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Charlton Prather (CP): Ms. Dolores Wennlund, longtime public health nurse with the Florida State Health Department and some other interesting pieces of past history and community type, general public health type nursing, not necessarily under the auspices of public health, and a longtime director of public health nursing with the Florida public health organization we have today.

Ms. Wennlund, it is a pleasure to have you come and to sit. And let's just talk about the fun of public health and how you have seen it come and go. Is that appropriate? How you see it come and go?

Dolores Wennlund (DW): Yeah. There's a flow to it.

CP: How in the world did you ever get interested in public health?

DW: Well, actually, I was widowed very young, and I was working in a rehab hospital. And it was hard work. These were brain damaged children and a lot of heavy lifting and all this kind of thing. And this lady was about 59, and she had to retire—this was before Social Security gave you anything before 65—because her back had gone out and all this.

And I thought, I'm in my 30s and I see this happening. So I had two little kids. And I read an ad in the paper that said they were looking for public health. They only hired twice a year in Nassau County Health Department in New York. And they sent you to school, and they had a pension. I thought, a pension? I don't care what they do, I'll try it.

But they were a little apprehensive about taking me because I was the director of nursing of this little place, and they didn't think I could step down the ladder. I've been on every step. I'm comfortable on any and every step.

So I was employed, and I had already done some college. And they sent me on, then, for more and I continued. But my first day, I knew I loved it.

CP: Really? Why?

DW: Well, I really like variety. And we visited an old person who had hypertension and all this stuff. And then we visited a new baby, and then went to see a little kid who had the chicken pox or something. I thought, Wow, this is great. All in one day.

CP: And this was all in the home?

DW: Yeah, home visiting. We did mostly home visiting. Right, right.

CP: And this was your first day on the job or after you'd gotten your training?

DW: No, first day.

CP: First day in public health?

DW: Well, I went out with another nurse, a monitor, and I just found it great. And we had classes every week then. We learned about TB and VD and on and on and on. So, I just loved it, yeah, and moved right along.

And as I said, I continued courses at the university. I got my bachelor's, then I got my master's and was promoted to supervisor. And, now I had a little problem there, this was a Republican county. I was a Democrat, and they didn't fancy Democrats going too far.

CP: Oh, it disappoints me that politics has gotten, quote, that low down.

DW: Oh yeah. Even getting appointed was a problem, yes. So we had to take tests for all of these positions. I took the test for director, then, and they lost it. This was a five hour test, they lost it.

CP: They lost your record?

DW: They lost mine, yes. And when they found it, well, I had aced it. I had aced all the tests all along, but they still didn't know what to do with me. So I was offered a position at Adelphi University and I said, "I guess I had better go."

CP: Adelphi was Democratic in orientation?

DW: They were neutral. They didn't care what your politics were.

CP: That disappoints me, that politics was involved with this professional area. It should not be involved professionally.

DW: No, it shouldn't, no. And that was one thing that I was really impressed when I came to Florida. And I came to Florida to teach at the college of nursing here, to chair the community nursing unit.

CP: Here in Tampa, at the University of South Florida?

DW: That's it.

CP: I want you to come back to that in a minute. Go ahead with your thought now though.

DW: But I was just so impressed because no one asked me how I voted or registered or anything and never, ever did.

CP: Well, I would hope not. We are interested in your professional ability, not in your political persuasion.

DW: Anyone's [political persuasion], right. I considered this, yeah, really weird.

CP: Back up to the college in New York that you left the health department, Nassau County Health Department, to go to. What were you doing there?

DW: I taught public health nursing. I taught ecology and the effect on whatever's—

CP: This is at the school of nursing, in the school of nursing?

DW: Yeah. And various types of community nursing: occupational health, school health, all the side things. You know how universities are.

CP: Yeah. We need this course taught, which of you all wants to be an expert in the morning?

DW: That's it, right. So I really enjoyed it. And then I got cancer. And I was pretty uncomfortable. My chest always felt like I had a tight rubber band around it. And I came down here just for a visit with someone, and I was so relaxed. It was so easy. And this was a gal I had taught with, and she was working for the division of health. And she said —

CP: She was? What was her name?

DW: Ellen Cathello. And I applied here, and guess what? One of my old instructors from St. John's University was the dean of the school of nursing. But they opened the college of medicine at the same time, and Dr. Smith was the dean. And he took every blessed faculty position for medicine and left Alice Keith, who was the nursing dean, with nothing but this very fancy chair that she had for me.

And so my friend said, “Why don’t you apply at the state office? They need consultants, and you’ve got the background.” So I went up there and I applied, and I just never left.

CP: And you never went on faculty here? You never taught a course?

DW: Well, yes. I did some adjunct kind of stuff.

CP: Yeah, you did that, though, on all the way through. And you probably still are as of now.

DW: No, as of now, I am not.

CP: You are not. You are totally retired?

DW: I am totally retired, yes. I do other things.
CP: All right, so do I, and I love it. That is fun. Now, then, speak to your career with the Florida public health organization then.

DW: Okay. Well, as I say, I was—

CP: You became a consultant and, as I recall, you were stationed in Tampa?

DW: I was stationed in Tampa on the advisement of my friend who said, “You’re not going to want to go follow this and back by (unintelligible) up there. Tell them you have to live in Tampa.” So I did, so I was sent to Tampa. And I had all the counties from Tampa to Key West.

CP: Oh, that’s a nice territory.
DW: Yes, and school health.

CP: For all those counties?

DW: Yes, for all those counties. And that was something that we lost later on.

CP: Well, you’re a big girl. You can manage it. You’re a big girl.

DW: Oh, I enjoyed it to no end. Yes. It was a tremendous experience. So many things, and I still feel closer to those counties after all those years. Yeah, I still get down to Fort Myers once in a while for lunch with the folks down there. And I remember in Key West, two things about Key West. I learned a valuable lesson there, two valuable lessons. One, the receptionist—

CP: At the health department.

DW: At the health department. And I used to go in, they didn’t know who I was, and I would just sit in the back and observe and see what was going on. This gal knew

everybody by name and was so open. “Oh, come in. How are you doing? Is the baby getting better?” That kind of thing.

She knew a little history on every patient that went in there, and it was crowded. And I thought, Wow, this is a talent. Yeah, I’d like to see that in every health department.

And the other thing I learned was they had a fund. And I guess the health department really provided the primary care, even then, the medical care. And we had all those hippies. This was in the ’70s, the early ’70s, with all those hippies on the beach.

They were spending all their money on VD and maternity. Two things that just used up all their funds. They had no more money, and the fiscal year was July 1st. This was at the end of May. And this elderly man came in, and he had this huge tumor on his arm, and they couldn’t do anything until July. And I thought, “Oh my.”

Too often, when you’re in a service milieu, you don’t think about the money or what it’s going to cost or who is going to pay or any of that. And I thought, Oh dear. Yeah, somebody does have to pay and it does have to be money. And, gosh, I hope this guy doesn’t lose his arm before then. So, two things from Key West that I carry with me still.

