

## Our Public Health History in Florida: Interview with Charles S. Mahan

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**Robert J. McDermott, PhD**

*Charles S. Mahan, MD was the second Dean of the University of South Florida College of Public Health (1995-2002). A native of West Virginia, he received his MD degree from Northwestern University and did his residency training at the University of Minnesota. He moved to Florida in 1974 to be Professor of Obstetrics and Gynecology and Director of Ambulatory Services for Women at the University of Florida, and Director of the North Central Florida Maternal and Infant Care Program. He directed the Florida Department of Health from 1988 to 1995, the period just prior to becoming Dean of the USF COPH. He is the Past President of the Association of State and Territorial Health Officials (ASTHO). He also has served as the Chair of the Advisory Committee to the Director of the Centers for Disease Control and Prevention. A recipient of numerous recognitions and awards during his career, Dr. Mahan received the prestigious Martha May Elliot Award in 2004 from the American Public Health Association for exceptional career contributions to maternal and child health. Since stepping down as Dean, Dr. Mahan has served as Program Director of Maternal and Child Health Policy for the USF COPH's Lawton and Rhea Chiles Center for Healthy Mothers and Babies. He holds joint appointments in the Department of Community and Family Health and the Department of Obstetrics and Gynecology. This interview was conducted between April 3, 2005 and April 26, 2005.*

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**RJM:** You were the state health officer (SHO) in Florida for several years. Who or what got you enthusiastic about becoming the Dean of the USF COPH?

**CSM:** USF President (Betty) Castor and her husband, Sam Bell, had been good friends for many years. When Betty Castor was Commissioner of Education and I was State Health Officer, we would have our agencies compete each year during the March of Dimes annual fundraiser (we had both been active for years with the National March of Dimes, she on its Advisory Board, and I as Chair of the Education Committee) and would have a standing challenge: If HRS (the former Florida Department of Health & Rehabilitative Services, now the Florida Department of Health) raised more money we would get bushels of "Apples a Day to Keep the Doctor Away." If the Department of Education raised more, they would get bushels of "Apples for the Teacher" from us. When Betty became President of USF and Dr. (Peter) Levin resigned, she started working on me to consider being Dean. Because I served as State Health Officer under "temporary" assignment (8 years) from the University of Florida College of Medicine and loved working in the State Health Office, I was reluctant to consider USF. I had turned down many offers to be an OB/GYN Department Chair and, after serving as an Acting Chair at UF for 1½ years, decided I never wanted to be an academic administrator. I also planned to return to UF to establish and run the Chiles Center and had already garnered support from (University of Florida) President Lombardi and Governor and Mrs. Chiles (both UF graduates) to do that. In the end, the real



Dr. Charles S. Mahan

reason I came to be Dean was because of our incredible student body.

**RJM:** As State Health Officer (SHO) and as Dean you had the chance to see and assess the public health workforce in Florida up close. What was the public health workforce like in the early 1990s when you were the SHO, how did you find it upon becoming Dean in 1995, and what progress do you think has been made in the past 10-15 years in Florida? What are the next steps for increasing competency and responsiveness?

**CSM:** The main concern about the workforce when I was SHO were not especially, numbers but low pay, lack of sufficient training, lack of a career ladder (especially for nurses, the "heart" of public health), lack of leadership skills, and inadequate, crumbling facilities. While I was SHO we were able to raise pay but not enough; work with the state to re-classify positions and put in a semblance of a career ladder and were able to get funding for state-of-the-art county health facilities in nearly all counties. As for training, it was always difficult to get training funding, per se, but we were always able to get some to use under "site visits," etc. One large coup was to get designated state funding to contract with USF to have COPH professors come to Tallahassee one day a week. We would give the employers Tuesday

afternoon off as “training time” and they would give up that evening and in a little over two years, 45 of our best and brightest got their MPH from USF. I can’t tell you the difference it made in energy, excitement and commitment as well as serious quality upgrades in our programs. Having had that transforming experience, it was easy for me as Dean to try to do anything the COPH could do to expand such efforts. After all, Florida law explicitly says we were established to upgrade and train the Florida public health workforce. I think the next tangible steps the USF COPH can do to help bolster the public health workforce are to “get more married” as it can to the Florida Department of Health (DOH) and many local health departments via the Academic Health Department idea where we greatly increase the numbers of our students and faculty doing work and projects in the state and local health department and appointing as many MD, PhD and DrPH local and Florida DOH people to our faculty as we can. Columbia University’s School of Public Health does this well. I’m not even sure (Florida Secretary of Health) Dr. Agwunobi has an appointment in our COPH. As, Secretary of Health, as an MD, and as an MPH graduate of the Johns Hopkins School of Public Health, he should. I had an adjunct appointment to the USF COPH for the years when I was SHO, although I was hardly ever asked to do any teaching or research advising even though I would have been thrilled to do so (for free!!).

