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USF College of Public Health Oral History Project
Oral History Program
Florida Studies Center
University of South Florida, Tampa Library

Digital Object Identifier: C53-00035
Interviewee: Alma Vause (AV)
Interview by: Charlton E. Prather (CP)
Interview date: September 9, 1997
Interview location: USF Library Tampa, FL
Transcribed by: Renee Perez
Transcription date: October 20, 2015 to October 28, 2015
Audit Edit by: Cyrana Wyker
Audit Edit date: November 10, 2015 to November 12, 2015
Final Edit by: Renee Perez
Final Edit date: February 19, 2016 to February 22, 2016

Charlton E. Prather (CP): Let me tell our audience that we have with us today Mrs. Alma Vause, who is a longtime nurse midwife in Florida, who is very, very concerned with the early days of getting midwifery accepted in Florida—that is, nurse midwifery. We suffered a lot of infant mortality secondary to granny midwifery in Florida.

Mrs. Vause really came as a part of an effort on the part of the state health department, who improved the birthing situation in Florida. It's a privilege that you would come today to share with us. You're experienced in Florida public health, and you're a witness to the changing picture of public health in Florida. Ms. Vause, it's a pleasure to have you here.

Alma Vause (AV): Thank you.

CP: What got you interested in public health nursing to begin with?

AV: Uh, well you have to go back down to Mississippi—

CP: I know where that is, go there.

AV: Oh, you do? And there were really not any nurses that was out in the field, and that is where I thought I could do the greatest job among the people to help them because, frankly, there was no medical care for them.

CP: Oh, no!

AV: No; whenever someone got sick, they had to go to the granny midwives, or else, they'd have to go to one of the state-owned hospitals that might've been too far for them to get there. Or they had to use whatever they could find to make. Oh, we used a lot of herbs and teas and whatnot, and they were good! I didn't know the difference.

CP: I'm not going to pick up on that, Ms. Vause.

AV: But then public health nursing gave me an opportunity, even in Mississippi, although I didn't practice it that long, to meet people, and, I won't say educate them, but orient them. I think that's a better word to medical services, nursing services. And that's what I wanted to do.

CP: You were a born "I want to help the situation" person.

AV: Oh, yes. Uh, the only thing I can say about that is, I was really taught, from my mother and my brothers and sisters, that, that's what I must do—

CP: To be a helper.

AV: Yeah, to be a helper.

CP: To be a protector and helper of our brothers and sisters.

AV: Right.

CP: I was taught the same thing. It's my only purpose in life, is to be of use to others.

AV: Yeah, and I haven't lost that yet.

CP: I noticed that!

AV: That's the vision, still._

CP: Oh, I'm glad. That's really what attracted you into nursing, then, I guess, was your wish to be of use.

AV: I wanted to be a, not just a midwife, I wanted to be a nurse midwife, so I could have had more training than lay midwives did.

CP: Oh, that's a new piece of your history. I thought I knew you pretty well, but your, part of your motivation was midwifery, and you went into nursing to subserve your interest in midwifery.

AV: Right.

CP: Oh, that's marvelous!

AV: And to be better than lay midwives.

CP: Of course, and you were, and your training helped you with that. Do you remember what the infant mortality rate was in your early days in Mississippi?

AV: Oh, my. No.

CP: You don't need to—

AV: They were very, very high—very high.

CP: Yeah. Mississippi—

AV: I don't know how I made it, but I'm here.

CP: Mississippi was the leader, for many years, in infant mortality—

AV: That's right.

CP: And for many of those years, Florida was second among the states in the nation. It's kind of interesting that you started in Mississippi and then gravitated to Florida, the second, if I might say, worst state in the nation for infant mortality. But you got your nursing, and I'm aware from your history that you, really, you had your first assignment as a nurse for a hospital. You did hospital nursing for a short time.

AV: Yes, in Mound Bayou, Mississippi. It's in the delta part, where death among all ages was high; it didn't make any difference.

CP: How come, is it, that you got sent there, or you elected to go there?

AV: Because I came from Meharry Medical College, you know, in Tennessee. And they had sent, the college had sent, uh, some doctors down to practice, and I had worked with these doctors, and they knew that I was from Mississippi, and they wonder, Okay, why—

CP: You know the language.

AV: Yeah, Why don't you want to go around there? Well, that's where my mother was, so I went to the delta, and I enjoyed it.

CP: I would hope so.

AV: I could go out and yell as much as I wanted to, go fishing. That is what people liked. They did not like people who could not touch them, could not mingle with them, could not use their—I didn't use all their language, now—but could not talk with them. (both laughing)

CP: Yeah, who felt themselves above them in their language.

AV: Right. I was right there with them. If they ate raw peanuts, I ate them too. I didn't want them, but I ate them.

CP: Oh, you could've brought me. You could've brought those to me.

AV: And if they had sugarcane, I'd chew it with the next one. And, you see, those who were there were, you know, real educated; they wouldn't ever do that.

CP: Oh, that's too bad.

AV: Well—

CP: That's not the way to motivate and to lead people.

AV: No, it's not. And they say that I didn't go fishing with them, but I did.

CP: And how long did you stay there?

AV: Oh, just a little over a year.

CP: Little over a year. And then you went back to school.

AV: Yeah, that's the reason I didn't stay there a little bit longer because then I asked for a scholarship to go into nursing—midwifery, I mean—and I had to go to Maternity Center. The state would give me, Mississippi State, would give me part of that money to go, uh, but I had to promise to come back to Mississippi and work in Mississippi.

So they did. I went to a maternity center and—for my midwifery training—and then when I finished, I came back to the state of Mississippi. In the meantime, I had gone—you didn't ask me this. In the meantime, I had gone to Fisk University, you know. So then I had a BS, okay. And when I got back to Mississippi, they did not have any job that I could get into, so they said that I'd have to pay back the money.

CP: No, they've got an unction to give you a job—excuse me, go ahead.

AV: Yeah, but they were going to give me a job, and when they gave, oh, when they sent me to the job, guess where I was sent? I was sent to Jackson, Mississippi, at—see—a place just like Chattahoochee.

CP: Really? It was a mental health institute?

AV: Yes!

CP: You went as a nurse?

AV: Yeah!

CP: Did you have your nurse midwifery now?

AV: Yeah!

CP: And you went as a general floor nurse?

AV: Yeah!

CP: Too bad. Too bad. They are wasting, wasting, talent—

AV: No, no, I didn't waste not one thing—

CP: No, they wasted you.

AV: I went, and I looked at the place. And I said, "They wouldn't ever know me from the patients; I'm not going to stay here." (Prather laughs) And I went back to Nashville, Tennessee. (Prather laughs)

CP: You reminded me of this because I used to pre-quit the mental health hospitals a lot in Florida. My wife would always say, "Tie a red ribbon around your neck, so they'll know which one to put out."