CP: What happened to the man? Do you know?

DW: I don’t know. I don’t know.

CP: That’s too bad. Do you remember his name?

DW: No.

CP: It might be fun to look it up.

DW: Yeah, that was a long time ago. He was elderly then. But—

CP: Some memories. Did you manage to carry the clerks added to you to anywhere else?

DW: Yes, I think so. I think so. Yeah. Naturally, everybody’s different, and they react differently. But bit by bit, we certainly discouraged the use of numbers instead of calling a person by name. Tried to reduce the waiting time.

CP: In particular, to me, it was, the clinic starts at eight o’clock. Everybody be here at eight o’clock. And we’ll see patients until you’re all gone. Sometimes that was midafternoon, but I arrived at eight o’clock.

DW: Yeah, right. That’s right. Right, yeah, instead of the appointment system. And years later, Terry—oh, I can’t think of his last name now. One of the nurse consultants did quite a study on developing a real appointment system on a 15, 20 minute kind of basis so that you could judge. If this was a new patient, it may be 30 minutes. If this was a repeat

patient, it might be only 10 minutes and that kind of thing. So we got the appointment system better under control.

CP: Did it get generally adapted over the state, do you think?

DW: Yeah. Now, there were always some exceptions. And, again, through experience of working with these folks, our clinics were air-conditioned, and some of our clients didn't have any air-conditioning. And they did not mind sitting two or three hours in an air-conditioned room, and they weren't anxious to be shoveled in and out.

CP: I remember serving in clinics in this city where the clients would sit outside as we'd call them from outside because it was cooler outside than it was in the waiting room. We didn't have air-conditioning.

DW: No, you had the staff outside smoking cigarettes instead.

CP: Too often. Cigarettes, yeah.

DW: Too often, yes. But yeah, that was an important part of our focus in nursing was to make it patient-oriented, not nurse-oriented, not doctor-oriented.

CP: Not paper-oriented.

DW: No.

CP: So much in somewhere else it's so paper-oriented.

DW: Oh yes. Oh yes.

CP: I've recently experienced some private medical care and, sitting there in the waiting room, was really impressed at how paper-oriented these very sophisticated physicians were causing their offices to operate. And I concluded that the patients were important to them, but more important was making sure all of the insurance paper had all, everything —

DW: Every little form had to be complete.

CP: Every little thing filled and that was first priority. And I just sat there, Golly, where have we come—I understand. I understand guys, but it's a bad testimony, it seems like.

DW: Well, it is. And I remember when the computers first came into popular use, the message was, We're going to get away with all this paper. We won't have all this paper. You will all have it in the computer. And instead, what happened was that the [fan-fold]

paper[1] didn't fit in our file cabinets. It was a different shape and size. Great. We had twice as much paper.

CP: Yeah, we did. And we still do.

DW: And we still do, so I don't know—

CP: During your days as consultant from Tampa through Key West, speak to some of your other highlights. What was your programmatic focus, or did it vary over time?

DW: Well, no. I had the school health program.

CP: Yes, you mentioned that.

DW: And they called for a—what was it—board of education health department kind of meeting. I guess it's nationwide, maybe it's universal. The concept of principals and teachers is that the nurse is there for first aid. I mean, a kid gets bopped on the head, Where's the nurse?

And, of course, we were public health nurses. This was not our focus. And I get up and argue this point. Probably not very successfully because I don't think a thing has changed. I think they are still thinking first aid is the nurse.

But I developed standards. I pulled a committee together of nurses in school health and some of the educators. And we got together, and we wrote standards for public health nursing practice in the schools, which would focus on the child at risk, the child who might be in a really impoverished home, or have some kind of sensory defect: vision, hearing, whatever, those kinds of things, or any chronic disease. And that was our focus in public health. And we would teach the teachers and those folks how to handle first aid.

CP: Put a Band-Aid on it.

DW: Right, or 9-1-1.

CP: But it's my impression that that's still not so. The reason the principal wants a nurse there is to take care of the acute illness, whether that be an injury or the headache or what have you.

DW: And here they have medications that are being given out by clerks and all this. But I always felt it was insurance. If they sue us, we're all in trouble.

CP: Yeah. We had the best.

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1 Also known as continuous form paper, fan-fold paper is specially manufactured paper for use with a continuous feed printer. It is still used today but more commonly associated with dot matrix printers from the early years of home computing.

DW: Yeah, but those standards were adapted to the state, and then I presented that paper at the American Public Health Association. They were very popular. Lots of states adopted them that had that kind of system.

So because of that, Jane Wilcox was the nursing director, and she kind of had her eye on me as her successor. And four years after I arrived, that's exactly what happened. Yeah, Jane left. And I was appointed director, and you appointed me.

CP: I remember. I remember.

DW: John McGarry and I were your first appointees.

CP: My right-hand people. That's right. Yeah, you were. Well, that's fun. That's rather quick, your three years. The school health, in developing those standards, did they get promulgated state-wide and adapted here by the school health people?

DW: In our counties.

CP: With your counties. Okay.

DW: In our counties, yeah.

CP: What did Jane do with them from a state-level point of view? And did the department of education ever react?

DW: Oh yeah, they came too. What I did with those standards, I must have held about 14, 15 workshops around the state and invited the educators as well as the nurses. So we had a really good discussion about how this needs to work. And even if they employed nurses by the school board, they could still use the public health nurse in this fashion, as the outreach kind of person, because that's another thing, they don't want their school nurses to ever leave the building in case somebody gets hit on the head.

CP: I've been gone 10 years. You've been gone almost 10 years, too. What's the current status, do you know? Do you keep up with it, where is school health?

DW: Well, yeah, even just before I retired we had a number of initiatives going on. There was always a constant relationship between education and health, and this went on and on and on. I was on the school health medical advisory committee and the only nurse on the medical committee.

And we tried desperately to get some legislation through. And there were little bits of legislation, statutes, acts, here and there. And we wanted to pull that together into one. And, if you remember, you sent me over to Tallahassee to secure school health because legislators were talking about how people thought there was money with this. So other folks began to think, We can do school health too.

And I was sent over to secure, which I did. But unfortunately, because of the nasty head of politics again, there was no money. So we got the program without the money, which is a hollow victory to say the least.

CP: Yeah, that's not uncommon in Florida public health and otherwise, too. Nationally, too, recently.

DW: But then later, some young man came out here. He was an intern for something or other. And I didn't know he was with the legislature. And he came in and he wanted to know, "Well, how would you develop a budget? Like if there was a school health bill, how would you develop a budget?"

I said, "Well, look. Say you're going to have a nurse in there, say, three hours, just as an example." And I worked through how it would cost for supervision, it would cost for mileage, and on, and on, and on. This is the way you develop a budget. There's so many three hour sessions in a week and whatnot.

He brought that back, and that became that they did get that money. Just exactly what I had laid out as a rough sample.

CP: With no pre-thinking.

DW: None at all. That's what we got. But what happened was three hours, that was it. Three hours a week, the nurse had to be there. So not everyone blessed me for that, but we did get money.