**RJM:** *When you came to USF as Dean, you were able to negotiate several new faculty positions, and thus, build the size of the faculty. Was that a factor in your deciding to come here?*

**CSM:** It was almost a deal-breaker, but I insisted to President Castor and Health Sciences Center Vice President (Marvin) Dunn that if I was to leave the fine job I had in Tallahassee (and Gainesville) I needed increased funding from the Florida Legislature for the USF COPH to expand faculty and staff. The student numbers were growing fast and visits to the COPH helped me learn from them and faculty and staff that they were terribly stretched. The late Dr. Dunn resisted this (and a requested \$14,000 increase over my SHO salary to help compensate for the fact that my wife would no longer be teaching) but I guess President Castor overruled him. So, when I was in my first year as Dean, President Castor supported a \$2.4 million increase in State funding for the USF COPH, including a switch to enrollment-based funding which I thought was important. The whole package smiled through the Florida Legislature that year which helped us

increase faculty and staff at the USF COPH by more than 40%.

**RJM:** *You were Dean from March 1995 until May 2002. What do you consider to be your greatest accomplishments as the USF COPH's second ever Dean?*

**CSM:** I had to step down as Dean in 2002 because of two cardiovascular health emergencies -- the first in 2001 -- “start a search for a new Dean” and when USF didn’t, in 2002 -- “I can’t be Dean and longer.” I had told the COPH I would agree to be Dean for 10 years, but because of the above, I had to abort the mission. The following things I consider to be my major accomplishments:

- Expanding faculty, staff and students (see above).
- Developing distance learning-first school or college of public health in the world to offer the MPH by distance
- Developed Weekend MPH Executive Program.
- Developed Florida Public Health Leadership Program.
- Buildings: Got federal and state funding for the (Doc) Myers Lab and the Lawton and Rhea Chiles Center for Healthy Mothers and Healthy Babies -- two large buildings on USF campus.
- Moved the Lawton and Rhea Chiles Center for Healthy Mothers and Babies from University of Florida to USF with state funding as a Type I Institute (\$600,000/year).
- Increased the USF COPH research funding from @ \$4 million per year to more than \$20 million per year
- Established many USF COPH Centers: domestic violence, bioterrorism, disaster, mothers and babies, positive health, Florida Prevention Research Center, etc.
- Development: \$600,000 from the Harrell Family, \$100,000 memorial to the Chiles Center following the death of Governor Chiles, \$60,000 Chastain-Skillman GIS Lab
- Many more students helped to get CDC internship due to establishment of a job placement staff expert.
- Collaboration with Learning in Retirement to use our COPH facilities. In return a COPH student scholarship was established.

- Collaboration with the Florida Mental Health Institute to put more public health emphasis on Community Mental Health.
- Collaboration (especially under Dr. former Vice President Robert Daugherty) to make us a true collaborative Health Science Center with deep integration with the College of Nursing and the College of Medicine.

**RJM:** *You had to know that the flip side of that question was coming. Do you have a regret or disappointment that occurred during your tenure as Dean that you wish you could reverse?*

**CSM:** Yes, there were a couple of them. Even though I was very successful at the SHO in bringing 14,000 employees (and a \$1 billion budget) together to achieve common goals (including a superb response to Hurricane Andrew), I fell short of being able to bring a cohesive team effort at the COPH. Whereas I brought to the COPH more than 30 years as a public health and medical practitioner, I was unable to bring the faculty to what I considered was a full appreciation of the need to incorporate public health practice into both the curriculum and the life of the college. This is reflected in the fact that so few faculty are involved as members of the American Public Health Association or the Florida Public Health Association. This feeds the constant problem that we have been dealing with nationally for years -- that schools of public health are "irrelevant," according to many of our colleagues in "real world" public health. Part of this problem is that the majority of our faculty members at COPH (and most other schools and colleges of public health) have never actually *practiced* public health. What if the medicine and nursing faculties were like that? This was especially true in one department where the focus has been more on private than public health organizations. Fortunately, I think this former emphasis is changing now toward greater attention on the problems of state, local and federal public health. I wish I could have better inculcated to the COPH the ideal of teamwork, that I saw state and local health departments do so well and so unselfishly.

**RJM:** *The COPH began to develop centers during your tenure here, and you played a major role yourself in the development of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. What role do centers play in the overall activity of a COPH?*

**CSM:** I encouraged the development of centers because I observed at UAB (University of Alabama-

Birmingham) and elsewhere that such centers were a great stimulus for interdisciplinary research, grantsmanship, and teamwork.

**RJM:** *How has public health changed -- "academic" public health as well as public health "practice" in the past 20 years in Florida?*

**CSM:** Thanks to many of the things I have mentioned above, both academic and practice areas of public health have become smarter, better trained, more interesting and more responsive than 20 years ago. However, I would argue that academic public health folks have a long ways to go in being responsive to "immediate hot topics" than our practice partners are. I think the proliferation of new schools and programs, although increasing competition, will also "raise all ships" in academia and practice.

