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**Charlton E. Prather:** So, let me introduce you to our audience, and we are privileged to have Mrs. Bessie Fowler, long-time director of nursing for the Lee County Department of Health, who's been very much involved in a lot of the firsts in Florida's public health nursing thrusts. And it's truly a pleasure to have you come today and to share with us your experience in Florida public health. But I'd like you to do it a little more than that. I'd like for you to tell us how you got involved with Public Health at the beginning? What brought you here to that point in your career that you cast your lot with the public health family?

**Bessie Fowler:** Well, I grew up in the prairies of North Dakota with a sister who was at the time, a nurse.

CP: (Affirmative murmur)

BF: And she—

CP: Your older sister?

BF: Not in that kind of—yes, I don't—yes.

CP: Yes. Okay.

BF: She was a county nurse. You know, in that area, they had one nurse, and she always dragged me to help her out at [the] clinic and stuff. And I really didn't think that's what I was going to do, but it was something to do.

CP: Were you a nurse at this time? Or were you in high school?

BF: Oh no, I'm talking about—I'm talkin' about grade school and high school now.

CP: Oh, really early.

BF: (Affirmative murmur)

CP: Okay.

BF: So, I went in nurse's training in Bismarck and from there, I was recruited I guess in public health. I went to a—about a five or six county health unit for about six months of field health orientation.

CP: Part of your nurse's training?

BF: No, no.

CP: Oh.

BF: This—I'd graduated.

CP: Okay. Okay. Sorry, sorry. I'll let you talk, I'm sorry.

BF: And then, after that, they sent me to the University of Minnesota. And I went back to Minot as the city nurse. The public health nurse.

CP: Yes. Okay. Were there any differences between your nurse duties as a county or a district versus city?

BF: Who's paying the bill.

CP: That's—that was the only difference, who's paying the bill?

BF: Yeah.

CP: Okay.

BF: It just happened—the polio epidemic hit about that time. And we had lots of—there

were lots of polio cases. So I got real involved. It seemed like most of my duties were in communicable disease. The doctors had been drafted, somebody called up, their kid was sick and having a rash. So, they send the city nurse out to see. So, I became the rash nurse.

CP: (laughs) Okay.

BF: Then we had a bunch of typhoid.

CP: Whoo!

BF: Now, this is—this is in the early forties you know? Traced to watermelons.

CP: Watermelons? Fascinating, keep talking.

BF: Well, the conclusion was that the watermelons were the harbors of the—

CP: Typhoid organism?

BF: Yeah. And somehow, either through—they lay in the soil, you know?

CP: Yes.

BF: Yeah. Contaminated soil and livestock.

CP: Yes.

BF: Or fertilizer of the livestock and it made me a firm believer in washing fruits and vegetables before you cut them.

CP: Very good. That set you in good stead all your life.

BF: And my mother always made—talked about washing your hands so hand washing was—I was sort of a fanatic on that. I served my two years of—of duty in the home front. I wanted to go in the army, but they said I was not classified for that. I was valuable on the home front. I was needed—

CP: Yes.

BF: But then I went in the army from there. (CP laughs) And because I had all that communicable disease on my background history, or for some reason we went through three-week basic training course. Everybody was going to the South Pacific. The night before I came back in and my name was on the bulletin board. That I was gonna' be assigned to the nurse's training center. Then about three hundred nurses came in a month.

CP: Whoo.

BF: Yeah. And I then became an instructor to these hundreds—this hundreds group on army regulations.

CP: Oh, boy.

BF: I said, "Major, I don't—"

CP: "I'm an infectious disease person."

BF: Oh, well I said, "Why did you pick me?" She said, "Because you're the only one that passed the malaria test." (CP and BF laugh)

CP: Good reasoning. Good reasoning.

BF: And so, I had three years in the army and wonderful years.

CP: Did you spend your whole tenure at teaching army regulations?

BF: Oh, no. That—the war got over and—and they sent me out to Cheyenne and Scottsbluff, Nebraska for a prisoner of war camp.

CP: Okay.

BF: And I was chief nurse of that station hospital. Finally, they got me back to Leavenworth—Fort Leavenworth, where we—I spent another ten years.

CP: Whoo.

BF: In the service, and I married, and then they kicked me out of the army.

CP: Because you got married?

BF: (Affirmative murmur)

CP: Uh oh.

BF: And my husband—I'm trying to remember. He stayed in for quite a while.

CP: Oh. (affirmative murmurs)

BF: But we got out and went into [the] grocery business. So, we were there. But his folks from Florida were just always saying how wonderful Florida was and come back and there's just all sorts of jobs.

CP: Yes.

BF: We did, but there weren't the jobs.

CP: (CP laughs) You came back to Florida but the jobs weren't as advertised?

BF: But I hadn't worked in the interim here, but I did go to school. I had a few degrees at that time. And—you know, when I had worked in it—you know, there's a big chasm of time there. When I worked in North Dakota in public health and had my training in Minnesota, public health was for everyone. And anybody could call up and talk to the public health people and they were eligible for their services. And I didn't know until I went to an immunization clinic for polio shots for my two boys that it wasn't that way in Florida. You know?

CP: That's bad testimony but keep talking.

BF: They—well, they didn't charge me. But they sort of limited more to the poor. And you know, I hadn't dealt with the idea of poor before. In North Dakota, I guess everybody is poor, but not too—in the numbers and the degrees that there are in Florida.

CP: Not really. Hmm.

BF: I was pretty naïve. Well, it wasn't too long after I had had my kids at the clinic, which was in an old shack house.

CP: Oh, boy.

BF: Yeah.

CP: Another bad—bad taste.

BF: They had found me. You know, from the immunization program.

CP: (laughs) You made the mistake of telling them you were an infectious disease nurse with army experience.

BF: You know, like I was really. And they asked me to help out.

CP: Oh. Okay, okay.

BF: So, I did.

CP: Good.

BF: That was in '57.

CP: All right.

BF: February '57. Went to the Lakeland office for my real baptism into public health in Florida.

CP: But with the Polk County Health Department.

BF: Polk County Health Department. Dr. Chester Nayfield hired me. And I told him I would work for a year because my kids had gotten sick when they came to Florida, and I needed a little extra cash to pay the doctor. Well, that was about fifty years ago, right? Forty—

CP: Yeah, '57 to the present. That's forty years ago.

BF: So, I stayed a little more than a year. (CP and BF laugh)

CP: Yeah, you did. For the—for the record, you retired when?

BF: In 1988.

CP: In '88, okay. (Affirmative murmur)

BF: I think it was February first.

CP: Go ahead with your experience at Polk County. You came to Florida with some profoundly valuable psychological attitudes about what public health was, and you got here in your first experience in Florida public health was less than optimal. What else did you learn at the Polk County Health Department?

BF: Well, I think they did what they—you know, as much as they could with the money that was provided. At public health department, I just continued to do like I used to do and start programs in the schools. For instance, I was teaching a group of ninth graders how to bathe a baby. So, that's—

CP: But that was innovative.

BF: Yeah.

CP: Ninth graders, 'cause you weren't having rates of ninth graders having children like we do today.

BF: It happened some then too.

CP: Oh, I suspected it did.

BF: Well, Dr. Nayfield got some complimentary remarks about what was going on and he was very upset without saying.