And then just before I retired, they had another nurse consultant who came in and was starting. And I'm trying to think, I can't think, they had a special name for it, but it was like "full service." And there would be a nurse practitioner in the school giving medical care to kids that need it and that kind of thing. So many of the counties are in that system now.

CP: Well, back to your district. Before you come to state, now, back to your district area. Other highlights of your district association. You spent four years in sharp contrast to what you were doing in Nassau and in the university setting. Did you have any adjusting to do psychologically?

DW: No, not really. Because a consultant's role was essentially teacher, so I just went on teaching in a different format—

CP: Your classroom was different.

DW: Yeah, right. And many of the nurses, they thirsted for this kind of information. They really did.

CP: The nurses in the health department?

DW: Yeah. Oh, and the other little thing, I had forgotten that we also did home health. And that nurse consultants through the state did the Medicare certification investigations.

CP: That's right. I remember that, yes.

DW: Yeah. So like one month you'd go in friendly consultant, I'm going to help you with all this, and then next month, now you were their investigator and, Oh, you didn't do this right.

CP: That's a bad dual role. That's inappropriate.

DW: It was. Yeah, it really was because it put a strain on you. These were people that you knew and you liked and you didn't want to say, Ah, you're going to get it. But it wasn't impossible, either, because you had an opportunity to really work with them.

There was a lot of bookkeeping with the Medicare program. Oh my, all kinds of time charts and all that kind of stuff. And some of our nurses who are, really, not very sophisticated in this kind of thing. And I never went without a calculator. And there was many a night I spent in a hotel room working out all those figures to see if I could get them straight. So there was that too.

CP: What was your favorite program besides school health? What was your second favorite program as a nurse consultant?

DW: Well, I guess I was in public health an awfully long time before I even knew there was anything besides maternal and child health. But there was lots of emphasis, and there were lots of resources, and there were lots of people involved with that. And somewhere along the line I got concerned. We always had clinics for the elderly. You know, we had hypertension clinics and this kind of thing, but that was about it.

Then Darcie Glick[2], who was an adult health nurse consultant, she came on staff and got involved with the University of Miami. They were doing a study in home visits for chemotherapy, for cancer patients. And we got that going in the [Florida] Panhandle, but it never really got the support and just faded out.

But I think it would've really been very beneficial. Those folks living in the [Florida] Panhandle and in some of these rural areas, the way they had to travel miles and miles and miles every day. It was brutal. So that—

CP: Why didn't it catch on?

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2 Doris F. Glick PhD, RN is an associate professor emerita of the University of Virginia School of Nursing. Doris was a Public Health Nursing Consultant with the Florida Department of Health and Rehabilitative Services during the late '70s.

DW: It just never got any money support, and I guess the hospitals and the doctors, they weren't too keen on us going in and doing this. So that did fold, but it was a good demonstration, certainly, that this is something that can and should happen.

CP: Is it in the right hands, those data? It's been a long while since Darcie was here.

DW: Yeah, I have no idea.

CP: Some of these things that prove so good yesterday, if they're in the proper place, like on this tape, some researcher will pick it up and say, "Golly, that is specific to the pro—" I hope that it gets—you've made a proper note, and there's some historian that's going to find this comment.

DW: Yeah, and think about this because we've got a lot of rural areas in this state. These states—

CP: Still.

DW: —still, absolutely. I think if we had more centralized medical care. Now we have the technology to expand that electronically or however through the state. So we don't have to have an MRI machine in every hamlet, that kind of thing. So my interest in organization always wanders into that kind of area that we should indeed be doing more that way.

CP: And we have all the technology for it. Why do you think we don't expand to there? Why don't we utilize it?

DW: Oh, money, money, money. Money has been throughout the experience even with those first nurses that came in for treating the TB patients in this state, going through the swamp and fighting off the alligators and all that kind of stuff. After they did a few years of that and these tremendous gains that they made, the money got wiped out and they all got fired, this kind of thing.

And that's been the bumpy road for all of public health because it depends on tax money. And today, there's an even greater emphasis on no new taxes. Well, you can't do those things without money. You just can't do it. And I think that public health has always been reticent about coming forward and blowing their own horn. They work quietly—

CP: Oh, we never have. That's the public health nature.

DW: Yeah. And consequently, it's not charismatic enough for the legislators to come forward. And now we have this encephalitis scare in this area, and they're breeding the chickens and everything.

And I can remember before I retired, one of the legislators saying, “Sentinel chickens[3]? That’s a riot. Would they mind jumping down?” And he was obviously thinking of a sentinel at a guard booth. But that was a message we had not gotten over, obviously.

CP: I’m aware that you’ve written an excellent account of the history of Florida’s public health nursing. Talk about that a minute. How did public nursing in Florida get started?

DW: Well, it got started—Dr. Hanson[4] was the health officer and there was an outbreak, or maybe it was more than—it wasn’t an outbreak, there was just a very high caseload of tuberculosis patients in this state. And he felt that, perhaps, nurses could be hired to go out and teach the people, the tubercular patients, how to take care of themselves, how to control the disease, and prevent spread to family and others.

And it took three or four years before he finally got three nurses. And then the next year, I think there were eight or nine or something, but it progressed up to about a dozen nurses. So that by 1915, in the 1915 annual report, they all wrote in their letters and their annual reports.

And it’s a treasure, some of the problems that they had. One was a black nurse and she had more problems than the others, understandably. Doctors really resented them, and it took a long time before they realized that, Gee, they’re taking care of these people, and I don’t have to. Good.

Many of the patients were black or Hispanic, and all were poor. And many of them were in very remote areas. Now, some of the largest cities already had programs going. So this was the state looking at the more rural areas. And the letters are absolutely a treasure. They really are.

CP: I think you told me you had brought copies to give to the library.
DW: Yes.

CP: Thanks.

DW: But one of them reported that she had a lot of trouble with the county commission, and they didn’t approve this. They didn’t like this, and they didn’t like that. Well, she went to the women’s club, where the county commissioners’ wives were meeting, and she got them all charged up. And the next thing you know, the county commissioners said, Well, okay. That’s fine.

CP: I don’t have any trouble with that.

DW: Oh, no, no. And they’re very ingenuous—

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3 Sentinel chickens are purchased at a young age prior to any exposure to encephalitis viruses and strategically placed around livestock as an early detection system for West Nile or any other encephalitic virus.

4 Dr. Henry Hanson (1877-1954) served as Florida’s state health officer from 1929-1935 and 1942-1945.

CP: Florida association women's clubs have been terribly influential in public health progress in this state.

DW: Oh yes. Oh yes. Well, they've since been—

CP: And it started with one of your nurses, one of the nurses, going directly down. Love it. I love it, love it, love it.

DW: So that's how it all started because they didn't just look at tuberculosis. I mean, one of them really got after Tampa because of their sewage running in the streets and things like that. Yeah, these people will never be healthy unless they do something about this.