AV: I know that's right. But that's—

CP: You went back to Nashville! Now, what did you do in Nashville?

AV: Public health nursing.

CP: That's in Tennessee.

AV: Yes. Nashville, Tennessee.

CP: Did Mississippi say, Send money for your education?

AV: For midwifery, yes, Pay that money back.

CP: And you did? You had to pay that money back?

AV: Are you kid—no, I didn't.

CP: Oh, you didn't. Okay. Maybe I wasn't supposed to ask that.

AV: It was just a thousand dollars, and I could demonstrate that I had come to Mississippi; I had looked for a job. I had letters to show what was said to me, that I couldn't get the job and all of that, so they forgot it. I'm glad they did.

CP: Okay, okay.

AV: I didn't have any thousand dollars!

CP: I know it. And it takes you a long time as a public health nurse.

AV: That's right, to get a thousand dollars—

CP: To get a thousand dollars extra.

AV: But in Mississippi, I could have; I could see where I could have done a terrific job with the lay midwives¹.

CP: Oh, I'm sure you could.

AV: I could have helped, upgraded them, to a certain extent. That's what I saw, but they didn't—

CP: They were so much in need. That was very short sighted on the part of the health department. Did you go ask the health department for a job?

AV: Yes, that's where I went.

CP: Oh, and they wouldn't hire you. Oh, well. You went back to Nashville, then what happened?

AV: Well, I worked until, um—I got a call one day, and I found out that I could get a scholarship to go—you see, when I went to Maternity Center, I had asked for a scholarship to go out in, um, out west. And they wouldn't grant that, so I went to Maternity Center, and then I asked for a scholarship, and that was easy because the government would do it then, to get my masters. That's all. And so—

CP: Where did you go for your masters?

AV: Uh, to Teacher's College.

CP: Teacher's College.

AV: Well, nobody would say Teacher's College was—that's what it was. They always used a big university.

CP: Oh, the big university names? All right.

¹Lay midwives are not nurses, but women who have had training in midwifery through self-study, apprenticeship, a midwifery school or college program.

AV: And I did that, and when I finished that, I went back to Nashville, Tennessee. And then I got a call—no, I went to Washington D.C. I'm very sorry; I did work in Washington.

CP: As a nurse midwife?

AV: Not as a nurse midwife, per se, as a public health nurse. And then I got a call asking if I would come to ENT College in North Carolina—Greensborough, North Carolina because I had—part of my training, you see, you'd have two subjects, you know. My major one was in maternity nursing, the next was in public health nursing supervision. And so, I went back to Washington D.C., and I got this call if I would come to ENT and would, uh, head that department, public health nursing. And I did; now, that was terrific.

CP: How long did you stay there?

AV: Oh, you would ask me, wouldn't you?

CP: If I'm not supposed to, I won't.

AV: Well, I think I started doing that in 1955, and I stayed there until the spring of '58.

CP: That's pretty good experience as chair of the department of public health nursing. Tell me about some of your experience there.

AV: Well, at public health nursing? Well, I'll you what they did for me, uh, out at Boulder Down, University of Colorado, they were offering a course. You see, in your regular school training, for instance, if you have medical nursing, you have pediatric nursing, you had a nurse supervisor—whoever was doing the training—to go with you on place, to go and to teach. Now, this was coming up, that in public health nursing you need that same kind of orientation for your students, and that's what they wanted me to do.

So I went out to Boulder Down to get, uh, some training for that, and I came back and started that. And so, you would go out in field with the nurses who wanted to be public health nurses, and we had some very good ones. I will have to say, ENT had some good public health nurses to go out in the field.

But, in the meantime, you've got to know this, I came to Florida to meet a friend, and I met a man who knew where all the good fruit was. So, to get to the fruit, I had to marry the man, so that's what I did. And then, one night, when I could (both laughing) I came to Florida.

CP: When you could turn loose from your teaching job, you moved to Florida. But you had already been married and your husband was here, and you were commuting; they all were commuting back and forth.

AV: Uh, to some extent, yes.

CP: Yes. Okay, okay, that's all right.

AV: I came here, uh, you know, to Florida. And his, um, desire that he would have children, and he see in children—

CP: Well, you were all trained in maternity and all of that—

AV: Oh, yes (both speaking at the same time) and bringing up children too. Oh, yes, but I couldn't do it by myself, see—

CP: Oh, I understand, I understand.

AV: And so, he said we need children, and did I mind? Because he found me when I was very active. Did I mind staying home with the children for a number of years until they grow up and train them? In the meantime, don't think I wasn't training him.

CP: I'm sure of that! I'm sure of that!

AV: Oh, I talk a lot, but I know how to—

CP: You're talking good. You just keep right along.

AV: I know how to get around to him. And I did promise that I would stay home. But, in the meantime, I was working for the March of Dimes²—

CP: As a volunteer?

AV: Yes, and name anything else, and I was doing all of that—

CP: Where were you living now?

AV: Oh, in Lake Wales.

CP: Oh, you were living, Oh, you'd moved to Lake Wales, all right. Okay. And you were doing a lot of volunteer work.

AV: Volunteer work in every organization, any you could find.

CP: Well, I love it because you've got helpful genes, and you couldn't be sitting home alone without being helpful.

AV: I really couldn't. I wanted to, and that's what I did. And they still expect me to do it. I can't do it—

²The March of Dimes Foundation is a nonprofit organization that seeks to improve the health of US mothers, babies, and infants. It was originally established in 1938 as the National Foundation for Infantile Paralysis and was intended to treat polio.

CP: Good.

AV: No! I can't do it. I can't see how to go where I need to go.

CP: Well, you can offer advice and council—

AV: Are they—(both speaking at the same time; inaudible)—I do that. I do that.

CP: Oh, okay.

AV: And so, um, I thought about; I did subbing in school, so. Now, that wasn't a regular job, so he didn't mind that.

CP: Okay, you subbed in teaching.

AV: Yeah, I subbed in the schools in Polk County. Now, I enjoyed that, but I got a chance to learn people, to meet people, to learn them, and I worked at the school board, you know, as one of the board members of the school; they had volunteers or parents. I did that, and I enjoyed that. The children were in school, and et cetera. So, one night, we were sitting down, watching TV, and I don't know if you remember when Governor Claud Kirk—

CP: I remember Governor Claud Kirk very well.

AV: Well, he was up there trying to find people who would take a job; he was trying to get people into job situations. And he said, "If you don't; you can't function in a job, we'll train you." And, oh, he just went on. And I looked at my husband, and I said, "You know what?" He said, "What?" I said, "I'm going to write to him."

