

Our Public Health History in Florida: Interview with Peter J. Levin

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Peter J. Levin, ScD was the founding Dean of the University of South Florida College of Public Health (1984-1994). Concurrently with that appointment, he chaired the Florida Hospital Cost Containment Board and served on the boards of two billion dollar non-profit health care systems and an HMO. After leaving the USF COPH, he served for four years as Health Policy Counsel to Senator Connie Mack (R-FL) where he handled issues relating to biomedical research, cancer, academic medical centers, long term care, managed care, and Medicare. Prior to coming to the USF COPH he served as Dean of the University of Oklahoma College of Public Health (1982-1984), Associate Vice-President and Executive Director of the Stanford University Medical Center (1977-1981) and Associate Commissioner for program analysis and planning of the New York City Department of Health (1974-1977). Since July 2001, he has been Dean of the School of Public Health at the State University of New York at Albany. He is a graduate of Harvard University and holds public health degrees from Yale University and the Johns Hopkins University. This interview was conducted between March 23, 2005 and April 1, 2005.

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RJM: Peter, you have the distinction of being the founding Dean of the USF COPH. What attracted you to USF after being Dean at the University of Oklahoma?

PJL: I was attracted to USF because of the opportunity to start a new school of public health from scratch. I could pick the faculty and set the academic agenda. Oklahoma's history is very interesting and OU is a substantial university. We made lifetime friends there but Florida has a special allure and Tampa was being heralded then as "America's Next Great City." There was considerable energy around the idea of starting a school of public health in Florida and terrific support from the legislature. It would never have happened without Sam Bell; he is the "father" of the school, and H. Lee Moffitt was a strong supporter along with many other legislators from all over the state. The USF provost during the early years, Greg O'Brien, President (John Lott) Brown, and later, President (Francis) Borkowski were all behind making the school a success. Dr. Carl Riggs was the Dean of the Graduate School at the time. He was devoted to USF and had steered the school in the beginning. He was a person with high integrity always looking ahead. It was a truly unique scene.

RJM: What did you find in Florida (or in the Tampa Bay area) when you got there regarding preparation of the public health workforce?

PJL: The public health workforce across the nation is inadequately prepared. There are adequately educated and/or dedicated folks in almost every public health department across the country. Florida was no different. But, I believed that the school had a mission to try to educate as many of the workforce members as possible. The faculty resonated with this



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mission and in those early years we offered the MPH degree in Sarasota, Orlando, Ocala and Tallahassee. Faculty members drove or flew to offer the same courses "live" as were given on the Tampa campus. Folks in HRS (the former Florida Department of Health & Rehabilitative Services, now the Florida Department of Health) were appreciative of these very considerable efforts. Faculty members also taught continuing education courses in many of the counties in the state. Sometimes this was the only continuing education that they (public health workforce members) had ever received in that county. I think of Dr. Samir Banoob, Sister Jeanne Meurer, and Dr. Chuck Noss and a host of other faculty members traveling all over the state performing this service.

RJM: Whereas the Council on Education in Public Health (CEPH) accreditation represents or dictates the minimal offerings of a school or college of public health, how did you get into some of the other programs (e.g., MCH, Health Education, Tropical Disease) and the recruitment of leadership at the USF COPH?

PJL: Some areas like parasitology (Dr. Ann DeBaldo) and water borne disease (Dr. Gary Roderick) were here already in the small cadre of faculty that came over from the USF College of Medicine. MCH came about the way it did because Dr. Stan Graven found me at a meeting in a hotel

room in Charleston, South Carolina because he heard we were starting a new school of public health. He sat next to me on the plane out and we had a deal. He was really interested in improving the health and welfare of mothers and children and less focused on producing journal papers. He wanted an academic program that would help change things for families. He was an exciting man to work with because he was always trying something new and would back off when something did not go right. I learned a lot from him as he thought through community and family health concepts. Oklahoma had a very successful industrial hygiene program. Dr. Will Spaul flew into Oklahoma City on a Navy plane in his rumpled uniform and said that he wanted to come to USF and start the industrial hygiene program. I am very pleased with what Dr. Spaul, Dr. Yehia Hammad, and Dr. Tom Bernard and others did in this regard and their industrial hygiene graduates really created the field in Florida where there was none before.

RJM: *Who were the critical people, if any, that you brought in to advise you?*

PJL: There were really only two from outside the state -- Dr. Norman Scotch who was the founding Dean at Boston University School of Public Health and Dr. Ruel Stallones at the University of Texas-Houston School of Public Health. Both of these men had strong ideas about how schools should be run and both were passionate advocates of public health education.