CP: He was?

BF: Yes.

CP: Keep talking.

BF: He said, "You didn't have my permission to do that." I said, "Did I need it?"

CP: (laughs) Go ahead.



BF: And he said when—you know, whenever I started something new, he wanted to know about it beforehand. So, that kind of dampened me for a while because—

CP: Oh, too bad.

BF: So often you don't do things—it's instant, you know?

CP: Yes.

BF: Talkin' with—with someone and I get this idea and—and you act on it then.

CP: Yes.

BF: But Dr. Nayfield was an excellent Health Officer.

CP: Yes, he was.

BF: And they sent me down to Mulberry. It was the nurse had to quit there from overwork (CP laughs) and they sent me down to—and I only worked part time then. I had had a baby. So, my husband moved to Ft. Meyers—was moving to Ft. Meyers. I applied there ten years later (inaudible).

CP: You stayed with Polk County [for] ten years?

BF: (Affirmative murmur)

CP: You did?

BF: Yeah.

CP: Marvelous. I happened to remember you at Polk County, by the way. You—I hope you don't remember me.

BF: I always remember you.

CP: Oh, we won't talk about that.

BF: Oh. It's that bad, huh?

CP: Yeah.

BF: Oh, well. I was kind of a feisty thing.

CP: Also very lovable.

BF: Well, I went to—Polk County had this marvelous maternity program. Now, I had—

CP: They did. They were innovative in maternity programs for all of Florida. That was through the chat too. You know?

BF: They had a—you know, an—the lay midwives. I brought a picture of one of our major ones.

CP: Oh, you gonna' share it with us? We can put it on camera or you can leave it with us.

BF: I'll leave it with you—

CP: Okay.

BF: I've—I've got the newspaper—that's what I said about all these newspaper clippings.

CP: All right. I hope you've brought us some.

BF: And they were the lay midwives, we called them granny midwives. The Health Officer was responsible for them and somehow, in Lakeland, the obstetricians all ran maternity clinics. And they would see the mother at least twice. And give them a certificate for delivery by the midwife. And that worked good. That's what was—you know, it took work, but—because we supervised the midwives too—they knew more than we did, but we were supervising them. (CP laughs) So, that was—it was—you know, I was impressed with that program. When I get to Lee County—and a whole different philosophy of—of public health. In Polk County, every county commissioner wanted a health center in this district—

CP: Of course.

BF: They keep—wanted it named after him. So, everywhere you go in Polk County, there's a nice building for public health.

CP: Yes, that's true.

BF: And they were pushing public health. So anything that Dr. Nayfield asked for, he usually got most of it.

CP: (Affirmative murmur)

BF: Well, in Polk County, they kind of—I mean in Lee County, they didn't have that philosophy.

CP: Oh.

BF: No.

CP: Who was the Health Officer?

BF: Doctor Lawrence.

CP: Dr. Joe Lawrence. Okay.

BF: Yes, he had the philosophy, but he didn't have the backing of the commissioners for funding. You couldn't see health. You could see roads and buildings.

CP: Oh, good point, good point. (Affirmative murmur)

BF: You couldn't see the results of—of care. And he was struggling with doing prenatal clinics and lay midwives delivering too. But it was certainly not at the sophisticated and expertise that the O.B. men provided in Lakeland. And—uh—let's see—but there were many people that never went to the doctor. They just walked in to the emergency room and delivered. That's the way it was in Lee. So, maternity was a big priority. And that's when I started doing all these—I don't know what—what they were, but I was trying to —

CP: Outreach?

BF: I was trying to get people to think about health—

CP: Good, good.

BF: And to think wellness.

CP: Good.

BF: Because here these doctors sit, they're thinking about the patient when they get sick.

CP: That's right. They're illness oriented.

BF: And I did a lot of preaching in meetings and stuff to talk about wellness.

CP: Yes.

BF: And put them out of business.

CP: And it's a totally different psychology.

BF: And—and I don't think we've accomplished it. I think, more and more, people are talking prevention, but it depends on where the dollars are.

CP: Yes, it does. We hear a lot of talk but we don't see many dollars still.

BF: The program was—you know, the improvements of the outcome program was fraught with political problems from within the state health department in the—in the—well, in me, anyhow. (CP laughs)

CP: And you? Not to embarrass you with—but, could you embellish upon the politics of that program a little bit?

BF: Well, what, of course, I had planned in—had—an outline was strictly for Lee County, and the other counties all wanted to get in on it.

CP: Uh-oh. So, they diluted your money?

BF: Yeah.

CP: Diluted your money. Okay, go ahead.

BF: So, that, you know, took some—

CP: More wind out of your sail.

BF: Well, I was—

CP: Or, you know, it increased your determination, I'll bet.

BF: It wasn't—you know, I—it wasn't my sail pretty much. I was just kind of steering. Because Dr. Harrington and Dr. Lawrence and—and many of the people were pushing me to do it. And they cooperated very well.

CP: Good. Good.

BF: So, that was a bang up project, and now it's all disseminated into the hospitals and Dr. Hein can—

CP: Can you even see it nowadays?

BF: Yeah, they got a healthy start program, and I don't quite understand it, but—

CP: Okay.

BF: It's—it's—everybody's into the specialties, and I think to do good public health, you must—you may have some special talents but you need to be a generalist, and know a little bit about everything—

CP: Everything.

BF: The—the idea of just being—address just one disease or you know, the one disease or one particular area. I used to tell the nurses that the community was their—their field.

CP: Their patient.

BF: And they had to represent the community, not just an area, in being involved and—

CP: Could—‘cause tuberculosis does not occur in isolation, does it?

BF: Why did you ask me that?

CP: ‘Cause, to be a good tuberculosis nurse, you gotta’ be very conscious of the family impact. You got to be conscious of source and spread from your infectious disease background.

BF: Well, I thought you knew I had—I had had tuberculosis.

CP: Yeah, I knew that. (CP and BF laugh)

BF: I went to the TB hospital, so—

CP: Yes. But I wasn’t implying that, I’m speaking to community public health nursing in a generalist attitude.

BF: Well, there’s—the generalist attitude in—and you don’t need more than that to do good public health, TB nursing.

CP: That’s right.

BF: Just wash your hands. (laughs)

CP: And don’t spit on me.

BF: Yeah. So, that was pretty—well. I mean, you know, taking back is probably—is well covered. We had that covered. Just about as well as they had now, if not better. Dr. [Wilson T.]Sowder—

CP: Yes?

BF: In 1965, when he—I think he thought the Social Security Medicare program was a special gift to him.

CP: (laughs) Okay.

BF: So, he mandated that every—of course, you weren’t working then, were you?

CP: Yes.

BF: We had—

CP: Yes, I was there.

BF: Okay. That every health department set up a home health agency, to get us to be a certified home health agency.

CP: I remember. I won't give you my history, but I was partial to that. It is my privilege to—for the recalcitrant health department? Dr. Sowder, I got on the road and visited all those recalcitrant health departments to explain to 'em what a good thing it'll be when you get into home health care. But go ahead.

BF: They didn't want to do it.

CP: I know it. I know it. But they had been doing it.

BF: Oh, yeah.

CP: No, they had been doing, we called it something else.

BF: Nursing care of the sick at home.