And I was telling him, he doesn't have to train me, what he has to do is to cede some money somewhere they can hire me because they would hire me in Polk County, but they don't have the money.

And so I sat down, and I wrote the letter. He said, "You're going to get hired." I said, "I bet you need to shut up, and I'll never hear from him." I bet you it wasn't four days before a person from Polk County came to the house.

CP: Really? From the Polk County health department?

AV: No.

CP: Okay, from the Polk County government.

AV: The government. To ask me about my training, where it is, and then he got around to telling me why he had come, that they had put some money in there. He had talked to Dr. Hill—you know, Dr. Hill was the health officer at the time—about it and, "You can get the job." And when my husband came that night, I showed him what the man had brought and told him. He said, "You see? I told you."

I said, “What do you think? Should I take it?” He said, “You’ve gone that far, you better take it!” So that night, after supper, you know, I never talk to my husband and my children about problems before we eat, and that’s what I teach family all the time. Before the children get in from school; they’re screaming and hollering about their problems. You don’t do that. They’re not ready for that.

Have your food, and then sit down. So we talked about it and, my son, the first thing he wondered, “Well, Mama! Will that bring in more money?” I said, “Yes” “Take it!” My children got a lot from me in their burs (??) You can notice that by how—

CP: Yeah, I’ve already noticed that. Your mother that you brought with you out there—

AV: Yes. Well, anyway, I did get the job, and then I did go, and I enjoyed very much in public health nursing. And then I got more involved in, just, lots of things.

CP: You were involved with a whole bunch of it. Where did Dr. Hill put you originally? What did you do? Tell me the name of the director of nursing.

AV: Oh, Mrs. Kingham.

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CP: That’s right.

AV: Kingham. Fern Kingham.

CP: Fern Kingham, that’s right. Thanks.

AV: And, at that time, you remember that the health department was taking care of home health services. Oh, it looked like I got all the, I don’t know what kind of home health people they (inaudible). But that didn’t bother me at all! I can handle that. And, if you really want to know the truth, if I could see, I could handle it today. I’m not trying to put words from myself to throw out, but I have a very compassionate feeling for people who are sick and don’t really know how they can feel better without thinking about themselves all the time.

CP: Yeah, that’s your history, Ms. Vause; I’m aware of that. You have great compassion for folks in trouble.

AV: I would love to go with them and take care of them and go back and, just, call and see how they’re getting done, and they’d like that. Well that’s—(both speaking at the same time; inaudible)

CP: You like that! All human beings like that.

AV: That’s what I was. One day, Dr. Hill went out, well, he told me; he said, “You’re going to—” We were doing follow-ups on people who were on contraceptives. If you visited so many times and asked them to come in, to come in, you need to go back and visit.

And I had visited this young lady I don't know how many times, and she didn't come in, and he wrote on the chart, "Go back." And so I got enough nerve to go into his office and said, "Dr. Hill." "Yes, ma'am!" "I'm not going out to see that lady anymore, unless you go with me." And he jumped right up: "Come on let's go." (Both laughing)

CP: He did? (laughs)

AV: And we went out to visit with her, and the lady, all the people that lived in the neighborhood—it was the neighborhood I was assigned to—they knew me. They knew my car. And when I started getting out of the car, they start hollering, and I start hollering back at them, asking them what had they cooked, and how was their babies, and I don't know what all. Well, I thought, at one time, I was embarrassing Dr. Hill—(laughs)

CP: I doubt it. I doubt it.

AV: But you did get him there. He said that was the best old trip he had ever had. (Prather laughs) I tell you.

CP: Well, did you get the young lady to accept contraceptives?

AV: No, it wasn't there. I learned early because we had to go to, and we had to come over here for that too. We had to go to, um, seminars on, you know, drugs and what have you. And it put me in a position to know that people are too; see, when you get on those drugs and what have you, you don't hear anything; you don't want to talk about it, and you don't. And that was the problem.

CP: That's too bad.

AV: That was the problem, but there was no point in her being on drugs and having babies every year.

CP: Right. No, there wasn't.

AV: So, what we were trying to do, is to get her in. And we knew very well that she wasn't going to take the oral contraceptives, but we could, you know—

CP: Put in an IUD.

AV: Yeah. That's not what I wanted to do, but I couldn't do it.

CP: Right, and I'm not going to ask you about that.

AV: Never mind, thanks.

CP: I don't want to ask you about that. That's not nice. (laughs)

AV: Oh, yes, it is. We had a conference on that, one time. And they wanted to know, why is it that the ladies wouldn't like to have tubal ligations? And I said it's because it's more strenuous for them; it takes more to have to go into a hospital, and I said, when the man could just dance into the doctor's office and kill—(laughs)

CP: Yeah, squat down, as I heard you say earlier. (Vause laughs) You know, that is absolutely true. And it's something that has to do with our _____(??)

AV: And get a vasectomy, and they wouldn't do that!

CP: Yeah, and they'd recover probably in about three days.

AV: Yeah, and go on. So they thought I was terrible. That's all right. I was.

CP: But you were doing general public health nursing then?

AV: At that time, but I was working with the lay midwives, uh, even in, we had a lot of them in Polk County.

CP: I knew it! I knew it. Particularly around Eloise; down in that area.

AV: Oh, yes. And—

CP: In South Bartow?

AV: Um-hm. We really did. I noticed that the last one down in that direction, toward Fort Meade, what have you, has retired now, and, um—

CP: Okay. But under your tutorage, they improved their quality astronomically.

AV: Well, if they didn't improve, they had to pretend they had when I was around. Now, I wasn't a naughty person. I complimented them for everything that I saw that they had done right.

CP: You were a good teacher.

AV: Right, but I've got news for you; when it wasn't, they knew it too.

CP: That's proper. You wouldn't have been doing your job, and you wouldn't have been doing them any good.

AV: Oh, well. I don't think so, either. But I had developed a lot of friendship with the lay midwives, a lot of friendship with them. When they would call—

CP: True! You spread your wings statewide because of that, too.

AV: Yeah.

CP: Tell me about how you got involved with the statewide program of lay midwifery-slash-midwifery.

AV: Um, through the, um, southeast regional council—

CP: Southeast regional council? You might need to tell us what that is.

AV: Just what it is, a council. Its purpose was to establish nurse midwives, what have you, and at that time, remember, I was with the state, now. You remember I left the county and came with the state—

CP: I better pick up that little piece of history, there. Just go on, through Polk County before you went with the state, but you continued to live in Lake Wales, and I think you were still officed at the county health department, were you not?

AV: No—yes. But it was over here in Tampa.

CP: Okay. That's a long commute.

AV: Of course.