RJM: *What about from inside Florida? The USF COPH has that unique feature of having been created by the Florida legislature.*

PJL: The legislature and the Tallahassee environment were very important in those early years, so I talked often with Sam Bell, Lee Moffitt and Lester Abberger. Sam had two assistants in those days, Candy Hill and Dr. Pat Haynie, who were strong supporters of what we were trying to do. They took the time and had the interest to teach me how to function in the Florida system. I spoke regularly with Representative Mary Figg and other legislators from the Tampa Bay area. Chancellor Charlie Reed was totally behind the school. He personally wanted to help the school succeed. Let me tell you that this level of interest is rare in a system-wide chancellor. In addition, Dr. Andor Sentivanyi was a great vice president at USF for me in the beginning. He let us "do our thing" and never interfered. Dr. Ronald P. Kaufman (then Vice President of the USF Health Sciences Center) helped advance the school and was an important friend and adviser to me until his death.

He was an academic internist, not a public health person, but he could understand where we were going. He had an encyclopedic knowledge of medical schools and health care delivery. He was tough as hell, thrived in conflict, and I miss him terribly. I talked regularly with the chairs and the faculty members at the school and they were my main advisers on what we were doing and should try to do. I rarely wrote directive memos. Most of the time at USF I just talked with faculty and staff members, and then, we did things. So, it was easy for me to hear what people wanted and thought. Many chair and faculty meetings are a waste of time if people are talking regularly to each other at the institution. Speaking with non-faculty staff members also can prevent problems and helps make things happen.

RJM: *Did anyone from the faculty provide memorable insight?*

PJL: Dr. Stuart Brooks is a brilliant guy and it was great to have his thoughts on occupational health. He pushed himself to get the field going at USF and succeeded. I respected Dr. Marti Coulter's views on maternal and child health and liked to get her input on what Stan Graven was doing. Sister Jeanne (Meurer) was a great link to women's and children's issues locally and also the national picture. From the beginning, Dr. Jay Wolfson and I wanted to respond to the need for graduates to be equipped to analyze and to manage, not only direct health care of all kinds, but also its financial, insurance and quality aspects. We still talk about these issues. Jay was a key figure in planning the school and then a leader in implementation. He became the major link to the hospitals and medical and legal professions statewide.

RJM: *What do you consider to be your greatest accomplishments as founding Dean of the USF COPH?*

PJL: We had an up-and-going fully accredited school in three years. People really focused on doing this and it was a true group accomplishment. No one should underestimate what the two associate deans, Dr. Rita Bruce and Dr. John Skinner, did. People tend to forget them. Rita knew how to make a new educational program flow and fit in the university system. It would have been a nightmare without her. John managed all the finances, facilities, and computer labs. He "built" the building we moved into in December 1991, but he also enjoyed teaching and he understood research. Administratively, he trusted few people, and he was right.

RJM: *What advice would you give to an incoming Dean, whether at the USF COPH or elsewhere?*

PJL: Each place, time and situation is different and so I don't have generic advice. A new Dean should talk to as many people as possible, inside and outside of the university. Don't wait to do this.

RJM: *After you were Dean you left academia for a time to work for then Florida Senator Connie Mack. What was that like and how did it influence your future choices and opportunities?*

PJL: After 10 years as Dean, I was ready for a change. I had met Senator Mack when he was a congressman and we hit it off. I had never thought about working in Congress and one day Senator Mack said: "Wouldn't it be great if you could work in the office when we have a major health bill." President Bill Clinton obliged us with his Health Security Act in 1994 and then I rejoined Senator Mack in 1997 full time as his health policy counsel handling a variety of health, cancer research and Medicare issues at the Senate Finance Committee. I was old enough to be the father of most of the staff and the "hill" is very fast paced, but I loved it. After President Bush was elected, Tom Scully asked me to be the chief of staff at Medicare. I did not go and probably missed out on some great action in helping to create Medicare drug coverage. I am not negative about Congress. The democratic system works and nobody wins all the time. Those people who work smartest and hardest and have the best ideas usually win. Rarely do things happen by accident. Ideas come and go in cycles.

RJM: *You became Dean at the State University of New York at Albany making you doubtlessly the only person to be Dean at three different schools or colleges of public health -- how do you feel about that?*

PJL: You've seen one school of public health – you've seen one school of public health. Oklahoma was completely different from USF, which is totally unlike Albany.