They got involved with maternity and infant care, and that led into the next part, and that was maternity and infant care. And they developed a unit, and I forget what the name of it was, but they brought in a nurse to head it up. And then the rocky road again, you know, they're there a couple of years and then, no money. They're all fired. And then a couple years later, it swings back.

One of the fascinating parts that the state nursing director got—well, she had a staff of four or something with the state, and they were worried about them keeping their jobs. Now, this was during the Depression. And there was a federal program for assistance to unemployed persons, FERA[5] or something like that. But she did a quick study: a family with 300 nurses who were unemployed in this state. She got the federal money and hired them all.

CP: She did?

DW: Yeah.

CP: I love it.

DW: And that was the first time that there was a substantial staff.

CP: One of those, for your interest, was named Ruth Peoples.[6]

DW: Ruth Peoples, okay.

CP: Yeah, Ruth Peoples. Her later married name was something else, but she ended up as director of nurses for Marion County. Ruth something else. But she was hired for the Hamilton County Health Department under that program, incidentally. And she went to

5 Federal Emergency Relief Administration (FERA) was the new name given by the Roosevelt Administration to the Emergency Relief Administration (ERA) which President Herbert Hoover had created in 1932.

6 Ruth E. Mettinger, maiden name Peoples, was a public health nurse and director of the division of maternal and infant hygiene, the division of public health nursing, and the first female president of the Florida Public Health Association.

work there because she had—you don’t need to hold her whole story, but just for—that’s exciting. Go ahead, go ahead, go ahead.

DW: Another thread through all of that, it went with Dr. Hanson, when he hired those first three nurses. He said, “Now, I want super people. And I want them well trained.” And he had a little program for them before they ever went out.

And then later, with these FEMA nurses—or FERA, whatever—they were very concerned that these were not prepared in public health in any way. So, again, they started programs, yes.

These two and three—the one that didn’t know him decided not to attend the three month training program because they recognized that this is beyond hospital care. This involves a different kind of person. One who is more skilled in communication and teaching and those kinds of things, in addition to other nursing skills.

So, that’s how it all started. And just, bit by bit, it grew. The counties began to get more organized. The cities had had their health departments, but then the counties got in the act. And it was interesting to see. That was the initiative, though, that really pushed it along.

CP: That’s marvelous. Dr. Porter,[7] the original health officer, what was his attitude toward nurses?

DW: Yeah. Okay, good.

CP: He didn’t have any nurses.

DW: No, he didn’t have any nurses.

CP: How come? He didn’t see the need for public health nurses, for what we now call public health nurses?

DW: No, I think, you know—

CP: I know all this is before your time, now, Delores. I know this was before your time.

DW: It seems to me that they focused more on environmental health and communicable disease and those kinds of things.

CP: Yeah, they did. Right. It’s just surprising because I see public health nurses as such an integral part of the public health team, and I can’t imagine doing public health without a nurse oriented into public health.

7Dr. Joseph Yates Porter (1847-1927) was Florida’s first State Public Health Officer.

DW: Yeah, well, I think it's a team effort. It's not just the nurse. And I can remember working with the environmental health folks, the sanitarians, very closely. And the nurse might be the first one to see the problem and report it to them or vice-versa. They may see, Here's a real problem family. You better get somebody out there to look at them. That kind of thing. So we've enjoyed that kind of team sense, not—

CP: To me, that's the strength of public health.

DW: Yeah, and it was never competitive.

CP: Yeah, and it must not be.

DW: No, and—

CP: I don't see how it could be competitive, come to think of it. It's kind of like this football player saying, "I'm a better tennis player than you."

DW: It wouldn't work if it weren't a real team. And I think about when we were reorganized in '75, '76. What a traumatic time that was. We know what we have to do, but we don't know how we're ever going to accomplish it in this setting.

CP: You had administrative milieu.

DW: Oh yes. It was confusing, and people were really disoriented. But we had that group that got together, and it represented every one of the units. There was chronic disease, and communicable disease, and environmental health, and nursing, and nutrition, and social work.

Everybody sat around that table and we looked. Let's pick one service, and how can we all contribute to that service? And we picked maternal and infant care. How can we contribute to that? One of the booklets that I brought was published then as a submission under your name, and we showed how this works and how it has to work. But we convinced ourselves, but I don't think—

CP: Did anybody ever read it besides us?

DW: I'm not sure that they ever did.

CP: Yeah, that's too bad.

DW: Yeah. But it was a tremendous effort, in terms of real, collective thinking.

CP: Yes, and useful. Very useful, except for the administrative milieu under which we were operating or trying to operate. Do you have any insight into how come that remains so disjointed?

DW: Well, I think that we lost some key people that quit.

CP: Yes, we did. Because of the move to Tallahassee?

DW: Yeah. And, think about it. You were new. I was new. Jack McGarry[8] was new. And here we're thrown into this maelstrom.

CP: I thought it was a pot of hot tar.

DW: That, too. Yeah. But that was a very traumatic time. And even the consultants, I remember begging them, "You have to let me know. I don't know if you're going to have a job or not, but I have to know if you'll go anywhere.

"If you really want the job, you'll do anything, any classification, if you really want the job. I have to know these things. Are there places that you cannot go or will not go? I have to have this information so that I can represent you as well as I can." But it was a rough, rough time.

And even home health—and we haven't addressed home health—that was another thing we got involved with. We had Sadie Reading[9] and Dorothy Hildebrand shared a home, and then they moved to Tallahassee. But the rest of the home health though, that's when the politicians in Jacksonville realized that they were losing all these voters who were moving, and they stopped the move.

So the rest of the home health staff was in Jacksonville and their director was in Tallahassee. And that was exciting. But that was another area that, I guess—Bob Graham was a state senator at that time and Reubin Askew was the governor. And there was a push to license private home health agencies. They were not certified under Medicare unless they were licensed, and we didn't have a licensure law.

And we opposed it, but it passed. And they licensed these private agencies and there was chaos. They went into hospitals and fought over patients. I mean, it was really disgraceful. It was a dreadful, dreadful thing to happen.

And Lawton Chiles was, then, our senator. He came down and he held a hearing in Tampa. And one of these private agencies, the internal revenuers, was there too. And when Chiles went all through there, the guy was making 100,000 [dollars] a year, and his wife was the vice president, and she was making 80,000 [dollars], and his daughter was the treasurer and she was making all this—they were arrested before they ever left that room by Internal Revenue [Service]. Oh, that was an exciting hearing.

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8 John F. McGarry MD, MPH was a county health officer. Doctor McGarry was president of the Florida Public Health Association in 1978, Sarasota's health director, and Palm Beach Health Department's deputy director.

9 Sadie Ethel Reading RN, MPH (b. 1915) was a public health nurse with a long career history in hospital and public health administration who served as assistant administrator for the division of health within the department of health and rehabilitative services.

And then later—and I have the letter in there of the United States Senate Special Committee on Aging—they asked for me to come up and testify there, so that was an experience I had.

CP: Okay. You want to talk about that?

DW: Yeah, sure.