CP: Yeah, sorry. You talk. I'm sorry I'm talking.

AV: You see, when I left the county and went to the state, the office there, you know, we had a regional office, and it was in Tampa, over at the old tuberculosis hospital. So that's where my office was. I didn't have an office in Polk County anymore, and there were many people. Not many, but other people, too, had their office over there. So it wasn't like I was the only person.

CP: Yeah, there was a regional group of public health types, and you were hired on as a regional nurse consultant—

AV: Right, a state consultant.

CP: Yes; state consultant. But you were the state specialist in midwifery.

AV: Right.

CP: You had a general, quote, general, practice in your region, but you had a special practice statewide. Okay, talk to that.

AV: Well, then we started, uh, with the regional, we had the first big meeting. I was, say, in Jackson, Mississippi.

CP: Oh, really? You went back.

AV: I went to a meeting, now! (laughs) I didn't go back to Mississippi. I don't think my husband would've gone.

CP: Yeah, he really didn't have much to do out there.

AV: No. I went to, we went to this meeting for two or three days; I don't know how long, now. And we tried to establish, uh, didn't you go?

CP: No, I don't think so. I don't think so. The university wouldn't let me go.

AV: Oh, you were too busy. (Prather laughs) Uh, Dr. Hill went, and there were some nurse midwives down in the state on the East coast that went. And one from, one or two, from Gainesville, Jacksonville. And we all went to see what could we do to get midwifery started in the state of Florida.

And we worked on that. And we got our first nurse midwifery program started out in DeLand, Florida. And, you see, at that time, now, it was very hard. We had to have some OBGYN to back us up. They wouldn't. They wouldn't.

CP: They wouldn't want anything to do with you.

AV: Nothing to do with us. So we had an OBGYN as a health officer out there. Don't ask me what his name is.

CP: In DeLand?

AV: Yeah, out there in that county. And he backed up the nurse midwife.

CP: All right. And the nurse midwife actually did everything that nurse midwiferies do, including deliveries?

AV: Yes, that's when they started it out there. And then the next one was started, that was very hard to get going, was in Jacksonville. I don't know if you remember, but it did. It started. And then the next one was out at Gainesville. Now, that one that was out at Gainesville, I thought it would never get off the ground, but it did.

CP: It also shared with the university, though, wasn't it?

AV: That's what they wanted to do, but at first, you know, they wouldn't have any parse with it.

CP: What was the attitude in the school of nursing?

AV: Fun!

CP: It was good, but the OB guys—

AV: Oh, please.

CP: Yeah, they were the, quote, problem?

AV: Yeah. And any of the doctors who might would have to back them up. It wasn't a good, but, anyway, those programs got off the ground very well.

CP: And they were howling successes.

AV: Yeah. And then the next one we started is up of, uh, some, Tallahassee, up there somewhere. Don't ask me.

CP: Pensacola? Uh, no, Panama City?

AV: Uh, could've been. And now, that, when it started, was a little bit slow. But I want to tell you, when it did get off its borderline, it went nicely.

CP: Yeah, that was Panama City.

AV: Uh-huh. And the problem, then, is that we couldn't get enough nurse midwives to come into the state. Now, the program in Jackson, Mississippi, were training nurse midwives at the time, and that helped.

CP: I'm sure it did.

AV: That helped. It's helped an awful lot.

CP: What was your role in getting all these things started?

AV: Running my mouth. Well, we had to have, um, in certain meetings, someone to do it. So they had to have a group, and I was the chairman. And that's how it got, and I'll tell you who was the health officer in Jacksonville, can you remember some of those health officers up there?

CP: Ed Smith was the health officer.

AV: Well, all right.

CP: And then _____ (??) came along.

AV: No, who was with the state in Jacksonville?

CP: That's the obstetrician?

AV: No, just the health officer—like you were.

CP: Before me was Sowder.

AV: Right, Sowder. Now, who was the next one?

CP: There was me, Prather, and then we moved to Tallahassee and it was Dr. Howell for a short period—

AV: No, he was way before then. But, anyway, those people worked very hard to get it going into the state because they knew, they saw the aim and what was happening for infants, infant death syndrome. And, you know, we had all this infant death syndromes going on, and that just went away as we got into (inaudible)—

CP: Oh, it's markedly improved. The infant death rate in Florida, it was 6.8. And we are now down. Mississippi is still the leader, by the way. Mississippi is running 19, as compared to our 6.8, that's still today. And we are, among the fifty states, I'm trying to remember, I think we're about twenty-fifth from the top. Yeah, we're above average in the United States. But that's coming from being next to the worst just thirty-five years ago. And I think a lot of that is due to you and nurse midwifery—

AV: Oh, thank you. I don't know about that.

CP: —nurse midwifery programming.

AV: Yeah, I think people got tired of seeing, uh, infants die.

CP: I got tired of seeing Florida listed up there, among the top ten, for infant mortality! And that's one of the main, the main thrust, of public health programming.

AV: Well, I don't think I have all the statistics with me, but, you know, when Dr. Mahan —

CP: Mahan, uh-huh.

AV: When he was health officer, after you, though, he saw that, and he just, he wanted something done. And so we tried, in Polk County, to see what could be done if we gave better care. And we went all out to get the mothers in and see—it was hard work, I want to tell you. And we went all out to get the mothers in, but it paid off. It went beyond what the private obstetricians were doing all over the county.

CP: And Dr. Mahan initiated through the All's Health(??) something called the IPO—

AV: That's right.

CP: —The Improving Pregnancy Outcomes Project³.

AV: That was it.

³The Improved Pregnancy Outcome (IPO) is a program created to reach low-income, medically and socially at-risk pregnant and parenting women, fathers, infants and other stakeholders to provide the necessary resources for a positive outcome.

CP: And that's very much a part of the improved statistics that we now have, and the welled infant—which is, subsequently, that is a part to it. Actually, infants were part. You know, these that are high-risk are specially gathered, and that's—our infant mortality has really gone down; that's lovely.

AV: That's good. I'm not into all of that now, but I know—

CP: Yeah, I'm out of the loop, too. And I feel kind of lost, and I just have to read the papers.

AV: Oh, I'm not lost.

CP: Maybe a little bit lost. But we finally established nurse midwifery schools in Florida.

AV: Yes!

CP: The first one, the graduates were out of University of Miami. Is that true?

AV: Not the—of schools?

CP: Yeah, school of nurse midwifery. Taking nurses and training them to be midwives.

AV: Uh, I guess so; I guess it is. Um-hm, in Miami. I was trying to think, didn't that up at Gainesville do it, but no.

CP: I think it started—

AV: In Miami.

CP: Yeah, can you remember anything about that? Can you speak to that a little bit? How we got schools started? How we got a school for nurse midwifery started in Florida?

