WS: It was called the restaurant commission or something like that. They'd inspect restaurants. And they got in a controversy with the state board of health, and the state board of health—this was in the early '20s, lost half of its budget over it.

CP: Over that? Is that—I—I know the—

WS: He told me himself, too.

CP: That Jerry caused it?

WS: Yes he did.

CP: Because he didn't like the way the b—oh really? Talk more about that.

WS: Well, there was open warfare between the hotel and restaurant commission and the state board of health for years, 20 or 30 years. Like it was open warfare with the Department of Agriculture on the inspection of milk. It was just the—

CP: Same thing. For years and years and years.

WS: Just around and around and around.

CP: And Jerry was the commissioner. He was the chairman of that for a long time.

WS: Yeah.

¹²Dr. Prather is referring to the Florida Public Utilities Commission, now known as the Florida Public Service Commission. Commissioners are appointed by the governor and serve 4 years, overseeing investor-owned energy and water utilities and some aspects of the telecommunications industry.

CP: Yeah he was.

WS: But he had a good sense of humor and we got to be pretty good friends.

CP: He was a good politician too.

WS: Oh yes. Sure.

CP: He was a good politician.

WS: He got in trouble though, in the early days of television when he, on public television, said that one of the advantages that he thought he had was that he was a cheap politician. (CP laughs) He was making a joke that he didn't require much money. But you know it didn't go over very well.

CP: News media being what news media are. (CP and WS laugh)

WS: A joke. I've done a few of those myself. You know how my jokes go.

CP: Well let's don't get into that.

WS: I won't.

CP: Yeah. You're so right. Some of our jokes are misinterpreted. What do you ascribe your success to? A group of good governors—I'm trying to get you to talk about your planning and how you motivated and activated staff and support groups.

WS: Well, let me say that what success we had and we didn't have success in everything, but it was due to good governors, support by the—we didn't cultivate not just the medical association, we cultivated the dental. We had a real league of health agencies. The nurses association and engineers and all of them, so—

CP: TB and health, I think of.

WS: And we had veterinarians and we—not deliberately, as far as I remember, did we do this, but our head dentist was supposed to be sure that members of the dental association knew what we were trying to do. The veterinarian was supposed to handle his people.

CP: His specialty group.

WS: And the nurses and all that on and on.

CP: And you kept the medical side advised.

WS: Yes. We had a little political club.

CP: All right. And you all knew the signal?

WS: But we didn't call it that. You know. We stayed away. We let it be known that we were non-political.

CP: It just makes sense though, that that professional expertise out there could be considerable help to you.

WS: We had very good support from all the health professions and from the governors too. So you know you can't beat that.

CP: No you can't.

WS: It's hard to beat it, anyway.

CP: Okay. So that's where—talk about your plan. How did you—

WS: And then there was another thing that was kind of a general recognition at that time. They called it a—health was a very life and death matter, more than it is now, in that you had these outbreaks. It hadn't been long since smallpox and malaria and all that.

CP: Yeah. That's right.

WS: And polio was on the rise rather than going down. And so there was a need for—you know. And anybody that was leading the fight against them was—

CP: Were good guys.

WS: —hired anyway, whether he did it right or not. But he was on the side that everybody wanted. But it was perceptible that when these threatening diseases were sort of dampening down that we lost some of that.

CP: Which we surely did. Oh man did we. When the public didn't perceive a threat where government action was required, sure did. That came to a head in 1976.¹³ You just reminded me of that day. Again, the tombstone was put on, on July the first. I was there. I witnessed all that. What's your most proud thing of your tenure with Florida's public health? The thing that makes you most proud to have been a part of all this glorious history.

WS: Well, let me think. I don't know about that. I think I'd have to use two or three sentences.

CP: That's okay.

WS: Essentially keeping public health out of politics.

CP: You did that so well.