CP: Is this Pepper?[10] No, it's Sidney [Richard Yates][11]. It's Sidney who said—

DW: No, [Frank Forrester] Church[12].

CP: Okay, yeah. Church.

DW: Yeah, Senator Church was the chair[13], but, as a matter of fact, when I got there Senator Chiles was chairing. So that was very nice. And I got to talk first because he said he would take the prerogative.

CP: Let his own state go.

DW: Right, right, right.

CP: Good, good, good.

DW: So that was really a very interesting experience, and they had lots of questions. How could this be controlled? And now, just pick up the newspapers and you see they haven't done a great job about controlling it. It's a real dilemma.

Either they need to put enough money into home health that persons who are discharged from the hospital who really need high-quality care really get it, and not say—what happened was Medicare would certify 100 visits. You could have 100. Well, they sent everybody in but the family pet. We had the nurse, we had the aid, we had the physical therapist, we had a nutritionist, we had an occupational therapist, everybody, so they'd get their 100 visits.

At one of these outfits, and I'm not sure that maybe a lot of them did it, had one nurse who was an excellent writer. She wrote all of them. All of the records were the same. Of course, that Medicare paid our nurses, so she met whatever Medicare wanted.

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10 Claude Denson Pepper (1900-1989) was an American politician who represented the United States Senate from 1936-1951 and the Miami area in the US House of Representatives from 1963-1989.

11 Sidney Richard Yates (1909-2000) was a member of the US House of Representatives from 1949-1963 and 1965-1999. He was one of the first congressmen to speak out against age discrimination.

12 Frank Forrester Church III (1924-1984) was an American lawyer and politician. He served as a US Senator from Idaho from 1957 to 1981.

13 Senator Church was chairman of the United States Senate Special Committee on Aging from 1971 to 1979.

So and then this was at the same time that we were reorganized. We lost the unit that really certified home health because we only had the two consultants. We had hundreds of agencies. There was no way they could go out and inspect all these agencies.

And so we lost that, and then after Dorothy [Ebersbach] had died, and those nurse consultants, the two of them, were reassigned. And then the whole program was transferred to the nursing home licensure unit, which by that time was headed by an attorney. Who else? So we lost a lot on that reorganization.

CP: Yes, we did, Dolores. Public health suffered. We have not recovered yet. The people of Florida have not recovered yet.

DW: And the state suffered because if we had a sufficient number of folks who could go out, we could've brought that under control because we knew where to look.

CP: Yes, and how to look.

DW: And we just lost that capacity, and that was too bad.

CP: Among the number of others.

DW: Yeah. And for all of these programs we were constantly writing rules.

CP: They still are. They still are.

DW: Rules, rules, and rules, yes. Now, because of that program with Darcie Glick and the cancer patients, kind of got me interested in the elderly. And our population was growing and growing. And I thought, Gee, if we could get a grant to do something in preventive services for the elderly, not more hypertension clinics. Let's do something to prevent—

CP: Or diabetes monitoring.

DW: Yeah, right. And we got a program going with Sandy Schoenfisch.[14] And I know you know Sandy.

CP: Yes.

DW: And I wrote up a grant and got the money for that. We studied the state and found two counties: Citrus and Hernando. Yeah, those two counties really had the greatest number of elderly, percentage-wise.

So we started this program. Went out to the senior centers and that kind of thing. Got the doctors involved, ophthalmologists came in and did eyes and this kind of thing, so it got to be a real community effort. We looked at good screenings. Picked up a few cases of

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14Dr. Sandra Schoenfisch is the director of the office of public health nursing and a nursing consultant for the Florida Department of Health.

colon cancer, and we did the screenings. We did immunizations, including pneumonia, which was a new one, and we were happy to be able to provide that.

We did what we call the brownbag check. Bring all of your medications in. And we'd go through that and see what they were taking and clear all that confusion up. And then had regular classes in health.

CP: In nutrition. General nutrition.

DW: Oh, yeah, the nutritionists did a full nutrition survey on them too. So it was a—

CP: You're aware that the state health department has no nutrition focus now?

DW: Oh my.

CP: Did you know that? They don't any nutrition.

DW: They've just turned it over to the daily newspapers or the TV?

CP: I think so. One or the other.

DW: Yeah. Oh my. That's bad news.

CP: Yeah, it is. Well, those were, or are, rather exciting times. And you're flipping back and forth in my time element, and that's doing okay. That's doing okay.

If you highlight that '74, '76 reorg/move to Tallahassee period, what would be the outstanding events of those days, from your nursing point of view? One was the uncertainties of consultants, which you mentioned.

DW: Oh yes. Well, our consultants were reassigned to various districts and there was a real power struggle, then, because I wanted to keep them on the state staff for one major reason: because all of them, also, were specialists. They were generalized public health nursing consultants, but each one had a different specialty area, and they were hired for that.

We had an epidemiologist. We had a family planning specialist. We had a maternity specialist. We had a midwife, all this. And we used them on a statewide basis for those specialties. We were doing workshops or anything of that nature. Well, when they went to the districts we lost that. They were gophers in the districts. So, that was something that —

CP: And there wasn't one for every district. How did you cover that?

DW: Well, they had—

CP: Did the districts get all hot and bothered about that?

DW: Oh yeah. And ultimately they all did have—I thought it was remarkable. We had one district for one county and one consultant. That's like having somebody come in every day, How are you doing? It was madness.

We tried to have collectives, if you will. Like District 8 had all of Fort Meyers and Collier County and all those little counties around there, all the way up to Sarasota, with one consultant. And then here they had a consultant for Pinellas and Hillsborough and Pope, then Pope was pulled out. So there was a lot of struggling.

CP: And your nursing consultants didn't know what their duty was.

DW: Well, even if they did, that didn't mean they could do it.

CP: Yeah, under this new scheme of things. I thought they would settle back in very quickly to what it was they were to be after.

DW: No, it was very difficult. And human nature, being what it is, some of the counties felt, Good, we don't have to do what you tell us.

CP: Well, they weren't accountable to you anymore.

DW: That's right. So we had some of that, too. That kind of spoiled the broth a little bit.

CP: All right. We'll move on. We finally got reorganized and kind of got settled in. What happened then, from a nursing point of view?

DW: From the nursing point of view, let's see. We struggled on, and then we moved. We moved a lot. We were on the ground floor, then we're on the fourth floor, then we're on the third floor and the second floor, then we were in another building, then we were moved back, so—

CP: Well, you didn't accumulate a lot of trash. You got to throw away pretty often.

DW: Oh, you're right. You're right. So amidst all this moving we met lots and lots of other fellows that we learned to get along with. Then we had a different health officer. I guess Jim Howell came in next.

CP: He wasn't there very long, though.

DW: No, no. And that was fine. We had some kind of a memo—you'll remember—from this secretary who said we were not allowed to do anything for anybody who was ill, injured, or anything else. Let them lie there and call 9-1-1 kind of a thing. And then when

Jim was appointed to health officer, it was Margaret Jacks ran up three flights of stairs to a meeting and had a little angina[15] when she got up there.