AV: Well, when the obstetricians saw what could be done, they had to do that. They had to get, and they worked hard through the Southeast regional council because they were about to get run off over in Mississippi or someplace else to go to school. We could have a school right here, where the need and the interest. There was a lot of interest.

CP: What brought them, the obstetricians, around, do you reckon? Because they started off resisting you, brother.

AV: Well, there were, some of them could do other things besides getting up when they know the baby's not going come until three o'clock in the morning.

CP: That's right; they all; that's correct.

AV: I gather that there was something else they could do. No nurse midwife could do the surgery that was needed, you know.

CP: (inaudible)

AV: Oh, that wasn't bad. We could do that.

CP: Okay.

AV: But, you know, it's a lot that they could do besides delivering the baby. And so, they got busy doing other things, I think. And you must remember then, let us say, United States-trained obstetricians became fewer and fewer, and because it really, I just tell you, the insurance; I don't know how they can afford it. I really don't know. It's too much.

CP: They increase their fees. They increase their fees and delivering babies became, is, out of sight.

AV: That's right.

CP: The cost and all of it goes with that liability.

AV: It does. And they can't help if the baby is, uh, addicted to something, but they're blamed for it. And it's a shame.

CP: It is a shame.

AV: But I think fewer and fewer are interested in obstetrician, even in your schools today. There are other avenues that they are going into, and I don't know this—

CP: In the American schools that is absolutely true. The specialty field of obstetrics and gynecology is being lesser and lesser selected by the upcoming docs.

AV: So I think the insurance is just too much. I think it's unfair, but what can I do about it?

CP: You and I can't, at this point in our lives, can't do a whole lot about it.

AV: No, of course, the insurance for midwives went up too. I couldn't afford it, either.

CP: Yeah, it did. It went out of sight, as you began to get in. But part of that was the lay midwifery movement, though, too. Oh, I think I'm wrong, and the Miami school it's the lay midwifery, in contrast to granny midwife⁴. When the law was passed allowing license of lay midwifery in, uh, maybe in '87, '86, '85, somewhere along that. Then the University of Miami opened a lay midwifery school. That's right, in response to the law. That was not nurses.

⁴A granny midwife is a midwife who had little formal education and generally learned the trade through apprenticeship from women of the previous generation. This type of midwife existed in rural US during the 1930s and 1940s.

AV: I know, but that didn't stay going for long. It couldn't because there weren't enough people who were interested in lay midwifery to go to school for that.

CP: They couldn't keep it open.

AV: That's right. So they had to do a little bit better.

CP: You've brought a lot of pictures and stuff for us to see. Talk about them!

AV: Well, the one thing I'd really like for you to see, but you have to do something about this. That is my pride and joy. But you have to read the letter that goes along with that because, please—

CP: Yes, let me read the letter, then I'll show the plaque, and I'll read what's on the plaque. But the letter that came with it says, "Florida Chapter of The American Chapter of Nurse Midwives. A letter directed to Mrs. Vause." And it says, "I am sending the award plaque that the Florida chapter presented during its August anniversary dinner. We are sorry that you were unable to attend the dinner.

You are fondly remembered by Terry Gross and Schutholm (??), and many other members of the chapter. [reading] You set such a hard working tone for the chapter. Our membership has grown from a handful to over two hundred members—with over 350 certified nurse midwives practicing in Florida. We will strive to continue the work for mothers, babies, and midwives that you started.

With all good wishes, Cecilia M. Jevitt, Chapter Chair. Dated September the thirteenth, 1995. [end reading] Well, now, I wish to repeat one part of this. [reading] You set—you, Ms. Alma Vause—set such a hardworking tone for the chapter. Our membership has grown, from a handful, to over two hundred members, with more than 350 certified nurse midwives practicing in Florida.

We will strive to continue the work for mothers, babies, and midwives that you started. [end reading] I am pleased with that. Let me read the plaque. The plaque says, [reading] To Alma Vause. CNM, Certified Nurse Midwife, in appreciation of your efforts from the Florida Chapter of the American College of Nurse Midwives, 1995, the twenty-fifth anniversary year. [end reading] And that's a beautiful plaque!

AV: Yeah, I love it.

CP: With a walnut, apparently, a walnut outline of Florida and a shield of some sort. You can explain to us the shield, probably. Does the shield have meaning that you know of?

AV: Yeah, that's the nurse midwife shield here.

CP: Oh, okay. I should've guessed that, shouldn't I have? Well, that's good. Well, what else do you have to show us here?

AV: Well, uh, I don't know if I have anything else that's important like that. To me, that's the—

CP: If you brought it over here it's important. You've come a fair piece to be with us today.

AV: I just brought some, uh, some things. You know, my son has put stuff on the Internet. And I was telling you about that—

CP: I saw that; do you happen to have on the top of your hat the address of your page on the Internet?

AV: I don't have—excuse me—

CP: Yeah! The thing that your son put on; you gave me the address, and I looked it up, and I thoroughly enjoyed reading it.

AV: Is that what you're speaking about?

CP: Yes, that's what I'm speaking about.

AV: Well, that's that.

CP: Let me, um, it happens that Mrs. Vause's son is a computer-type person that has a home page, and a part of the presentation, there, is a bibliographical statement that Ms. Vause dictated to somebody who wrote it up for her, and the, uh, internet address is <http://www.vausenet.com/almavause>. You can read more about Mrs. Vause at that webpage. All right, that's good! I'm glad you brought that.

AV: Um, I don't think this is going to be as, what you think, necessarily. I brought some information that when I went overseas to study, uh, the midwifery and infant deaths.

CP: You didn't tell us about your trip overseas to study midwifery and infant deaths. Why don't you tell us a little bit about that?

AV: Well, um, I got interested in it through, you remember, Ms. Delores?

CP: Wennlund.

AV: Wennlund⁵.

CP: Yes.

⁵Delores Wennlund was also interviewed for the USF College of Public Health Oral History Project.

AV: Well, we were just up there in Tallahassee talking, and this came out that, you know, you can get a World Health scholarship to study. And she said, “What you have done,” she said, “maybe you could apply, and see what can you do, and go!” I said, “Wonderful! I better go home and talk to my husband and the children, my parents, first, and then I can get back with you about that before I go out.”

Because that’s going overseas. And that’s two months away from home. And, of course, he can take care of the children, but they still were children, you know. And so, well, we wrote to the World Health Organization⁶, and they sent the form—

CP: And lo and behold!

AV: And lo and behold, when I talk to my husband and children they say, Oh, that’s wonderful! Well, you’ll get it; you’re going. I don’t know how they knew so much. But anyway, I was accepted. But the one thing they had against me at that time was my age.