CP: Correct.

BF: In Polk County, we did it. And the patients that were discharged from the county hospital in step—not in the sophisticated bureaucratic way that it's dictated now, but—but I had been in Lee County for three weeks—no, maybe not that long. When this lady came in, she said she was a consultant from the State Board of Health. And she was there to show me how to set up a home—Home Health Agency. (CP laughs)

CP: Yes, ma'am.

BF: So, Dr. Lawrence had a heart attack and went to the hospital.

CP: Because of it? (laughs)

BF: No, no, that had nothin' to do with it. Oh, no. He was all for it.

CP: Okay.

BF: Oh, yeah. I don't know anybody who—he—

CP: Was against it—really against it, though.

BF: He supported just about everything I did. And I can't think of—of anything he didn't after he talked to me and all. But you know, I would go to meetings and that, and ask and talk, but I had to learn to think like Dr. Lawrence, if that.

CP: Of course.

BF: That was—

CP: Of course, that's important.

BF: But—so we did. And I think we're the only one left. I mean, we're not—we never really were associated with the Health Department technically, because the county commissioners had an enabling act that anything collected in fees went in to the general fund of the county. And Dr. Lawrence said, "No. We're not going in." It was Dr. Stapleton [that] said that, "the Health Department should now take over the certification of those home health agencies." Which most of them did, but Dr. Lawrence said no.

CP: Okay.

BF: And—well you know, we were—and they listened to him.

CP: Yes. Yes they did.

BF: So—but the for-profits came in about ten years later, and I think just throughout the state, unless you had a pretty strong organization, you didn't survive.

CP: Yeah. You're—you're notable as being among the first to really have an organized functioning home health care agency. Note—and you're now telling me it was never part of quote, you—as the Lee County Health Department. It was always set up as a visiting nurses association under their auspices with county health department encouragement, endorsement, and help under the table.



BF: Well, we were like partners—partnership. Public health nurses made the visits.

CP: Okay.

BF: We paid the health depart—when I say we—

CP: Yeah, you're gonna' have to help me sep[arating]—which hat you wearing?

BF: Yeah, well, sometimes it was good to keep people confused. (CP laughs) But—but for the visits they made. So, we were a source of income to the health department. You know, from one to two hundred thousand a year. You know, we started out kind of small and it had a memorandum of understanding with the county commissioners. But we were a corporation.

CP: We the visiting nurse—

BF: Non profit. Well, we were the Lee County Public Health Nursing Advisory Committee. That's what it started out as, as an advisory committee.

CP: Okay.

BF: And that's the—well, we were a corporation and—so, really, we're freestanding.

CP: (Affirmative murmur) Yeah, you were—you were unique in Florida in that sense and that's—that's where you—you personally by name are associated with that system, but the rest of Florida has looked to it as highly successful. Very effective to the mission of care of the sick and home programming; our home health care—home healthcare activities.

BF: Well, it's—it's sad because there's no—the poor don't get taken care of except by us, by visiting nurses. (inaudible) And there's a limit. See, we used to have the cushion of—of the—the nurses make it—the health department nurses making visits. We had home health nurses too, and therapists and all that.

CP: Yeah.

BF: But it—it had some staff that—

CP: Were dedicated. You—you talked about the specialists. I—I want to bring you back to that before we got all done. And now you're telling me that even with the home healthcare, you found yourselves specialized. You had--your public health nurses did

general public health nursing programming, which was including assessments of the sick at home.

BF: Nursing. (affirmative murmur)

CP: But you also had a specialty group. And if I—and can put words in your mouth, I see that who paid called the shots. And you kind of organized based on where you could get the money. But not compromising the objective of your program. Speak to that. You were concerned about—we've become so specialized. And I don't want to accuse you of beginning some of that because it was well engrained before you started—before you started.

BF: Well, I didn't consider this specialization. It was just one of the programs of the county health department, you know. We tried to—was successful in starting a dental program, getting funding for that and this—this was one of the programs. And if—

CP: That every nurse was expected to participate in.

BF: Right.

CP: Okay. All right.

BF: She may have a school first in her day, or home health first in her day. Whichever, but she—she might range from home health to school to—

CP: Manning—Manning an immunization clinic, possibly.

BF: Yeah. (Affirmative murmur)

CP: Yeah. In the afternoon, over at the maternal—maternal health place where they were bringing babies.

BF: (Affirmative murmur)

CP: I can see that, okay.

BF: So, I mean you had to be adaptable. They may like one thing or another.

CP: Of course.

BF: But that doesn't mean they're gonna' get assigned in those clinics.

CP: Exclusively.

BF: (Affirmative murmur)

CP: Yeah. Yeah. (Affirmative murmur)

BF: I personally didn't like immunization clinics.

CP: A lot of crying babies.

BF: I hated to stick 'em.

CP: Yeah, it made 'em cry.

BF: Now, I like givin'—I—I like giving flu shots.

CP: To us oldsters.

BF: Yeah.

CP: Yeah, you wanna' hurt us oldsters. I know about you.

BF: But I think I always was getting assigned to immunization for me because they knew that that wasn't one of my favorites.

CP: You—you chatted with—who was director of nurses in Lee County when you went? When you moved to Fort Myers.

BF: Nobody.

CP: They didn't have one. Where you hired on as director?

BF: They had one. Yeah. (Affirmative murmur)

CP: Okay. All right. You was hired on as director of nurses there. How many nurses did you have on staff?

BF: Oh, it was pathetic. We had some migrant project nurses.

CP: Oh, that's another subject I want you to talk about. Go ahead.

BF: But five or six.

CP: Is that all?

BF: But it was small.

CP: I can see it was small.

BF: I think the—the population had been forty-two thousand or something for the county.

CP: That was before you had your explosion? Before the northerners found your lovely place?

BF: And the mosquitoes control got rid of the mosquitoes.

CP: Oh yeah, the mosquitoes were helpful to that.

BF: (Affirmative murmur)

CP: That's another subject. Go back to migrant health. Talk a little about—you all were right on the forefront of some migrant health stuff in the early days.

BF: Doctor—Dr. Lawrence was.

CP: And I remember you got--

BF: Doctor Lawrence got those figures, those fees and those figures.

CP: Yes.

BF: For those projects.

CP: You got highlighted, that county got highlighted as a part of the harvest of shame exposé. Your name got mentioned.

BF: I know.

CP: Not your personal name, but Lee County.

BF: It probably did. Because they came, the news—news team.

CP: Yup. The NBC or ABC.

BF: Yeah. And—

CP: CBS, one of them.

BF: And—

CP: The Harvest of Shame.

BF: I had some words with one of the reporters. Daniel Shore was there.

CP: Daniel Shore, that is correct. Yes.

BF: Yeah. They were there about a week. You know, around.

CP: That's right.

BF: (Affirmative murmur)

CP: That's right. Speak to that. Go back. Put on your thinking hat and talk about that some for us. The beginning—the origins of Florida Public Health, giving a teachin' to the matters of migrant farmworkers.

BF: Well, that was specialty. That was a separate project, separate staff.

CP: Separately paid.

BF: Separately paid. And Bill Clark was the administrator up in Tallahassee, I'm sure you'd remember Bill Clark.

CP: Very, very well.