And Howell was there, and he was very upset. And I came up a few minutes later. And he said, "Well, you can do something with her." And I went over and I said, "Margaret, do you have any nitroglycerin or anything you carry?" "Oh yeah." "Pop it under the tongue, honey." From that moment on, Jim Howell was shouting, "She's my 9-1-1," and he brought this huge, huge thing.

CP: Oh, that first aid/resuscitation kit?

DW: Yes, that I was supposed to grab and run out.

CP: What ever happened to that thing?

DW: I don't know. I hope it got lost.

CP: It was a joke.

DW: It was heavy, too.

CP: It was a joke.

DW: Yes. So that was one interesting event. But things, they moved along. You learn to cope, and that kind of thing. And then, Jim, he became assistant secretary or something and Steve King came in. And Steve King demolished the nursing unit, reassigned all the consultants to the different programs: one in maternal child health [and] one here and there.

CP: What was his business for that?

DW: He didn't—

CP: He just thought it would be the thing to do?

DW: Yeah. So I was moved downstairs. And the nurses throughout the state were incensed. I mean, they really let him have it. But he did not back off in any way. So I also lost my secretary, so I had to share his secretary, because I was moved downstairs, and I was in the next office. And, actually, that developed into something even better.

CP: Oh good.

DW: Yes, with a little ingenuity. I said, "Really, if I'm going to be responsible for writing standards for nursing practice and nursing service and classification for the different

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15 Angina is a chest pain or discomfort caused when the heart muscle does not get enough oxygen-rich blood. It can be a symptom of an underlying heart condition, usually coronary heart disease.

nurses and that, I must have contact throughout the state. So let me have an advisory committee or something. I will appoint some nurses throughout the state." "Oh, all right."

Well, I did appoint. I was criticized for it by some. They felt it should've been a more democratic thing. But I didn't want people who couldn't do the job. I wanted people who could really produce. And we had—

CP: This is a diplomatic party we're having here.

DW: Yeah right. So we had that advisory committee, and that was really very, very good. We represented all parts of the state. And you really get a feel [for] what are the problems this—the whole business about standing orders and giving medications in the clinics.

We had a buddy. Now, we had pharmacies. Somewhere in that reorganization, we got a pharmacy group. And he went around and was signing—all the health departments said that nurses were practicing medicine and pharmacy without a license, and he was going to get them.

Now, this came back to me through the advisory committee because, lo and behold, a couple of our nurses were married to pharmacists who said, "Oh, he's out to get a nurse." So, I did a study. He wanted a pharmacist.

I said, "It will not be enough to put a pharmacist in every county because we have over 300 clinic sites, and that's where this goes on. So we would need 360 pharmacists. And it would cost millions if standing orders aren't approved."

He said that that was illegal. Standing orders were illegal. So we were brought up to the secretary, who listened to this, and he says, "You mean we're shooting ourselves in the foot?" I said, "No, we're aiming higher."

CP: Not too much higher.

DW: So he said, "Well, let's see. We've got to do something." Then we had another committee. We had the pharmacy association, the nurses' association, and all these other folks. And, of course, it was pretty wild. They would never agree to anything. So we developed some legislation that would allow the nurses to give medication under standing orders.

CP: Yes. They do that in hospitals all the time. They have forever.

DW: Well, interestingly, that helped get that through because who was the head of the committee that it went to? It was a pharmacist. I thought, "Oh, we are dead in the water." And they changed the wording to read that nurses could order—now we didn't say anything about order—could order and dispense medications under protocols or something like that.

And they thought, Sure, see, that would kill it. The docs would come out and go mad. But the docs were seeing that the standing orders wouldn't work. I mean, they'd be up all day and all night, running, writing their own letters. So they went with us, and the bill passed.

CP: What did the pharmacists think about that?

DW: They were very unhappy, but all we wanted to do was, a kid comes in with lice or something, and you give them something.

CP: Yeah, you treat the boy.

DW: Yeah. So that was an exciting time.

CP: I sense that you've had a lot of those.

DW: Yes.

CP: Tell me about another one.

DW: All right. Well, entirely different, just about the time we were reorganized, the state passed a legislation to allow collective bargaining. And the AFSCME, [American Federation of State, County and Municipal Employees] is it? The union that represents all the municipal employees and that, they were fighting for it. The nurses' association was fighting to represent nurses. And the police benevolence association, they were fighting to represent the police.

So I spent a whole day in court on that one swearing that actually our supervisors in our counties did not hire anybody. They supervised the practice. They didn't supervise the person, in that sense. They did not hire. They did not fire.

CP: That's correct.

DW: So that passed. That got through. And the nurses' association, however, now was not representing just nurses. They represented doctors, nutritionists, everybody except the environmental health. And they were begging me, Please, get us in. I wrote all kinds of memos, saying, how we worked together and that. But no, no, no. The collective bargaining group, he would not approve them. They didn't lay hands on people, so.

But that was another exercise. And then, actually, all positions in nursing—the consultants, everybody—were in the union, except for—

CP: You.

DW: Me and my assistant. I did have an assistant. I didn't have a unit, but I did have an assistant.

CP: As being an executive branch—

DW: I didn't have a unit, but I did have an assistant.

CP: And no secretary, you shared the secretary, still.

DW: Right. And then we had AIDS come along.

CP: AIDS.

DW: AIDS. That was another—let's see, [Dr. Stephen H.] King was the health officer when we really first started getting reports on AIDS and problems with getting these people admitted to hospitals and to nursing homes. Nobody wanted to touch them. So, that he gave to me. Sitting down the hall, "You do something with this."

So we wrote a control program. What they could use to clean up and disinfect and all this kind of stuff. But it was an interesting kind of thing because we were denied the classical public health approach to a communicable disease.

"No, no, no, no, no. Don't do that. Oh, you can't report it." "Well, how are we going to know it if we don't report it?" That kind of thing. It was a mess is what it was.

CP: Keep talking. Work through some of the original decision processes.

DW: Well, we met with some of the folks who were dealing with AIDS patients, and they needed counseling and support as much as the patient did. Absolutely, they were scared. Absolutely.

And so there was a lot of that. And we'd go around to nursing homes, try to show them if you're wearing gloves, you'll be all right. But it was tragic. And, as I say, without the customary kind of reporting system, we could not develop a system to deal with it.

CP: That continues to be a problem.

DW: Oh yes. Oh yeah. Right. Right. Well, now you have the at-risk group for telling you what to do instead of vice-versa.

CP: That seems to be the way it is.

DW: Yes, yes.

CP: How long did it take you to settle in to some corner of AIDS acceptableness or programming routine?

DW: I guess it was about a year before, then we had an AIDS office and had some people assigned to it.

CP: Did nursing stay very involved?

DW: Oh yeah. We had a nurse in that office. And then, later, Sandy Schoenfisch, I think she headed up that office. She's a talented, talented gal. And then the other big thing we had was midwives.

CP: You hadn't mentioned midwives. Are you talking nurse or lay or both?