CP: You was thirty-two, and they thought that was too young?

AV: Oh, thirty-two, I had more than that when I was going to go overseas. And that’s the one thing they had against me, but they accepted me. And so I got some things together, and um, I went on over there for the two months. The first place I went was to England because I knew more about England from reading the paper and hearing than I did the others. And, uh, they had a midwifery program was good.

CP: They had had nurse midwifery programs for years and years and years and years and years.

AV: Yeah, and they all were very proud of their program. Then the next place I went was, um. Oh, I hope I know. Either Denmark, no, it was the Netherlands. Yeah, went to the Netherlands, then Denmark, and then Yugoslavia. Now that was the, uh, lowest on the totem pole for health for midwifery for midwives.

All of those countries, though, they had midwives, and they loved their midwives, and they gave them training and everything. It wasn’t like here; you had to almost fight to get training as a nurse midwife. Oh, no, not over there. You were expected to do it because they didn’t have all the OBGYNs to do it in the first place. So nurse—

CP: But their tradition has grown up. The deliveries were done by midwives.

AV: Right. That’s right, and that’s what it was. It was in England, I believe, where they were trying to get all the deliveries done in the hospital because, when I was there, there was one baby lost that I thought it had to have been in a hospital, could have survived. You see, you stay too far out there, and you can’t get help.

⁶The World Health Organization (WHO) was established on April 7, 1948. It is a specialized agency of the United Nations that seeks to promote public health around the world. Its predecessor was the Health Organization, which was an agency of the League of Nations.

See, it's not like here in the United States, uh, let me say, here in Polk County, if you have a problem, you have the EMT's and they have fire trucks and whatever at your house in the next minute. And they don't have nothing like that when I was over there. They may have it now. I don't know. But anyway, that was, uh, not what I thought was good.

But they had good programs, the midwives was really running the programs in all four of the countries that I went to, I say, even in Yugoslavia. I must tell you a little story about Yugoslavia. I was going on—from one of my, um, training in their programs, and when I got off the bus, I missed my turn, and I went into their—(laughs) Chattahoochee places.

CP: The insane asylum.

AV: I won't call it that because, there, it's not what they call it. And I went in there, and I didn't know a word they were saying, and they was talking to me, and I would say "Yoo-hoo! Yoo-hoo!" (both laughing). I got out of there. They were going to put me to bed!

CP: Did you have a red ribbon around your neck?

AV: No, I didn't.

CP: You should've taken out your red ribbon.

AV: I didn't give them a chance to even ask me that because I didn't know what they was talking about in the first place, but I knew I had missed the turn. And I went and got the (laughs)—

CP: This was a pretty good experience of you. What all did you bring home with you, in the way of increased knowledge?

AV: Well, one thing I saw, how their programs was established and worked. And how, and really, the nurse midwives over there in all those countries, they are not on the low totem pole. They are respected up here. Okay? And, uh, they do a very good job. They have whomever, now, for instance, in England, not OBGYN because there isn't many; when the nurses really need some help, the doctor works when they call him. And, oh, I was just knocked off my feet.

CP: That he was there as a member of the team, identified as a member of the team.

AV: That's right. And you, whoever was at the head, you know, at the office, she would come too. If you had a problem, they were there. And—

CP: Marvelous!

AV: Marvelous, and very seldom; they could take care of the problem there; very seldom they'd have to go to a hospital, but if you had to, you went to the hospital. They would see that they sent you to the hospital. I can't see this—

CP: I'll look for you.

AV: I can't. I was trying to see the—

CP: The bar, this is a bar graph. It's population figures available from '75 world reports. Now, let me see what these, what's my bars? I got a bar here off of 55,000 for the United Kingdom. Oh, 55,000,000; is that population?

AV: Um-hm.

CP: And the United Kingdom, the little bar goes up to about 58, 59. What does that mean?

AV: That means where it was at that time.

CP: Okay, the number of, uh, deliveries?

AV: Not the number of deliveries, per se, but that's the population that these people had to work with. These are the deliveries.

CP: Oh, okay.

AV: Now, if they delivered that many, that would mean they're delivering all of them.

CP: Okay, so in England was 55.9 million with 69, that must be in hundred-thousands, okay, hundred-thousand deliveries. The Netherlands with 13,000,000 deliveries.

AV: I'd love to visit that again, the Netherlands.

CP: Would you like it, yeah?

AV: Yeah.

CP: And Denmark with 5,000,000 population and deliveries right at 600,000. Yugoslavia, 21,000,000 with about 22, that would be 220,000—2,000,000 deliveries. And USA, whoops. I don't see any midwifery delivery on your USA column.

AV: Well.

CP: In 1975, but with 213,000,000 population.

AV: Well.

CP: Okay.

AV: That's the only thing I can say. Now, I did bring; this is too extensive. I did have reports from World Health. But they, the report's extensive, I think, and I think would be too much for, uh, for here. You can glance at that.

CP: Oh, this is a report. This is for your trip.

AV: Oh, I had to.

CP: You want to give us a copy of this for our record?

AV: How are you going to get a copy?

CP: I'll go have a copy made.

AV: Okay. Before we leave?

CP: Yeah.

AV: Okay. Now, this is my curriculum vitae you spoke about.

CP: Yeah; did you have a special copy for me, or do you want me to make a copy of this? Okay, I'll make a copy of all of this.

AV: My, my, my.

CP: You've got some pretty pictures there, now!

AV: Well, now, these are people you know, so I don't know whether you want this or not.

CP: Yeah; give me that there. I know you, and I want you!

AV: Uh—

CP: That's another one of them complimentary things about you, it looks like to me. I need a copy of that.

AV: Oh, okay.

CP: This is, uh, by Patricia Zeiber. This is on the—

AV: I'll let you have it.

CP: Okay, we're going to put this on the web. But it starts, [reading] Alma's dedication to the improvement of maternal and infant care in the state of Florida has been the hallmark of her career in public health, [end reading] and this reads on for an entire page of accolades about Mrs. Vause's work in public health nursing and midwifery in Florida. Hey, this is great! Yeah, we want a copy of that too. Yeah, that's impressive.

AV: Now, this is, you might be interested in that. All this is after I made the trip overseas.

CP: Okay, this is a letter dated May eighteenth, 1983.

AV: And I didn't see who did it.

CP: From, uh, Bob Constantine, Robert Constantine, PhD, district administrator for one of the districts of HRS.

AV: Aha. You must've been down, now.

CP: And I need to read this short little letter. This is an important person writing to Mrs. Vause, and it says, [reading] I saw your name in the April issue of the district publication, *Pieces of Eight* and was pleased with your noteworthy accomplishment. It is through achievement such as yours that our district moves forward.