BF: And he would monitor—try and monitor, you know, whether I was using people that were paid from federal—federal funds for home health—.

CP: (laughs) Yes.

BF: And I argued that it didn't matter because the other public health nurses was down in that area could do the migrant thing. I said that you'd get more than a full time equivalency from that service.

CP: Yes. Yes. Yes. You give me one nurse, and I will see to it that all fifteen of my nurses give attention to this program.

BF: (Affirmative murmur)

CP: Sort of—it makes so much imminent sense, but the feds never understood that. Go ahead.

BF: So, I was always in touchy—

CP: Circum[stances].

BF: Yeah, the—the—

CP: You were always under Mr. Clark's microscope, were you?

BF: Yeah. I guess so. It didn't bother me.

CP: I would hope not.

BF: But the—the people that were in it. They liked that. And there were migrant clinics the doctors—the private doctors—you know, for a couple hours, would do clinic and out in the—in the different migrant camps. And Dorothy Hudson—she died last year—.

CP: Oh, too bad.

BF: Is—was the—pretty much the instigator of that.

CP: Okay, okay. Yes, yes.

BF: And, right now, that particular thing is, you know, out separate—they left the health department. They got out separately.

CP: Entirely. Yes.

BF: Yeah. But now—

CP: Now they're now specially funded through rural—the Rural Health Act.

BF: And they have family health centers. Big, big nice facility.

CP: Big, big, big, big.

BF: Equipment. And nice—so, I think they do a good service.

CP: I think they do too.

BF: (Affirmative murmur)

CP: I think they do today. Can you recall your conversation with Mr. Shore? Some—how was your reaction to him? What did it—that thing grow out of that conversation that caused you to change in any way?

BF: No. I felt like they didn't have all the information.

CP: Ah, they probably did not.

BF: Sort of. And that hunger was not—if we knew about somebody being hungry, I think we'd—you know, that we'd do something about it.

CP: You took care of it.

BF: Yeah.

CP: Yes.

BF: But I—I said something to that effect and I think he got mad at me.

CP: (laughs) It's okay. (laughs) That's okay.

BF: And I can't remember that it did anything. I think there were other counties that had  
—

CP: Much worse problems.

BF: Collier County always had lots of problems.

CP: Yes.

BF: And lots of migrants.

CP: Yes. That—that was the migrant center.

BF: Yeah.

CP: Collier was. And it still is and western Palm Beach [County].

BF: Another first that we had, I think, was the cardiovascular screening clinic.

CP: Oh, speak to that, yes.

BF: And that doctor—Dr. Nortons had—had the bug for that, you know. That—that—

CP: He was—he was an internist. Wasn't he a boarded internist?

BF: No, he was an anesthesia—



CP: Anesthesiologist. That's right. That's right, that's right. Excuse me, I don't mean to interrupt. Go ahead, talk about your clinics.

BF: So we had—we had clinics scheduled. The county gave us the space and it was manned totally by volunteers.

CP: Oh, it was?

BF: (Affirmative murmur) They'll do the EKG's, you know, the blood pressure. There would be a nurse there who drew the blood.

CP: (Affirmative murmur) At the health department?

BF: Well it—they were—

CP: You or volunteers?

BF: Hm?

CP: A volunteer nurse or did you, the health department provide a nurse?

BF: The health department nurse drew the blood.

CP: Okay, okay.

BF: But the volunteers did all the other things and—and Dorothy Hudson managed that too. She had the schedules—and you know, it takes a special knack to get volunteers and to deal with them.

CP: Yes, it does.

BF: And keep it going—it went for years until the state wouldn't do the blood work anymore, I think.

CP: Oh, too bad.

BF: Yeah. Yeah.

CP: What was your secret for getting volunteers?

BF: I don't know.

CP: Well, you had lots of 'em. There's some other clinics and other stuff there that's entirely volunteer too. Did I remind you of? So, talk a little bit about how did you get volunteers? How did you appeal to 'em?

BF: News media. The news media was our friend. They had something in the paper about us all the time.

CP: Did they come seeking or did you offer them things?

BF: They came seeking.

CP: Marvelous. Okay, keep talking.

BF: And they taught me a lot.

CP: Yes?

BF: An awful lot.

CP: Yeah, good. For example?

BF: Well—

CP: How to talk to a reporter. One.

BF: Just to be—just to be, you know, just to be comfortable. Yeah.

CP: Yeah. Yeah. How to talk to a reporter. (Affirmative murmur)

BF: You know, not to be—(Affirmative murmur)

CP: Yeah. I think we can make a big point of having the media—consider the media a part of your team for the matters of the public's health.

BF: Well, you know. I think it was '68. And I have the picture of the vaccine that measles pushed—

CP: Oh, all right. The measles push.

BF: Whatever it was—measles vaccine—

CP: Measles on Sunday?

BF: Well—

CP: Measles on Monday?

BF: I—I told this group of people that we had to do—

CP: And you—you're gonna' leave this with us, though?

BF: Yeah. (Affirmative murmur) Had to do—

CP: All right.

BF: All these measles shots. And we all gonna' ask a task force or—or I set up the organization and all of the physicians and everybody was helpful. And the schoolteachers, we had 'em in schools all over the county the same day. And—

CP: You did?

BF: Yeah.

CP: How many millions of volunteers did you guys have?

BF: Oh, just scads.

CP: (exclaims)

BF: And—yeah, we had a lot of volunteers for that.

CP: And this was the major public health service thrust to get the American child immunized with that new vaccine.

BF: (Affirmative murmur) And—

CP: Measles—

BF: I think we did about forty five thousand now, must've been.

CP: In that one day? Were you using syringes or the machine—the air gun?

BF: The gun.

CP: The gun. Now, this is a marvelous remembrance. Yeah we wanna' we wanna' add that to your file here in the library. That picture, we will.

BF: Oh, okay.

CP: Good, good, good, good, good. But those—that was a kind of a special thrust, because I'm remembering, you had volunteers essentially every day, doing something.

BF: Yeah.

CP: Not—I—I can see how I can create a psychology of volunteers from around the new vaccine and our need to do something. But how can—how can I bring 'em back next Tuesday to help me with the routine immunization clinic, for example? You had some sort of secret for getting volunteers now, Miss Fowler, and I'm trying to get you to tell us what it is.

BF: Well, I'm not getting 'em now, so I think times have changed. (CP laughs) You know what I mean? (CP and BF laugh) People went to work and they weren't free during the week.

CP: Oh, good point. Good point. We're more employed. We have less free time.

BF: (Affirmative murmur)

CP: Do you think there's a difference in attitude of community volunteerism between then and now, today? "I'm too busy, I don't want to get involved with that." Today in

contrast to yesterday? “I owe something to my community, I should volunteer to help in anyway that I can.”

BF: I think there are people out there waiting to be asked or—or something. But sometimes it’s hard to—to get to them. And just as an example, I’ll bring you up to date

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CP: Please.

BF: I’m on a board of this small group, “Meals on Wheels” in Fort Meyers. And that is totally run by volunteers. They have drivers delivering—people volunteer as a driver one day a week. There’s twenty routes and they each deliver about ten, fifteen meals. They provide their own gas, they, you know, they’re own time. And so we’re talking about seventy-five drivers, that’s all volunteers.