DW: Well, to begin with, we had thousands of midwives in this state. And I've got a couple of reports there that I wrote.

CP: Okay. That you're going to leave with us?

DW: Absolutely. They were written for the legislature to understand the problem. They did not understand the problem.

CP: Even after you wrote.

DW: Well, we had all these granny midwives, and they were well intentioned. And they'd get some kind of licensure in the early days, way before my time, but after they put through the licensure law, they dropped from, like 6,000 to 100 or 500 or something like that. They just evaporated.

CP: Is that because of the strictness of the licensure law?

DW: Yeah, right. It said they had to have a little training, is what it said. Very strict. So then they started training programs in the counties, and that's how the counties got to be so involved with midwifery because they would issue the license.

CP: Give me an approximate year when this started.

DW: Let's see. That must have been in the '30s when that all started. But these people, they were the same people now in the '70s, and they're old now. I mean they're real old.

CP: All the same granny midwives.

DW: Right, right. We didn't have any new granny midwives, just the same old ones. So we had started a program to ease them out, essentially. And we gave them a certificate, like this big, with all kinds of stuff around it, thanking them for the service that they had rendered to the state. And they did, I mean there were no other folks around to deliver babies. So, bit by bit, as they got older we would—

CP: Give them their plaque.

DW: Give them their plaque and wish them well. And then we start getting these other reports about lay midwives, and this was at the beginning of the ’60s with the hippie movement and that—

CP: Yes, yeah, back to nature.

DW: Yeah, back to nature. So, we had, then, these lay midwives who were delivering babies who were outside the loop. I mean, they had no backup in terms of a physician. What happened was that if they started to run into problems with the patient, they would delay bringing them to the hospital because they didn’t want to get in trouble.

And we had some really gory, gory episodes. We really did. Dreadful. But the first case we had that went to court was over in St. Augustine and the doctor, this gal had worked for an obstetrician. She was a clerk.

CP: Was that a receptionist or something?

DW: Yeah. Well, she opened her own business and started to deliver babies, and he charged her with practicing medicine without a license. So, that was my first court case on midwifery. And I’ll never forget it because I went in there—her attorneys were from the college of law at the University of Florida and one from Chicago. She had about three attorneys. I met our attorney two seconds before we went in. He says, “What’s this about? What’s this about?”

CP: He was asking you. You’re his—

DW: Well, I saw his office. He had a stack of cases to the ceiling. So, of course, we lost that case. And the law was declared unconstitutional. Well, this just opened up everything.

CP: Pandora’s box[16].

DW: So that’s when we began to get reports from all over. It was dreadful. We went to court down here in Tampa. One woman, she had partially delivered the baby, and it was dead. After three days, they left her screaming. And it was the people across the street who finally called the cops and said, “You’ve got to go. There’s something wrong in there.”

CP: What? The lay midwife?

DW: Yeah. I mean really gory stuff. We lost that case, too, because the father said, “This was my fault.”

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16 Pandora’s box is a reference to the Greek myth of Pandora, a woman who released all of the evils of humanity into the world from a container. The idiom in modern parlance means to perform an action that seems initially innocent but turns into an action that has far-reaching consequences that are usually negative.

CP: Yeah, for not calling a doc. It was his fault, wasn't it?

DW: Oh yeah. But then they didn't prosecute the midwife. Yeah, we had some really, really dreadful—

CP: This was a non-trained midwife. These are in contrast to the grannies, they at least had some tutelage.

DW: Yeah, right, right. So, they were all over the place. They were just running from one to the other. Finally, we got the law reestablished. Got a new law in, new rules. We had to set up a school, then.

So it was Dr. Day who served on the committee. And we had a nurse midwife from FSU, and we had our own midwife come in. And they gave the tests. They wrote up the questions and decided whether these people could practice or not.

So then we had to write rules for the law. And that's when we had this committee of many midwives and, I don't know, we had none of the unlicensed ones. We had nurse midwives, obstetricians—we had an obstetrician from here, from Tampa. Nice young man, he didn't know what he was getting into. This was absolutely gory.

We had some wild, wild meetings. And I can remember one of the meetings we held in Gainesville. And Dr. Mahan[17] and another obstetrician was sitting with him, who finally said, "I have to get out of here. I'm getting sick to my stomach."

CP: Where did you school? Tell me about the school, too. Did you license this school? Did you put out competitions—

DW: Well, a freewheeling outfit developed the school, and we developed a curriculum for them and this kind of thing. And then that unit in the department of education, the—

CP: Junior college?

DW: No, it's the one that—there are independent colleges in that.

CP: Yeah, yeah. I can't give the details, but I know what you're talking about.

DW: They went in and certified them when we didn't want them certified. Oh, we were—

CP: Failure to communicate again.

DW: Oh my. Yes. But that was the midwifery business. And we had nurse midwives and some very fine ones. And then we got into the birth center business.

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17 Dr. Charles Mahan was interviewed as part of the USF College of Public Health Oral History Project on September 8th, 1999 and February 20th, 2013. See DOI C53-00021 and C53-00062.

CP: That's a separate ripple issue? The birth center?

DW: Yeah, yeah.
CP: And that's lay midwifery, is it not? Or is that nurse midwifery?

DW: Well, really, either would be a license. Most of them are nurses. Most of them are nurse midwives.

CP: Okay, good. Yeah, keep talking.

DW: Yeah, and we wrote up the legislation because some of these midwives, they were delivering in their own homes, not necessarily the patient's home, but in their homes.

CP: Again, we're talking about nurse or lay?

DW: No, the lay ones. And that was even more alarming.

CP: They were operating in the hospital now, but also home.
{{{1:19:11.1}}
DW: I don't know.

CP: That's just tongue-in-cheek.

DW: Yeah. They might be, for all we know. But then we decided, we'd better do something about having some kind of control over these birth—they would call them birth centers, and develop the proposal for legislation, which was passed. And then we had to write the rules for that.

So now they have birthing centers, which is fine. And it was interesting. The nurse midwives, most of them, had, really, a partnership with a physician and the patient could select whom they wanted, but the difference being, they were really in the loop.

If something was wrong, as soon as they recognized it they could get to the physician or they could get to the hospital. And that was it. With the lay midwives, they were outside the loop. They were afraid or didn't recognize, in many instances. And some of them had these really bizarre recommendations like jump up and down 50 times, this nonsense kind of stuff.

CP: Boy, oh boy. What time period are you talking about?

DW: This started in the '70s and went on through the '80s. It was a tortured route all the way. Oh yes. Well, so that was lay midwifery. And the legislators, of course, they didn't —

CP: They didn't understand what the issue was.

DW: No, no. And I remember sitting in the back one time, listening to this. And we had our spokesman, and one of the legislators said, “Well, what’s the difference between a lay midwife and a nurse midwife?” And our departmental spokesman said, “Well, the nurse midwife has to work under the doctor and the other ones don’t.”

CP: Very good answer.

DW: Very good answer.

CP: You lost again, didn’t you?