¹³In 1975 the Florida legislature passed the HRS [Health and Rehabilitative Services] Reorganization Act to both decentralize and unify health, rehabilitation and social services in the state. As a result, all state public health bureaus, sections, and units were restructured and re-distributed to be governed by one of 11 HRS state offices or 3 central administrative units in Tallahassee.

WS: Developing county health departments further than they had been. Completing, let's say. We did complete the development of county health departments in every county during my time.

CP: Yeah you did. When you arrived, only about half the counties had a—less than half.

WS: Maybe less. Less than half of the population also.

CP: That's right.

WS: Less than half.

CP: And during your tenure they got a county health department in all 67 counties.

WS: And consolidating—within the counties—the city, county, and school health programs and all that, simplifying and doing the same for vital statistics.

CP: That is marvelous.

WS: And that's off hand. I might think of something better to say later.

CP: And you're accountable for all of those. On the reverse, not aiming to embarrass you. What was your most sad lack of accomplishment?

WS: Well, the saddest thing that happened was Dr. Porter's watch that I gave away. The family gave it to me. I got acquainted with them. They gave it to me, personally. And I thought it ought to be a state treasure and gave it to this little museum in St. Augustine. And I think it was an inside job, somebody stole it.

CP: For our listeners, this modern generation, who don't know about that watch—

WS: But I did have somebody in Florida Medical suggest to me—and I thought it was a good idea—that I shouldn't keep it. I could have done a better job. In fact, Governor

[Reubin] Askew told me I should have—I believe there's a state museum somewhere, but anyway. But that was too late.

CP: Just for the record, review briefly the watch to which you refer.

WS: It was the city's token of gratitude to Dr. Porter for his good work in the summer and fall I guess of—was it 1888?

CP: Yes.

WS: During the yellow fever epidemic in Jacksonville, when a good many people died. And most of the population left town, fled, or were made to leave town and flee into camps. And he came up from Key West. I had the impression that one of the reasons he was peculiarly qualified was not only because he was who he was, but that he had had yellow fever.

CP: Ah-ha. He was immune to that pestilence.

WS: And got it on the Mexican border in the army. I lost track of where I got the idea of the fact. And where was I?

CP: Go tell us about the watch, the city, how come Porter was here, and the city of Jacksonville gave him a watch as a token of appreciation.

WS: Token of appreciation.

CP: Now tell me about the watch.

WS: Well, we had it appraised and it was worth over \$4,000.

CP: And that was—

WS: —way back—

CP: In the '50s.

WS: Yes, way back there. And it had chimes and it just kept track. It was a calendar, it was a watch, and it was—gosh, about everything. It had a compass, it was gold, and it had rubies in it and it was just a “seven-day wonder.”

CP: It was a fine watch. And you gave it for public display to the Medical Museum of St. Augustine?

WS: In St. Augustine. Well, it wasn't of St. Augustine. It was supposed to be sort of a—

CP: Florida Medical Association?

WS: No, no, no, no. It was supposed to be a statewide thing, I thought. But anyway—

CP: Somebody stole the watch, and we've never heard of it again.

WS: I was always hoping it would show up.

CP: But it hasn't, has it?

WS: I made plenty of other mistakes, but I can't—

CP: You can't remember those.

WS: I try to forget them.

CP: I don't think that was a mistake. I think you had the best interest of the public heart, even with that watch. Now suppose you had given it to the Museum of Natural History.

WS: Well, I had the right to. They gave it to me personally, so I could have kept it myself.

CP: Yes. You could have. And then willed it to somebody. You could have willed it to me, see?

WS: You could have sold it and got that \$4,000.

CP: You could have done that too.

WS: Let me see. Let me see—

CP: That was one of your most dis—the way we got into that. I had asked you one of your most disappointing lack of accomplishments. And one of those is keeping Dr. Porter's watch. I don't want you to feel any guilt for that though.