CP: That’s some cadre, how do you coordinate all of that?

BF: I don’t, it’s not—I couldn’t do it.

CP: Oh.

BF: I couldn’t.

CP: Yeah, somebody does though. Somebody has to.

BF: Oh, yeah. The volunteers.

CP: Oh, a volunteer takes care of that?

BF: There’s a senior aid, you know, that programs for the sixty—sixty-five and over that works every morning, and she has the schedules for them, and we’ve gotten a little bit—we’ve gotten some distinguished people on the board, and we’ve gotten more in donations.

CP: Okay.

BF: ‘Cause people don’t pay a lot of times, they can’t pay. So, yes—

CP: Yes. Yes. That’s what Meals on Wheels is about.

BF: A volunteer is still working. And I have to work a little harder to get them, but—

CP: There—it's worth the dividend, I think.

BF: Well, I think they enjoy it.

CP: Yeah. It's useful to the volunteer and it's also useful to you, the motivator for the program.

BF: And we have—right now, we have a president and he's a lawyer. He's a lawyer for the court. But he—he does that.

CP: Yes.

BF: And he's gonna' make lots of difference, he says, and nothing can run.

CP: Good, good, good, good. He's motivated to the objective of the program.

BF: Yeah, yeah. You know, there's so many times people take a position because they don't wanna' say no, but he's been in there for a month now and he's done an awful lot.

CP: Already?

BF: Yeah.

CP: Well, congratulations. Go back to your early days as director of nursing in Lee County. Do you have a counterpart? Do you have something comparable that was taking place in your early days in Lee County, as to this modern lawyer today on Meals on Wheels? And—

BF: Well, our cardiovascular clinic, yeah.

CP: Okay, my obvious next question is, how did you recruit the leadership for that? You obviously had a spark plug. Some volunteer that was really gung-ho and interested. How did you find him—her? When they found themselves?

BF: Well, I would assign staff to do stuff.

CP: Proper.

BF: And they did it.

CP: You said, "Go out and find us a volunteer director for this program."

BF: No, we didn't have volunteer directors. The staff person was the director.

CP: Okay. And it's their responsibility to get the volunteers as they needed 'em.

BF: (affirmative murmur) And the volunteers would get other volunteers, and they'd bring in their friends.

CP: Okay. And that—there was a system there.

BF: (affirmative murmurs)

CP: Somewhere, now I want you—I want you to talk about that some more. This is a good pearl for these modern folks today. I worry that my first answer to every question is send me the money. I'm hearing you say, find me some volunteers to do it.

BF: Well, I don't think that—that there's enough money to do all the things that should be —

CP: Clearly not, clearly not. Yes.

BF: And somehow there's all these people who need to be utilized. They need to have something to get up in the morning for.

CP: Yes. And they're willing and there's a lot of expertise. More—are you, I'm not—satisfied that you were finished telling us about migrant health and va'lls involvement in the beginning of formalized of migrant health program. You started something before the state got the special federal monies. You recall some of that? Talk to us about that.

BF: I wasn't really involved in the formation. Dr. Lawrence had that in place when I got there.

CP: Oh it was before your time. Because this would have been in the mid-fifties when it really began I think. Ok. You were very much involved in maternal, in yeah, maternal health. You had a rather sophisticated midwifery program. Talk some about that.

BF: Well, when we finally got the funds it was divided between the district and three or four other counties. The health program supervisor was a medical director and I think Dr. Harrington, too. The midwives staffed clinics like the physicians do.

CP: Are these lay midwives?

BF: No, we're talking about certified nurse midwives.

CP: Okay.

BF: I had had these two come and visit me every six months or so. And they let me know that they were interested if I ever got anything going.

CP: Okay.

BF: Sister Bernice and Sister Evelyn.

CP: Okay.

BF: So, I got the money. They came on board. And Sister Bernice was in charge of the program. And we had clinics in the health department and then go out to the other health departments and had clinics. And they had funds and they put a nurse out in Clewiston and one in Wauchula I think. And had agreements with physicians. The midwives were soon, I mean the lay midwives, not from that but from age.

CP: Age, okay. They were just not replaced. Okay.

BF: They got...they used to get twenty-five dollars per delivery. Sometimes they got (inaudible).

CP: (laughing) The beginning of that midwifery program in Lee [County] which was first in [the] state and they set the pace and established a criteria for it through some federal funding. But there was a lot of growing pains associated with that as I recall. Getting it established, getting it accepted, getting your docs to allow a nurse to deliver a baby in a hospital.

BF: Very hostile.

CP: Speak to that some because you did have a lot of growing pains. It became a state



issue with the state obstetrical society.

BF: I can believe it and I don't know if I got that paper here (shuffles pages) if that addresses it or not. But the hospital wouldn't give them privileges.

CP: Yeah, that was a part of the growing pain.

BF: And the (inaudible) administrator in the hospital did not believe it was sound program. Wasn't in favor of it. Well, so it took a few years for them to get privileges.

CP: How was that overcome? How did you finally succeed in doing it? What happened in order to gain approval?

BF: Change in personnel at the hospital.

CP: (laughing) Change in personnel at the hospital. Well that fits. Okay.

BF: I think the new administrator, when we got a new administrator, he was more...

CP: Enlightened.

BF: of a realist.

CP: Oh, okay.

BF: Mr. Gad was a tremendous man...organizer and manager but, and he had a budget in the black all the time so he was very conscious of that. Very nice person. He wasn't... didn't want to give anything away. And I suppose the vast number of losses from all these walk-in deliveries...

CP: Finally took its toll.

BF: Well, maybe, maybe not. Maybe that was good for them. Budget...they don't have to pay taxes (inaudible), I don't know. It's not right. But I don't know if it's ever...

CP: With the intrigue of politics.

BF: Going to be better. Right now we have, in (inaudible), and I'm not involved with it, could be I guess, I don't know. I don't have the experts...the expertise of a pediatric

nurse practitioners and that, to provide the home service. I don't know at this point what we need but, and if, but, I kind of lost my train of thought there.

CP: You're doing good. I'm glad you did that. I do that all the time.

BF: Well...

CP: On the nurse midwifery program.

BF: ...there used to be just an OB department in Lee.

CP: Yes.

BF: Now there's an OB department in Lehigh Acres and in Cape Coral and Gulf Coast. Lee's has moved down to HealthPark [Medical Center] and also that's center there. And when they publish the births in the paper, it's a whole two pages almost. You know there are just so many kids being born. And they have midwives on the staff all over. I don't know how many, you know, when you start deluding funds into so many things, nobody can do a, that good [of a] job unless you get some other funds.

CP: That's great. What's happened to the public program in Lee? The publicly employed nurse midwives. They've become unnecessary? Because the hospitals have employed their own.

BF: Oh no, but see they worked...they were federal employees.

CP: Yes, yes.

BF: And there weren't any public funds spent, probably for some of it, but most of that project was strictly federal.

CP: Yes it was. It was a special federal grant to cover that though. It was administered through Tallahassee.

BF: Yup.

CP: And through your district offices. But it really had a lot of growing pains. It's become accepted. And now nurse midwifery has truly come into its own and all the major hospitals in Florida employ full-time, round-the-clock, nurse midwives. Within the state organization, nurse midwifery has become an important...an important part...