**RJM:** *What do you forecast the next 10 years to be like for academic public health? For the workforce? What are some possible, plausible, and probable scenarios nationally, as well as in Florida? That is, what is the worst case scenario, the likely scenario if the public health community is not aggressive, and the best case scenario if the various forces in public health really unite to "get the act together" in this country?*

**CSM:** For the above reasons, I think the next 10 years will be boom time for academic public health. Bioterrorism has given us a sexy entrée to the public and future students and research funding is increasing. The public health community including ASPH, APHA, ASTHO and NACCHO are much more "awake and aware" than they were 10 years ago and much more willing to collaborate. The difference between now and when I was ASTHO President in 1993 is amazing and very gratifying. I was President-Elect for 1994 but had to take over a year early then – the elected ASTHO President, Dr. Joycelyn Elders, was tapped by President Clinton to be U.S. Surgeon General. The doomed Clinton Health Plan was being finalized and all the public health groups were worried about public health and prevention being left out of the plan and were separately lobbying Congress and the White House, all giving different explanations of what public health is and does, and ASTHO was no exception. Department of Health and Human Services Assistant Secretary for Health, Dr. Phillip Lee, brought us (ASTHO, NACCHO, APHA and ASPH) all together in his office and read us the riot act. "Public health," he said, "wasn't going anywhere unless we got our act together and got 'on message'." For the first time

ever, those groups started collaborating and now, 12 years later, act as a cohesive force in issues of national public health policy.

**RJM:** *You have been active in many national policy groups. Can you talk about that some?*

**CSM:** Other than the ASTHO Presidency mentioned above I have been fortunate to be involved in a number of things that, I think, have helped improve public health. Some of these are:

- Worked with the Southern Governor's Association to improve infant mortality in the Southern states
- Chaired the ACOG Committee in 1992 that developed the National Fetal and Infant Mortality Review (FIMR) program
- Chaired the Research Committee for the National Association of Childbearing Centers (NACC) that successfully guided a multi-year national study of the safety of birth in out-of-hospital birth centers published in the *New England Journal of Medicine*
- Chaired the ACOG Committee on Underserved Women that led the change to reverse the early-discharge from hospitals for new mothers -- a policy pushed by the managed care industry, but reversed by action of Congress
- Served for the first five years of its existence on the CDC Task Force in Community Preventative Services that just published the evidence-based Community Guide
- Served as Treasurer of CEPH and worked on refining and updating the accreditation criteria
- Served as Chair of the CDC Advisory Committee and helped deal with such issues as ethical breeches in AIDS research in Africa and the health communication problems following 9/11 and the anthrax episodes.
- Currently I work as an advisor to ASPH on credentialing (a national exam and credential for the MPH core for accredited schools and programs), workforce issues, public health practice and the academic health departments.

**RJM:** *Among the "perks" of being Dean between 1995 and 2002 what gave you the most satisfaction?*

**CSM:** The only real "perk" I had being Dean was using the private toilet connected to the Dean's office to store my book collection – what I call my "wet library." The most fun I had was welcoming the new students at orientation and presiding at convocations and graduations. We have such great students and to meet their families and to see the joy and pride the graduates had in our college and their professors was just very heartwarming.

**RJM:** *What hopes do you have for the USF COPH as you begin to focus now on withdrawal and retirement?*

**CSM:** I hope the college will keep its' pre-eminent place as the place to go for public health training in Florida. There is lots of competition coming along but I feel assured that Dean (Donna) Petersen has the leadership abilities to keep us on top and then some. I fell far short of my goals to achieve more cross-departmental collaboration in teaching and research and collegiality, so I hope that improves. Also, I did not meet my goals for private fund-raising which might get a bit easier now that we are 20 years old and our graduates have been out working longer, and hopefully, have some wealth to give back. I plan to include the college in a bequest and I hope all other retired and senior faculty will also do that.

**RJM:** Whereas the number of medical schools, law schools, and other professional schools number in the hundreds, until recently, there were fewer than 30 schools and colleges of public health in the United States. Since you stepped down as Dean I have heard you introduce yourself as a "recovering Dean," (even if you mean it somewhat in jest). However, what truth is there in being one of the of public health deans of so elite a group of universities?

**CSM:** I think there is quite a bit of stress accompanying major leadership positions. Over the past 15 years the average tenure of U.S. public health deans as well as state public health commissioners has been only a little over three years. I managed to stay in each position for over seven years but after two major stress-induced cardiovascular hospitalizations while dean, I was forced to hang it up under great pressure from my family. I always say that being Dean was twice as stressful as heading the Florida Department of Health even though the sheer magnitude of the jobs is quite different. At the FDOH we had 14,000 employees around the state and a budget of over \$1 billion, enough to hire most of the help we needed. At the COPH, even though we had a nice growth in our budget, we never had quite enough funding to buy the numbers and kinds

of staff we needed to comfortably run the departments and the Dean's office at the level I observed in other schools of public health. Another personal stressor for me was dealing with the reality that the majority of our COPH faculty never actually worked in public health. Therefore, many could neither appreciate nor accept my vision of

incorporating much more real world public health practice into the teaching and research of the COPH.

**RJM:** You are still a busy guy, Charlie. Thanks for taking the time to share and reflect. There are many lessons here for academician and practitioner alike.



The University of South Florida College of Public Health building opened in December 1991.