WS: The greatest disappointment was somewhere—I guess about 1960 was the height, but even in the '50s, we began to lose programs. In other words, they set up a state—I don't know whether they still have it—a state police unit. So the first thing—

CP: Yeah, FDLE [Florida Department of Law Enforcement].

WS: —they thought of, we were a police bureau of narcotics, doing police work. So they moved it over to them.

CP: Yeah, the Florida Department of Law Enforcement. Yeah. That was the first one. I'll mention mental health too. Don't overlook that.

WS: And our staff of narcotics, they all went over there and tried to get along. They didn't like what they saw and they all resigned en masse.

CP: That's too bad.

WS: And then we lost sanitary engineering and—you know.

CP: Yeah. Serviceable water supply, air pollution, stream pollution, all that went to the new department of environmental regulation or something like that. I was thinking, how about mental health? You know, you were the daddy of community mental health programming in this state. That you haven't mentioned a bit. That too, that was—

WS: Well, we were designated by—I believe, Governor Caldwell himself, my first governor. When the federal money came, he designated us to take care of it, to do it. And we did it. But then nation-wide, the psychiatrists were the ones behind the idea that they ought to have separate mental health because doctors who were not psychiatrists didn't know anything about mental health. And they put on this promotion. And the representative—well I didn't say that bit—of the FMA—Hampton from Tampa gave it away.

CP: Yes, I know him. Ow. He did. I'll have to have words with him again. It was disappointing to me when it left because it's community orientation. And knowing when the legislature's wisdom established this mental health board, they took over our mental health office. They totally neglected the community aspect of mental health until more recent times in the early '70s.

When they decided that we need to normalize the mentally ill. Put them back into the community. They got interested in community mental health again. But that was a good thing. I did some special studies of that when you sent me off to the school of public health to get out of an area in which I was supposed to have knowledge of.

WS: Well, we're on the right track.

CP: You definitely was on the right track. Even my professors at the school of public health thought Florida was on the right track and on the cutting edge.

WS: I don't know why the psychiatrists—but you know, it's like pediatricians, [they] always supported the idea of a separate crippled children's commission, and on and on. Everybody wanted to be separate and heading their own.

CP: Yeah, we're all kind of like that, I guess. That was disappointing—I still keep up with Dr. Yeager by the way. Do you remember Dr. Yeager?

WS: Yes.

CP: Your first director of community mental health?

WS: I sure do. It's kind of like—I just wish for having something of your own and special tailor made, except for like, the two churches that the travelling salesman took us all around and asked why there was a Methodist church on this side of the street and a reformed Methodist church right across the street. And he asked a passerby to explain it to him. He said, "It's very simple. Over here, they teach us that Pharaoh's daughter found Moses down in the bulrushes down by the river." "Oh yeah. Okay. Well, what do they teach over there?" "Over here on this side, they teach us that that's what she says."

CP: (CP and WS laugh) That's terrible, Dr. Sowder. Opportunity for you to talk about the person of Dr. Sowder, that's what you're doing.

WS: Well, if you want an occasional anecdote, I'll tell you another one.

CP: Go ahead.

WS: In fact, it reminded me that the governors could somehow—even though you had a four year commission, he could get you out of there, if he wanted to. We had a health officer following Dr. Porter. In fact, his successor, who served only a couple of years, a friend of his wrote him asking if he was going to the American Public Health Association meeting. And he wrote back that he wanted to and he intended to go, if that one-eyed old SOB over in Tallahassee didn't forbid it: the governor.

CP: (laughs) The governor. Uh-oh.

WS: The secretary quietly made a copy and sent it to the governor. (CP laughs)

CP: So he didn't last long either? Well, you were the epitome of knowing how to manage the upstairs. The governor and the legislative offices, because I don't think you ever insulted any of them.

WS: No. I found out that—

CP: And you taught us, your underlings, diplomacy too.

WS: I figured if they could leave their name off of my check.