BF: Are you saying this for Florida?

CP: Yes, yes, in Florida, I can't give you the numbers but it's a very important part of our obstetrical (inaudible) today, our nurse midwives.

BF: I don't know when this was taken but Mayola, she was a lay midwife, delivered babies in her home and (pause) the county health department runs pre-natal clinics for patients planning on having a midwife delivery instructing...instruction of clothing to wear, what kind of food to eat during pregnancy.

CP: You managed the pre-natal, all of the pre-natal aspects.

BF: Each woman is seen by the...Well this is before any federal funding. The health department doctor.

CP: She wants to get a little picture of it.

BF: That's Mayola Wells.

CP: I don't think I knew her, did I?

BF: What?

CP: I didn't know her.

BF: I don't know.

CP: No, I didn't know.

BF: I wouldn't think so.

CP: No.

BF: Her son is a judge now. And interestingly enough when I was doing all this fussing at the commissioners there was this young man who just finished law school but he hadn't taken the bar yet and the county commissioners, you know, hired him. He came to me to help me on this midwife program, writing the grant.

CP: Oh, really!

BF: Yeah.

CP: Look, tell me about that.

BF: Judge Anderson, now he is.

CP: That's fascinating. Tell me about your grant, tell me about your program. Your midwifery, this is a lay midwifery program, right?

BF: No, no, I'm talking about the...

CP: Licensed...

BF: The lay midwife program was quite interesting. Sometimes we had some weird details that weren't...

CP: They served a useful purpose. But when the health department got involved, I think it suddenly...their efficacy increased astronomically and their safety increased astronomically. I was in on some of the ground floor of that, too. But this non-barred attorney to write your grant for the nurse midwifery program, is that what this was?

BF: Well I had already written the things and to fill in the outline. When I met Peter something, some, Peter Maddox in Birmingham at a southern branch public health meeting and found out that he had had a program up there that was successful and he gave me all his resource materials and kept, sorta kept in touch.

CP: Good.

BF: And I came back from that convention with enthusiasm to...if they can do it in Alabama, we can do it in Florida.

CP: Certainly can. What was the thrust of the program? What was its objectives? Tell me about it?

BF: Improve pregnancy outcome.

CP: Oh, right. Okay. You did have the origin, you were the cutting edge, you did all ground plowing for what became Florida's IPO [improved pregnancy outcome] program.

Now that is right. Talk about that some more.

BF: Well that's, you know I came back and I (inaudible) up this...

CP: Proposal.

BF: Using his, you know, his model. Took it to the commissioners and took it to the health planning council. I was on the health planning council for ten, twelve years. And they thought it was beautiful.

CP: Good.

BF: They didn't give us any money. But we didn't keep still. Dr. Lawrence and I [would] go tell them what the job should be, what they should be doing. Until Dr. Hill came along with money. Then everybody got interested.

CP: What were the elements of that program? It became...ya'll didn't call it IPO, improved pregnancy outcome, did you? Didn't you have another name? Did it become Improved Pregnancy Outcome when Dr., the month before Dr. Hill got money? Because the money came from a legislative act, from a small legislative (inaudible).

BF: I don't know what they called it.

CP: Okay. It was built around your ARNPs, your nurse midwives.

BF: Well I don't, I thought in terms of the nurse midwives doing differently and probably going into the homes and visiting them, the mothers after delivery, and not delivering as much as...

CP: The educational, getting ready for delivery...

BF: And the teaching, and the prenatal clinics in the health department.

CP: Anti-smoking, appropriate diet, taking care of yourself, no lead, etcetera, etcetera, etcetera.

BF: Well, the midwives had a different drummer.

CP: Uh-huh, I like that. Midwives march to a different drummer, but go ahead.

BF: They wanted much more than we proposed they wanted — hospital privileges.

CP: Delivering privileges. Yeah, a nurse midwife wants to deliver babies. Like doctors who want to treat sickness.

BF: So they stormed ahead at that, you know. I don't know about storm, Sister Bernice was kind of a, she's kind of a tenacious little woman. She got a lot accomplished and I think some of the physicians say "Well, gee, we should have that prenatal care back in the health department." You know, it's gotten that it's delivery, and most obstetricians will tell you that the delivery is nothing in the prenatal care.

CP: That's right, it's only a minor, minor, minor part of the obstetrical process.

BF: That has to start with pre-conception hopefully.

CP: Quit smoking, start definitely. And nutrition should be pre-conception, yes. Your nurse midwives, were they a stick in the mud around the total program.

BF: No, you just had to be firm. If they — you know, they would have taken over all of the space in there, you know, that sort of thing (inaudible), but there wasn't, so you just had to be firm and share.

CP: How did you develop the master plan that everyone fit into? How did you know that the — that you only had this much for the nurse midwife. Something was guiding the big scheme that you had.

BF: Well...

CP: I bet it was intuitive but possibly you had something in mind.

BF: Yeah, you did as much as you could but the doctor would come and say, "Bessie," — we decided how much space, I don't know if there was any formula for it.

CP: Okay, just expediency under the circumstances of the moment.

BF: This is what's happening these days with all of these different clinics and somehow we have to fit them all in these three examining rooms.

CP: Oh boy. Well, these were exciting times but you've got some other firsts under your belt. Name some more. You've done a bunch there.

BF: The jail.

CP: The jail. Jail health service. Whoops! Talk about that. This is the first time jails have come up in our historic discussions but they are our dominant part of all public health activity in this state.

BF: Well, when you live close to the commissioners — housed close to the commissioners —

CP: You were in the same building to be exact.

BF: For a while. The administrative offices of the sheriff's department were in an old garage and we had the other part.

CP: The other part of the old garage.

BF: When we moved to the new location out on Michigan there would be prisoners always in the halls with the guards waiting to be seen medically because we had a sort of general medical clinic and that's the way they did it. So I told Dr. Norris, "We should get some money for that because the sheriff's got money."

CP: Yes he does. He's a constitutional officer.

BF: So Dr. Norris and I talked to him and we got — he was tickled for the agreement. Sent the doctor to the clinic. First, it was twice a week —

CP: How did you get the agreement with the sheriff? You skipped two or three steps there. You and Dr. Lawrence, you suggested to Dr. Lawrence, why don't you ask him to pay for it. Then what happened?

BF: We met with him.

CP: Okay, you and Dr. Lawrence. You did most of the talking.

BF: I don't think so. I had, you know, show how he's wasting his time on those deputies.

CP: Oh, so much. And transportation.

BF: Primarily, we wanted them out of the halls.

CP: You didn't make a big point of that, of course.

BF: And charging him for the calls per hour to go down to the jail. And he was going to give us x-number of dollars per—to take care of—

CP: To do the jail medical services.

BF: And they bought the drugs and they hired a nurse.

CP: Oh they did? All right. Prior to that had you been doing—would you take a sudden — (inaudible) nurse's clinic for example at the jail, or if he had a sick prisoner he'd send them over to the emergency room. How did that [work] prior to this agreement?

BF: He'd either go to the emergency room or the health department. And they liked going out to the health department, they got out you see.

CP: Besides that, there're a lot of pretty nurses out there.