RJM: *The State University of New York at Albany has a fairly unique faculty staffing pattern compared to other institutions. Describe that relationship with the New York State Health Department and tell how it works for faculty and students.*

PJL: The School of Public health at SUNY-Albany is a partnership with the New York State Department of Health. The President of the University appoints

the Dean with the concurrence of the Commissioner of Health. The School has more than 150 faculty members at the DOH. None are paid by SUNY-Albany, yet many are active teachers and participants in the life of the school. There are more than 80 PhD students in the biomedical and environmental sciences based in the DOH Wadsworth Laboratories (the third largest public health laboratory in the world) where there are two departments of the school. The DOH also contributes financially to the school and it could not exist without its support. There is a Lifetime Howard Hughes Investigator on the faculty and the Wadsworth facility was selected as one of the 10 best places in the country to be a post-doc. Since the DOH is essential for the school, and the Dean doesn't have any budget control, the relationship is tricky. I walk around thanking people and telling them that they are wonderful, and, most of the time – they are! A majority of our students have internships in the DOH and everyone must have 960 hours of field work to obtain an MPH degree.

RJM: *How has public health changed -- both academic public health as well as public health practice in the 20+ years since you came to USF? How does that affect your philosophy as a Dean and as an academic leader today?*

PJL: Public health education has become more academic as the teachers come in as newly minted PhDs with little or no health care delivery experience. I think that schools of public health should inspire people and help to make them leaders and not just competent data handlers and managers.

RJM: *What do you think academic public health and public health practice will "look like" 10 or 20 years from now (compared to today)? To what extent do you think the bonds between these two cultures will be stronger?*

PJL: Academic public health will get stronger through research and the knowledge that is produced. Linkages with medical schools and others on university campuses have grown more important and possible as people with common interests come together. It is doubtful that this will have much of a strengthening effect on public health practice. Schools focus on producing people with technical competence – not leadership. And, people who want to be leaders and change things are not normally attracted to careers in public health agencies. The low pay, public sector under funding, and general lack of respect for government in our society do not make public health agency work particularly attractive. In addition, faculty members these days

do not, for the most part, come into academic public health after some years of experience in practice. Thus, they can't expose students to "war stories" about what it is like to be out in the field. Promotion in universities is based on supposed research productivity and practice experience does not strengthen one's chances for promotion. Most of the original public health faculty members recruited to USF previously had worked in the field. It is now rare to find people who have experience and are considered to be people with strong academic potential.

RJM: *As a three-time Dean and as someone who worked with former Senator Mack, you have some insight into the federal budgetary and state prioritization processes. To what extent do you think federal and state governments will infuse public health (academic as well as practice) with resources that will enable it to thrive in the next decade and beyond?*

PJL: After the attack on the World Trade Center on 9-11 the schools of public health should have gone to Congress, as a group, and requested significant money to train public health professionals to confront the possibility of bioterrorism. It was very important for academic public health to let it be known that it was the national resource for education and research on how to confront bioterrorism. My experience in Florida and with the Senate was that when the opportunity occurs, seize it. That is the point in time when you have a chance at getting funded for a major program. My fellow Deans did not see this the same way and the opportunity for the schools to step up to the plate and become the places to go to for the public health response strategy passed. We got some funding, but what it is supposed to accomplish certainly is not of great significance for the future safety of our country through expanded public health professional education. That was symbolic of what is wrong with the schools and with the national attitude towards public health. Years ago, federal funds supported the education of public health professionals of all kinds. Scholarships are badly needed to encourage people to undertake graduate education. This is one reason that public health departments lack trained personnel. The second reason is that health departments pay less than what these public health graduates can get in other positions using their skills. The third reason is that under funded public health agencies do not appeal to bright young people as places to make careers and, in fact, often do not even have funded positions open for desperately needed personnel. There is a national need for epidemiologists. Every county with a

sufficient number of people should have at least an MPH-prepared epidemiologist who monitors infectious and chronic disease trends, and who is plugged into information networks linking health departments and providers of all kinds. Without this linkage we remain in the dark ages. It looks like it will take another horrendous event before new training money, that will really make a difference, comes into schools of public health. There is much talk about prevention and long-term education and intervention, but, as a nation, we are much better at over-reacting to a single event. The sorry state of science education in this country is not on the verge of repair and the indifference towards public health is a part of this. People agree that there is a problem, but there isn't enough momentum, yet, on the part of the public to change things for the better. It looks like it will take a public health Sputnik-type event to make governmental action acceptable and intervene for the common good.

RJM: *Peter, many thanks for your time. Good luck in the challenges ahead.*