CP: Very easily. What have I left out that's valuable for the future generations to have seen you and the reflection of your personality as Florida's most outstanding health officer, Dr. Sowder?

WS: In the first place, I don't quite go along with that description. Of course, I was a great admirer of Dr. Porter.

CP: We all are. The things that he had done are just—

WS: He lived at a previous time, but he made, to my mind, remarkably for his time and the state of knowledge, remarkably few real mistakes. He did a good job and he included many things and started many programs that drifted off into other agencies such as—well, the present livestock sanitary board. He was the first one interested in animal diseases. Doctor Hanson was also, in his time, an outstanding health officer. And I was succeeded by a gentleman that did very well.

CP: For a few months.

WS: That was named Skeeter Prather.

CP: We aren't going to talk about then. This is fun. What have I left out in asking you that if you had the opportunity to ask yourself a question, what would you ask?

WS: Well, I'd have to make it—if I would say that the things that happened—during the nearly 30 years that I was in there—that were outstanding. Whether we had anything to do with them or not—were the disappearance of smallpox and malaria.

CP: You can take responsibility for malaria.

WS: And the diminution to the minor importance of hookworm, the improvement in water and sewage disposal systems, the beginnings of a community mental health program, and also, the beginnings of medical care.

CP: That's right, public medical care.

WS: And the beginnings of mental health, I've already mentioned and so on and so on.

CP: Those were good.

WS: And the—I figured, I did have a figure in my mind but I lost it. But the average length of life in Florida, corrected for all the correcting. That's a statistician and (inaudible)—increased substantially. I can't give you the figure but it's in those papers I gave you.

CP: It has. It has. Yes it has.

WS: But we have to be a little cautious. And I might relate this as an illustration that you have to be cautious as to how much credit you can claim. In our malaria control program, the Rockefeller Foundation originally was promoting, in Florida, malaria control. And they worked closely with the state board of health.

And in my time, Dr. Elmendorf represented and was on their payroll. And he had his office—if fact, I knew him in Pensacola before he came to Jacksonville. But he came to Jacksonville. And during the war, he trained all these army people that went to the South Pacific in that little outhouse there that used to be an old garage, as I understand it.

CP: Oh really?

WS: Yes. And I was down there one day, talking to him about the course of malaria in Florida. And he said, "I want to show you something." It is remarkable how much progress—he said, "Do you see that chart on the wall? See where it starts up there? That's back, the year 1910.

And it goes down, down, down, down, and down. Here's the baseline. Isn't that remarkable?" I said, "It certainly is. Yes sir, doctor. That was wonderful." He said, "The only thing is what we don't want to emphasize too much is here's where we started our work." (CP and WS laugh)

CP: Speaking of your title for your book, *Making Florida Livable*, it was our privilege to talk to Dr. John Mulrennan¹⁴ recently about his dad in mosquito control. But all that took place on your watch. Of our approach and the attitude toward the salt marsh mosquito. Truly the control of the small salt marsh mosquito made Florida inhabitable. That occurred on your watch. You can take some of the credit for that too.

WS: Well, one of the things that, of course, the state board of health already had a wonderful reputation with the people. Even sometimes when whether they deserved it, in our own opinions, was maybe a little bit—I don't think the public ever lost its faith in the organization.

CP: Yes. I don't think so either.

WS: And so that was important and a tremendous amount of help in getting things done, because if the state board of health said it, people listened.

CP: That's right. And those health notes¹⁵ that you and Dr. Porter—Dr. Porter started and you continued, was probably the best PR for public health programming in this state of anything we could have done. Or anything could have been done.

WS: I wish that they would reestablish something like it. What they put out isn't exactly—they're mixing—we did for a while—we had a little *Health Express*, which was internal and it was intended to give news about our people. But we decided after a while that the monograph system was best, because you could turn one issue into a brochure on narcotics, whatever, tuberculosis or whatever. And then it could be used at school and all over the counties.