BF: And the public health officials didn't want much to go out to the jail with the doctors, so I said "He doesn't need anybody with him, he can take care of it." (Inaudible)

CP: You employ a position for the purpose or one of your clinicians.

BF: Clinician went.

CP: Ok. Just one of his assigned duties.

BF: Yeah.

CP: But they had — Sheriff hired his own nurse. So she would help with clinics, once that got established. How did that work? How did it shake down? Was it a good thing for both of you?

BF: Yeah, and it's still going.

CP: It is. And the health department is still providing the physician through contract



with the sheriff?

BF: As far as I know. You know Dr. Hartner is the new health officer in Polk.

CP: No, I don't know him.

BF: Her, Judy.

CP: Her, sorry ma'am.

BF: She's very well liked and very well spoken.

CP: Is she finding fault with the way you and Joe had things going?

BF: No, I don't think so.

CP: Is she a young lady?

BF: No, but she's not old either. She's probably mid 30s—late 30s, early 40s.

CP: Sounds pretty young to me but don't tell anybody in this room. (CP and BF laugh)  
Have you enjoyed your public health career? You came into it almost by accident.  
Almost, but you had to make some decisions to stay in it based on that history. Has it  
been a worthwhile career?

BF: I never stopped to think, if it weren't I wouldn't be in it, you know.

CP: Well, I'm not sure of that because the tide was kinda carrying you along from your  
sister, to the military, and then after the military for a little bit of money it was an easy  
way to get some employment with less hassle than going to an ER or the hospital in  
Lakeland or in Bartow. I can imagine that. So it was of convenience then and the first  
thing you know it was convenient again to stay with the health department because your  
hot husband was going to leave you and the children unless you went with him to Ft.  
Myers.

BF: Oh no, he wasn't going to do that.

CP: So you're in it by choice but really it was, it seems to me, was the kind of the flow  
of your life that carried you into public health. Now looking back on that very productive

career, if you had made some early choices, would you'd have chosen differently if you'd had known what was coming?

BF: Yes, Yeah I did. I went to school to get a teaching degree—

CP: Oh you did. You didn't mention that. It wasn't pertinent, go ahead.

BF: —in English. And, because I figured I had to keep a step ahead of these kids because they knew everything.

CP: They still do.

BF: Yeah, and so I was going to be a teacher so I'd have the same hours as the kids.

CP: Good thought, good thought.

BF: Well, then I came to Florida. This was in Kansas [where] I went to school. When I came to Florida at first there were a lot of things you had to do in order to teach, but in the meantime I got a B.S. in nursing and a B.S. in nursing in educational, along with my English. So I worked with the health department and usually the principals of the schools I took care of wanted to hire me.

CP: I can understand that.

BF: I wasn't prepared to deal with elementary school kids, I kind of like the junior high age group. I can relate with them. And now, I had the offers but I never took them.

CP: So there was some choice in your staying in public health. Do you regret it?

BF: No, I'm very grateful for the, you know, the advantages and the people I met and the — I think it's a great life, you know. It's hard, and I tell people it's hard to go back to the confines of the institution when you've been able—

CP: When you've flown with the eagles. What do you consider the two highlights of your public health career?

BF: Two highlights? It's all been a highlight.

CP: You can't separate out two because there's only one, and that was your career.

BF: Well, I never thought about myself as career. I thought of it as—

CP: —a job, an occupation.

BF: —things to get done and to influence. I'd like to be, sort of, come in the back door.

CP: And be a spark plug to a larger engine?

BF: So, I'd sell somebody on something, and then they'd take it.

CP: Well, you were selling somebody else on something else. Okay, and you've done a lot of that. Your career is just studded with that we know about, that I know about, that you've sold a lot of ideas. Or you've congratulated folks on thinking of something suddenly and you'd been working on them for years to think of it. Yup, I knew about that. What would you consider the lowlight of your career.

BF: Well, you know, things fade. I think there was a problem in Lee County with all of the sudden with staff wanting to get rid of the health officer, that sort of thing, and I would have no part of that because I strongly feel that if you can't support your boss, then get out.

CP: Find yourself another boss. Find a boss you can support. Yes, that's my duty exactly.

BF: I felt bad that nurses and administrative people were, were doing that.

CP: Mad at the boss.

BF: They didn't succeed, but then again, maybe they did. I don't know but I couldn't do that.

CP: Nothing. They were morally wrong by doing that.

BF: Yeah. And I know you probably know who I am talking about.

CP: Yes I do.

BF: That saddened me. Right now I can't think of—

CP: That betrayed your basic trust in human beings and what's right and wrong and that's appropriate that that depressed you seems to me. It would have depressed me and any other person who was trying to do right.

BF: They didn't think they were doing wrong because—I don't think that their charges were founded either.

CP: Obviously not, obviously not. Well, what do you envision, if you could have Dr. Howell here to listen to you speak to what he should be doing in this new Department of Health. What will you tell him?

BF: I don't think he'd want to talk to me.

CP: No, I'm playing hypothetical.

BF: Oh, okay.

CP: I see that you're looking at some notes. Don't let me carry you too fast. Tell me what your notes say.

BF: Well, I think it's good that we have back the state health department. But I don't know if they have any clout. See, I'm not in the health department anymore.

CP: I know it. Yeah, I'm not either.

BF: And they've taken all the programs and given them to other people.

CP: The Legislature did that now, not the health department.

BF: And they let the legislators do it.

CP: Okay. They let the legislators do it. Alright, I can't fight that one. Go ahead.

BF: So they still got to prove that they could do it better and maybe those people are doing a good job. I don't know.

CP: I'm not in a position to judge either because I'm out of that loop, too.

BF: I just don't know.

CP: But do you see that the public health family, so to speak, was kind of decimated (inaudible) speaks to the basic functions of a public health program which are nursing, community diagnosis, sanitation—community sanitation, and the paperwork, the necessary paperwork flow that we call clerical. And in recent years that basic function has been just decimated.

BF: You mentioned that about family—

CP: A retiring nurse leaves behind legacy of caring.

BF: And they said, you know, that we were a family.

CP: I think that this might be pertinent to read out loud. Let me read this out loud. This has to do with Miss Fowler's retirement, a news release, doesn't have a date on it, but it says: "After 22 years as a nursing director in Lee County for the State Department of Health and Rehabilitative Services, Bessie C. Fowler is hanging up her stethoscope. 'Actually it feels real good,' Fowler said Friday, 'I want to do some traveling, some writing.' It's not that she's tired of what she's doing. In fact, she's been doing a little part-time work for the Lee Visiting Nursing Service. Beside for the time she spent here, Fowler worked nine years for the same agency in Polk County. She worked her way up to Chief Nurse in three years for the U.S. Army and put in two years as a nurse in North Dakota. Friday night, Fowler's co-workers had a retirement bash for her at the Holiday Inn airport on Bell Tower Drive at a cost of \$18 per person. HRS employees say she's worth it. 'She has a warm, sensitive approach to everybody, whether it's a patient or a staff member', said Delores Gout, a nurse who has worked in the office since 1970, 'For a number of years it's been kind of a family union. She wasn't just the boss.' Fowler, who has received several honors throughout her career, also has traveled around the state conducting workshops and sharing her talents with others. She became interested in nursing as a high school student in Minnesota, helping out in the clinic, having a friend who encouraged her to stay with it, and growing up with a sister who is a nurse. She moved to Florida after she got married. 'I'll tell you, Lee County is the greatest place,' Fowler said, 'the people at HRS are just wonderful.' A retiring nurse leaves behind legacy of caring."