Please accept my congratulations and my appreciation of your efforts to improve the operation of your unit and of District Eight. A copy of this letter and the *Pieces of Eight* issue containing the article about you have been placed in your personnel file. [end reading] Well, hoop-dee-doo for you; I'm impressed too!

AV: Did they burn the files up yet?

CP: Nope; they haven't burnt the files up yet, no. (laughs) This was after your trip?

AV: Oh, yes.

CP: This had to do with your trip, okay. How about those pictures you have over there on the table?

AV: You talking about these?

CP: Yeah.

AV: Oh, these are something before then.

CP: Oh, you had another picture for me too! What did you do with that picture? You give me back that picture.

AV: I don't know what I did with it.

CP: Okay. Those aren't pictures that I'm interested in?

AV: I don't think so.

CP: Okay.

AV: This is too long, too brought out. But I had the—

CP: I want to see that picture right over there. You can't see where I'm pointing but you —

AV: Oh, that?

CP: Yeah, you let me hold this picture because this is the nursing award, and it's a newspaper clipping—

AV: Oh, I've got a lot of those.

CP: We can see it's the occasion of the award to Mrs. Vause for her exceptional service. She was picked out by her peers, by her nursing peers, for the receipt of an outstanding service award for her work in midwifery and midwifery programming in Florida. That's noteworthy. Now, then, the other lady is Hellen Turner. Outstanding public health nursing leadership for Mrs. Alma. Is that you? Is that you?

AV: Of course.

CP: You're a good-looking woman, aren't you? Of course.

AV: Well, if you can't see well, of course!

CP: Let's see if there's something else here to keep. Note from Delores Wennlund, an accolade, a nice little letter from Delores Wennlund; she was the nursing services director, it says here.

AV: Um-hm.

CP: [reading] Comes to acknowledge the recognition bestowed by CASE for your contributions to the improvement of maternal and infant care. [end reading] Now, you didn't tell me about all these nice things that you've got, that your peers have picked you for special recognition because of your work in midwifery. Most of what I've got from you about midwifery is that you went off for school, came back to Mississippi, and you went to Europe. Tell me what else you did about midwifery in Florida.

AV: I don't remember. (laughs)

CP: There sure is a lot of other people that do remember!

AV: I know. I was trying to see if this—when I came back, I worked with the, it's a community group, Bipartisan of Florida in Lake Wales. And I had to give them, I guess, an hour, two hour report on my shift back over there. They were just, I don't know what, very happy about that. And I was trying to see if this was a part of it.

CP: That's a continuation; there's another page that had to do with that. That's the second page of it. That's the page that's got your picture on it!

AV: I'm sure that's the only reason I have it.

CP: I think that's alright, for you to keep things with your picture on it. I think most everybody does that.

AV: Like this. Let me see, is this the bipartisan? Yes, that's the bipartisan. And when—this is a note from—

CP: This is from the House of Representatives. This is the US House of Representatives from Congressman Ireland. And he's sending you a congratulations on your award for distinguished leadership against birth defects by the March of Dimes foundation. It's an honor of which you can certainly be proud. And this is dated 1984. You were getting outstanding accolades even back that far.

AV: And this is, you might be interested, and you might not—

CP: (inaudible) award. I'm interested in any—this is the certi—Oh, me. This is the World Health Organization. This is her certificate of award for this specialized fellowship to study midwifery and infant care nursing in the United Kingdom, The Netherlands, Denmark, and Yugoslavia for a period of two months. Wow. How was that arranged? When you got there, did the departments—they were pre-warned you were coming?

AV: Of course. I mean, I didn't have anything to do but just go where they say to go.

CP: And you listened and got the dialogue, got the answers, asked questions.

AV: I didn't have a chance to ask a lot of questions because they knew where I should go and when I should go and how I could go. All I could do was just, "thank you."

CP: Was it real informative?

AV: Very.

CP: Did you have a good time?

AV: Oh, yes. Very. It was very, very informative, and they wanted to know, when I got to Yugoslavia, around. Guess I should tell you that—

CP: Yes, you should. Well, I don't know, can you tell it in the respectable public?

AV: Oh, surely!

CP: Okay, you can tell me, then.

AV: Well, in Yugoslavia, when I did get there, the lady who, and I don't remember names now, who was going to meet me—when you send a lot of copies of your curriculum vitae

and what have you over there, it leaves your picture off. And when this paper got there, they had no idea what I was going to look like when I got there because it was just some box. And they couldn't see, and the lady was just taken back. Here is this black woman. (both laughing)

CP: Really? (laughs) You think he was?

AV: Oh, no. And we had the biggest laugh. And she says, "You know what I just did last weekend?" I said, "No, ma'am." She said, "I sat up—" because they wouldn't let it be shown on regular television; it had to be shown at night, *Roots*⁷. Do you remember *Roots*?

CP: Yes, I do.

AV: She said, "I saw *Roots*." And she said, "Is all this you? Your way, *Roots*? Was that it? You could never do that!" I said, "I did." That was so funny, I tell you. Oh, she said—

CP: Had they not been around black people?

AV: Not over there. There hadn't been—I went to Belgrade, and there was one black man, working in the library, from the United States.

CP: Huh.

AV: And they knew him, but I think he was the one lone one they did know.

CP: That's surprising.

AV: At that time, it really was.

CP: Did it cause you any problems?

AV: Oh, no. They just loved me, they just loved, (imitating coworkers) Oh, well, if you can do all this (inaudible) United States must be a good place! I say, "It is."

CP: Yes, it is.

AV: You need to come to visit sometime.

CP: How was the last time you delivered a baby?

AV: Oh, my goodness. Let me see, where was I? I was working as a state consultant, and here, this lady down from Fort Meade in that little, Wauchula—

⁷*Roots* is a 1977 miniseries adaptation of Alex Haley's novel *Roots: The Saga of an American Family*. The series narrates the tale of an African-American family whose lineage traces back to a teen-aged African boy who is bought to America as a slave.

CP: Wauchula, yes. That's south of Bartow.

AV: Uh, yeah, wherever it was. Well, anyway, this lay midwife was having a problem with the, uh, this mother. The mother had been there once, and she was, you know, ready, and she said, "I don't think she was." And I sent her over to the hospital, and the hospital said, Oh, no. She was just having [contractions], okay.

So I said, "Well, when she gets into, and you know she's in labor, call me." So around 3:00 o'clock in the morning, I hear the call come in, and you know I don't want to hear it. But, anyway, I got up. And I had learned, as a nurse, when you have a call, you get dressed in five minutes.

CP: I wonder how come it took you so long. (Vause laughs)

AV: Well, certain things have different—And so, I got ready and went down there, and the lady was there, and I examined her. And I said to the lay midwife, I said, "You know what's this lady's problem?" She says, "What?" I says, "She has a terrible—she's constipated." And I said, "The baby can't come; that's why she's having all this problem."