¹⁴Dr. John Mulrennan was also interviewed as part of the Florida Public Health Oral History Project on June 23, 1997.

¹⁵*Florida Health Notes* are a monthly publication of the Florida State Board of Health. They have been published, since 1892, as an educational periodical for laymen, physicians and public health professionals.

CP: I'm aware of Dr. Howell, who is now the state health officer. He's impressed with the advantage of that and I know that his staff are working on some sort of mechanism.

WS: We worked closely with the Department of Education. I would say that was one of the real pluses at the time because they worked with us and we worked just like that.

CP: Yes. And you're both in 10D3, 10D, if you don't remember the initials. It was the original scheme plan for a school health service. The original documents have your name on them by the way. But it came to be—it was the standard. It became the standard for school health planning for these United States.

WS: It is.

CP: That was worked out between you and English, who was commissioner of education. That has become to be known.

WS: He had a representative that worked directly with us. Practically full time as a matter of fact.

CP: Really?

WS: I forgot his name, but anyway.

CP: Let me mention that you—because of his import in the United States and directly because of your relationship with education. And obviously you all were just like that. And the [*Florida Health Notes*]. I know they distributed it to all the schools and all the libraries. Looking back now as I'm prone to do. In the sense of a good thing that provided good stuff for public health and a good reputation for you and a support base out there was that document.

WS: I don't know whether we fully realized it, well I did, or not, but I suppose it was dawning on us that the one way to really improve health was not to rely just on the medical and allied health professions, but to teach everybody ways and means of staying well. And make everybody—

CP: Doctor Porter jumped on that all the time. You know, in many of his little letters, he talked about teaching the public to care for their own health.

WS: Yes. That's right.

CP: He sure did.

WS: And they do. They did. And in some cases, over-do. I think, by and large, people have pretty good sense.

CP: I'm anxious to see your book on making Florida livable. When do you think we're going to be able to buy a copy?

WS: I don't know whether it'll ever get published or not. But I'm trying to persuade my kids, I want that old state board of health building on the front cover. We had a front cover for it. I didn't like it. It had another title, which I learned not to like too well. I was trying to get my granddaughter—she helped me type up some of the material I gave you.

I'm trying to get—my son, for a long time, really worked hard on that book. And he is in the computer business. And he did a—but somehow, not only—I don't know whether his wife got after him about spending too much time on my business or not, but he has kind of dropped. So I don't have anybody to do my—you might say my work.

CP: Too bad.

WS: And I don't know how to do some of these things, you know?

CP: Well, I'm going to—

WS: I want a nice cover and I've got some more pictures I'd like to work into the book.

CP: Okay. I want to encourage you on. I want to encourage you.

WS: Well, it'll be there. Anyway, the narrative is about as complete as I can do.

CP: Oh, you're just doing the final pretty stuff.

WS: I'm not doing much of anything right now except wishing that some of these kids I got will help me get a nice cover and—

CP: Well tell them you want that for a Thanksgiving present.

WS: —let them know how to—see, my son could take pictures and put them right in there. I don't know how they do it on the computer.

CP: I don't either, but they can do it.

WS: Yeah.

CP: Let those folks do this modern technology.

WS: It might be like—like some of my Pensacola work that his wife is telling him, “You're spending too much time on that. You have to help around the house a little.” I don't know what, but—

CP: Well Dr. Sowder, let me tell you. On behalf of the peoples of Florida, the University of South Florida's library, and the school of public health—the Florida School of Public Health at the University of South Florida, and I, personally just thank you so much for coming and sharing with us yourself today. And that's what this has been.

WS: I appreciate being asked because you know, at my stage of life I sometimes have difficulty to find anybody to listen to me. (laughs)

CP: We want to listen. And ladies and gentlemen, Dr. Wilson T. Sowder; in my opinion, Florida's most outstanding health officer. And I'm Skeeter Prather. Thank you Dr. Sowder.

End of Interview