I think that's so right and that kind of reflects what I think about you, too. But you got a lot of secrets up in this little head as to how you got all that done. You've shared some of those today. Are there others that I can pick out of you?

BF: Well, you know I always wanted to tell you some about some task force I was on. The health park that developed in South Florida, it's an extension of Lee Memorial where they moved some of their certified beds down there and it's a Taj Mahal of healthcare.

CP: The Taj Mahal of healthcare. Keep talking.

BF: That's my term. Anyhow, I was on the task force that — it went on for several years, you know, getting that all started. Another task force—actually, I started, was the AIDS task force, in Lee County. I did that because the nurses came in and said they had these patients—the meals on wheels, I wasn't on the board then, wouldn't deliver them meals. They'd leave them outside on the step. And, you know, they'd come tell me some of those things. So I said, We need to have a meeting. I think we need to get a task force together to find out, to see what can be done about it. So I talked to the head of welfare in Lee County and of the school system, the nurse in charge of the school nurses, and I think Mary Ann (inaudible). So the four of us met with this director of the community and he agreed to start up a task force. He did the work. And it wasn't long before it got taken over by, well, he took charge of it, he said he found it—Dr. Schwartz, you know Dr. Schwartz.

CP: Yes, yes.

BF: And so I drop out when it's going—

CP: When it's going, that's proper, you need to give your energy to someone else. That's your legacy, too.

BF: I was also on Delores Windler's, nursing—public health nursing advisory committee.

CP: Ah, yes. Speak to that. I don't think that's any longer there, is it? I don't think they have such a thing nowadays.

BF: Well in South Florida we had a Gulf Coast nursing director's conference, you know, and meet with the—like the FPHA [Florida Public Health Association] meetings, there'd probably be a section, and Delores was quite impressed with that so she decided that she wanted one on the state level and there were eight of us on that committee. Met with the consultants and whatever and I think composed the manuals, some of the manuals that were produced during that time. We met at Tampa at the airport. We'd go up for the day and then back (inaudible). At least that's what I did. That was a very impressive—

CP: And very productive group, was it not?

BF: Um—hm. Yeah. And uh, also I was on the nursing education advisory committee for Edison Community College.

CP: Good, do they have a nursing program?

BF: Oh yeah.

CP: A nurse education program. They provide RN training or LPN, or both?

BF: RN. LPN is over in the school system.

CP: Oh, okay. Alright, that's only—that's only two or three I suspect of several pages of commissions, task force, advisory groups that you've belonged to over the years.

BF: Oh I have so much on the comprehensive health plan. You know we have more on different committees and to okay beds, nursing home beds, hospital beds—and uh, that kind of dissolved the funds for (inaudible) and it gone. There's a token of it I think in existence today but I haven't been involved with it.

CP: Okay, you were a member of the original committee. That was for Lee County or was for a larger sector?

BF: Eight counties I think.

CP: Eight counties. HRS district. An HRS district.

BF: Well sort of, I'm not sure.

CP: Okay, that's alright.

BF: So.

CP: You have no particular advice for those who are trying to put a state public health system back on the map. If you could give them any advice on what to do, what would you want them to do? What would you tell them?

BF: Generalize.

CP: To generalize, get away from specifics. Yeah, we started our conversation on one of your worries is that we have become too specialized. I didn't let you develop that. Speak a little more to that. What do you mean by specialized and why does it worry you?

BF: Because I am too simple to follow directions. You just—think about the telephone. You try to call somebody, 1,2,3,4. If you know you press 1, you press 2, you press 3, press 4—it's like that in health. Unless you know what's wrong with you, you don't know who to go to. You know, there is—and I'm saying that probably for doctors

because I think there are more specialists than there are generalists. But in terms of nursing, I think that's a mistake. The nurses at the V&A think they're generalists but they don't have that public health knack, I guess.

CP: They don't look at the family as a unit, as their patient. They only see the sick person.

BF: They look at the family pretty much but maybe not the community and the environment.

CP: The impact of the community and environment on that family as it affects the sick person, the focus.

BF: You see, public health is supposed to keep people well.

CP: That's our job—to interfere with a natural history of a process.

BF: And it's very difficult to know who's going to do something about something. There should be, I guess, it's a triage. I don't know how it would work and I don't know that it would because things have changed.

CP: Yeah, the whole attitude toward medical care has changed, and is changing, it's very fluid right now. Alright, so if you could advise those who are putting together the health departments of Florida's health system for the twentieth century you'd want them to be more focused on generalists as the Association of American Medical Colleges and the others and our federal government is now forcing through funding more general practitioners out of the medical training system and less specialties so you would like to see that extended to the public health practitioner as well. That's good. What else would you want the developers of our health program—

BF: Just to add to that it's like you're a specialist so you're looking at tonsils all day but if you're a generalists you can be doing lots of things. Have a lot more fun. You might see kids and you might see—

CP: You might see the adenoid [in the] back of the ear.

BF: Anyhow. I don't know and it'll somebody with strong zip to get people straight up—you know to get people back into public health.

CP: Alright, wish the dean of the School of Public Health could hear a little bit of that but I'll carry your message because we now have a facility in Florida that's hopefully training our movers and shakers for public health of tomorrow coming out of this building where we are, the School of Public Health.



BF: Do they uh—I noticed that those are all disciplines, it's not positions.

CP: All disciplines, all disciplines, which I think is equally required no matter what the discipline is. (Inaudible) your nursing discipline is quite broad and you want to, you see that continuously need to be broad for effective public health practice. (Inaudible) base is broad and you'd want him to continue that in Florida public health practice as a broad base rather than the tonsil specialist. What do you not want them to do, these folks putting together the health system for the twentieth century? Do you have a particular caution for them. "You guys really want to continue a bad trip, do this." Something I don't want to see you to do. What would be one?

BF: Well, let me think about that.

CP: Okay, think about it.

BF: I don't know if it—(inaudible) the negative kind—you don't want anything negative. You need to be positive.

CP: Think positively, yes.

BF: So if you're thinking about something that's going to be very negative—that doesn't necessarily mean it isn't good I guess.

CP: Not in itself, it does not.

BF: So, I don't know. I'd have to think about that.

CP: Alright, I will ask you next time I see you. What it is you want them not to do, not to do.

BF: I'd bet I can think of quite a bit, but I'd have to kind of organize that.

CP: Okay, well my personal is I don't want you to focus as your prime attention the ill. I want you to focus as your prime attention health, not sickness. (inaudible) just help you with your thinking. With your experience as a public health nurse, and your influence on public health nursing in this state Mrs. Fowler, has been beyond what we could write about. On behalf of the School of Public Health I thank you for that marvelous career, the way you've influenced public health in this state. The way you've left your mark, that you refused to have your name associated with, even here today, I find it difficult to get you to admit to a lot of the great stuff you've done, but you've talked about at least the ones I knew about. We just thank you sincerely for taking the time and for sharing

with us just a beautiful career in public health. We thank you for coming Mrs. Bessie Fowler and I'm Skeeter Prather.

***End of interview***