So her husband said, "Well, I wish you would get it out of there because (inaudible)" And the lady, "No! No! I can't have an enema! No! It hurts too bad!" And I said, "Well all this here will hurt, but you need it out." So she asked me, would I help her? I said, "Yes." And I asked the lady, I said, "You got any Vaseline? Any lard?" (Both laughing) She said, "Oh, yeah, I have both."

And I said, "Let me have it." And the lady was going to scream, and I said, "I don't care how you holler, just holler, as long as you don't kick me, just holler as loud as you could." And I put on my gloves, and I oiled her up, and I oiled her up and got out that constipation, and the baby shot out.

CP: Really?

AV: Yeah! That's all that was holding him.

CP: Yeah, that's the problem with the granny midwife too often.

AV: Yeah. That's all, but, you see, they didn't know—

CP: I know. I know—(unintelligible).

AV: If they knew—they thought they would hurt her. And I said, you know, and she wanted to know, "Well, why did you put the oil there?" I said, "So you wouldn't split her; so that her rectum wouldn't split. You have to oil it, so it'll come out." "Well I didn't know that!"

CP: Well, I hope she learned something!

AV: She had never had medical—She has delivered a lot of babies after, and she's never called me back, thank goodness.

CP: That was in Wauchula. I'm constrained to tell you, the first baby I ever delivered, only baby I've delivered since I finished my residency—was in Wauchula.

AV: Did you ever? At the hospital or in the home?

CP: In a Red Cross shelter during a hurricane.

AV: Oh, well. Should've been easy! (both laugh)

CP: That's interesting! That was my last one, too.

AV: I think that was my last one. I was still working, you know, and I went to see, and I saw what that lady—she was constipated, and she screamed and hollered if you wanted to touch her. And I told her, I didn't care what she did, how loud she hollered. It didn't bother me one bit, as long as she didn't kick me.

CP: Tell me, Ms. Vause, looking back over your total career, what do you consider the highlight of that career? You've had a marvelous one.

AV: I don't know. You know, I look back, and I see some of the things that I've done, and I feel good about them. Right now, when I was in, my highlight when I was in the school of nursing, I was not—

CP: Speak to that.

AV: I said one of my highlights was, when you got off duty, you could do some things if you got permission. And there were some people on the medical ward that were sick, and they liked to—never would come in until they were ready to pass away. And the family would come, and they couldn't look at them.

I could see that all these tubes and all these, I don't know what, what have you. And I would, when I got off duty, if this nursing director or the person on the floor would give me permission, I would come back and sit with those people, with the patients, so they wouldn't be by themselves.

And I think the thing that helped me at that time the most, there were several people that I sat with as they passed. I even did that here in Winter Haven with a family member, that they couldn't do it. Now, that, even today I would do it because I hate for a person to feel like they're alone when they're passing from one life to another. I really, I can sit and hold a hand, talk and rub them. Now that is a highlight for me. But I've done a lot of other things that I've enjoyed doing, but I just want to tell you, that—

CP: Is marvelous. You are really committed to helping others.

AV: —is something—yeah—that I think I would never walk away, never leave a person if that person was dying and I knew it, never. I have to be right there with them.

CP: I admire that. Tell me the low point of your career. That's a highlight. What's a lowlight?

AV: When I went back to Mississippi, and they didn't have a job for me.

CP: (laughs) After they had insisted you come back.

AV: Right.

CP: I can understand how that was the low—

AV: And I could see all the people that I taught, that I could help.

CP: Well, they were there—

AV: In Mississippi—

CP: And you could've helped them.

AV: And I can remember one of my little classmates who died in childbirth, and I said, "Oh, if I ever grow up, I am going to be a nurse midwife, and listen, I'm not going to let that happen." I didn't know what I was talking about. (Both laugh)

CP: Oh, but you grew up, and you caused a lot of them not to die because of the training and the orientation and the love that you've given.

AV: I've tried to be, I don't care what I sound like, I am a compassionate person.

CP: That comes through loud and clear. I think you're born with that. I think you're born with this love, this compassion for others.

AV: Well, if I wasn't, they gave it to me. I never told you this, but I must say this. My father was a carpenter, what have you, and he fell off a saw in Mississippi, and he never survived. He died in March, and I was born that following May.

CP: Really? Oh, that is sad.

AV: I didn't know the difference.

CP: You didn't know your dad!

AV: I didn't know the difference, so everybody tried to pick up on that.

CP: They nurtured you specially because of your father's death.

AV: I think so. And so I had a lot of loving, coming up. A lot of caring by all people.

CP: Well, I'm glad you look back on that with proper friendliness and appreciation and love.

AV: The only thing that they did, they gave me a middle name, Bernard.

CP: Is that your dad's name?

AV: No, somebody in his family, I don't know. And, as I would go to school, you know, children can be terrible. They would bark, "Woof! Woof!"

CP: (Laughs) Bernards bark! That's terrible.

AV: So I never liked Bernard.

CP: Let me ask my question about your great-grandchildren looking at this tape. Not on your career, but anything you want to tell them. And I will wager that your great grandchildren will be watching this tape one day.

AV: Well, now, let me say this. I came up in a home where it was—a home where there was a lot of belief in God, in the Bible, and we had to learn it; we had to read it, and that's what I like. And that's what I would show them. That's how my children came up.

CP: That's kind of all the basis of all your compassion.

AV: Right. We had to do that, and I appreciate that. And then I went to a school that was, you know, a new school, when I got up. So I got that. And if I had anything for them to do, if they are going to come, and they cannot love people and develop some kind of likened and self-esteem, I'm going to send them back where they come from.

CP: Well, I hope you all hear that, your grandchildren. And I think that, if they come up in the moral discipline of the Bible, and they better to be familiar with the Bible if they are to be informed persons, and I'm hearing you say that they better listen to the tenants of that Bible, and the ten commandments.

AV: They had best because that has helped me, and my brothers and sisters, through—

CP: A lot of hard times.

AV: Yeah, and, of course, if I didn't know it, they saw that I knew it.

CP: Yeah, they would remind you, You better believe it! Well, Mrs. Alma Vause, on behalf of the libraries of the University of South Florida and the College of Public Health, I want to just thank you, thank you, thank you, for coming by and sharing with us today and talking about just a beautiful career of helping people, and I thank you.

AV: Thank you very much for inviting me, and—

CP: Oh, we're getting that later.

AV: Oh, you don't want to go on screen thank you?

CP: No, no.

AV: They'll wonder why?

CP: Yeah, that's right. (inaudible)

End of interview.