DW: No, we didn’t lose because Senator [Kenneth] Jenne was there. He said, “Is Dolores Wennlund in this room?” “Yes.” “Will you come up and tell us what’s going on with this midwifery?” So I did have an opportunity. But this was a time when we dare not speak.

CP: I remember. I remember. But lay midwifery, now, and nursing centers, and also nurse midwifery, as I read in the papers and get the sense, has really come into its own. We now have a state organization of nurse midwifery, which is quasi-related to the department of health but an independent. And one of your nurse midwives is the executive director. And they’re office [is] across the street from Limewood. I can’t remember her name. Give me a name.

DW: I don’t know. There’s too many of them.

CP: I bring it up because I wanted you to speak to it. And this is nurse midwifery.

DW: One of the interesting things about the—

CP: Reichert. Reichert? A nurse, Reichert?

DW: Oh, yes, yes, yes. I know her.

CP: Okay, she’s a nurse midwife?

DW: Yes. She had been on our staff.

CP: That’s right. She’s executive director of the Florida Nurse Midwifery Association.

DW: Good, good.

CP: Go ahead, sorry.

DW: No, that’s all right. When they first passed the licensure law, way back in the ’30s, or whenever, that included the nurse midwives. So we were one of the few states where a

nurse midwife could deliver a baby because we had a licensure law. And consequently, we tended to attract nurse midwives.

CP: I'm sitting here remembering all of the stuff in Sarasota or Fort Meyers over some sort of federal project, migrant oriented, having to do with nurse midwifery operating in the hospitals?

DW: Yes, yes. And then the first hospital that hired a nurse midwife was over near Fort Pierce or in that area. And I can remember some really bitter exchanges like, "I don't want second-rate medicine for my patients," kind of comments and that, but it took off. They did a fine job.

CP: And University of Miami opened a nurse midwifery school. You could graduate a nurse midwife. As far as I know, they still are.

DW: Yeah, right. And I guess Florida does, too. But anyway, that was interesting. And it was a thread that ran through.

CP: It begins even sooner than that.

DW: Oh yeah. Oh yeah.

CP: And I think that Joyce Ely—

DW: Joyce Ely. She was assigned when they first got into this whole question of maternal and infant care and the high mortality rates. The infant mortality rate was terribly high, but so was the maternal.

CP: I remember, when I first got involved, maternal [death] rates of 17 to 20 per 1,000 births, maternal deaths—20 maternal deaths per 1,000 births.

DW: So Joyce was assigned to do something about this. Maybe get a training program going. Ultimately, she went back to school and became a nurse midwife. So it really took off.

CP: Well, in your relatively short tenure you have had some exciting times. Are you aware of that?

DW: Oh, I am. I am. That's why I really welcomed retirement. It seemed a little less exciting.

CP: If you were to speak to the highlights of your total public health nursing career, what would they be?

DW: Oh, let me see. Total highlights? Well—

CP: To judge the question, let me give you my next two questions. Your highlights, the things of the most personally satisfying—and I separate those two—and then the third, the most disappointing piece of your career. If you could address those three questions.

DW: Well, I think because there was simply so much going on all the time, we had lots of highlights. And, certainly, one was the midwifery, and finally getting some legislation through, and finally getting that system under control and protecting the health of so many of these mothers.

CP: It had been out of control so long.

DW: Oh yes. Oh my. And that was certainly one of the highlights.

CP: For the record, I think we need to note that Florida enjoyed the second highest infant mortality rate in the nation for many, many, many years.

DW: Right, right. Absolutely.

CP: That's for the record.

DW: Absolutely. That, and another, I guess, testifying before the United States Senate [Special Committee] on Aging on home health services and bringing the story of what was going on in Florida, what the problems were. And that was surely, that was a highlight for me.

CP: Great, great, great. Over your professional career. Okay, those two are notable. What's your personally most satisfying piece of your career?

DW: Well, much of it was very satisfying. I suppose, working with that nursing committee, that advisory committee, might have been the most satisfying.

CP: Professionally satisfying experience.

DW: Yes, yes. Right.

CP: That would be fun.

DW: Yeah, because we could—there were no holds barred. You think this is a good idea? Nobody was bounded to say, Oh yes, ma'am. None of that.

CP: Oh, that's marvelous. Yes, yes. Okay.

DW: Yeah. A real open idea exchange and some very fine material came out of that group.

CP: For the record, would it be inappropriate for me to ask you to name that committee, as many of them as you can remember?

DW: Oh, the people on the committee?

CP: Yeah.
DW: Now, let's see. We had Ruth Foden and Cora Braynon. I'm trying to think of the lady in Gadsden County, and I can't think of her name.
{{{1:29:24.4}}
CP: This is embarrassing. I'll tell you in a moment.

DW: There are a few. A gal from Orlando, who has since died, she was on that committee. She was very helpful. It's hard to pull up all those names.

CP: Yeah, that's good, that's good. Mrs. Martin was from Gadsden County.

DW: Oh yeah, Meredith Martin. Right, right. That's right.

CP: Well, those are the kind of kingpins of Florida nursing, public health nursing. You had them.

DW: Oh yeah. Oh yeah. And they were folks like even before primary care got into the act and people didn't quite know what to do with that. In Orange County they had been doing that forever because they said, Well, in order to prevent something, we had to get them in and treat them first, and then we start preventing.

CP: When I was a public health resident here in Hillsborough County, many thousand years ago, we had acute disease clinics, formally, and positions were assigned, and anybody who had a sickness, for any reason, presented themselves and would be diagnosed and treated. And, it was Dr. Neal who was the health officer then, allowed the same thing. It's the index. And these folks are uncared for and we can prevent so much by opening to—

DW: Oh sure. What you have to do is get them in. That's your first step.

CP: That's right. So primary care has really been delivered by the public health organizations and their many vises. Was there a problem with becoming so formal with the legislature?

DW: Yes, of course, because that got funded and nothing else did. And we had all these district administrators who were not even helped, never mind public health. So they didn't think anything else was important. The primary care, that was important.

CP: And you public health folks had the doctors and nurses. So there's a cost avoidance in assigning medical care to the health department by the legislation. It was a cost avoidance procedure, was it not?

DW: Well, really. Yes. Yes.

CP: I don't even know if we're funding what needs to be done.

DW: Yeah, right. Right. So, I was—

CP: And you left before it fell into disrepute. Health departments are largely out of it now. There's one great advantage though, of course, of the health department's venture into primary care. Virtually everyone doubled their floor space with nice tiles.

DW: Oh yes, yes. Right. Oh, and I certainly hope—where was that? In Madison we were down in the basement, and you had to climb over these live wires and everything—

CP: Was it Lake City?

DW: Yeah. Lake City.

CP: That was in Lake City.

DW: Dreadful.

CP: Yeah, it was. And then your most disappointing piece of your career.

DW: Well, let's see.

CP: That may be a very personal question, but phrase it a way we can tape it.

DW: Oh yeah, well, certainly one disappointment was in the reorganization to lose the nursing presence at the state office. That would be the most disappointing. Now it's quality control or something of this nature, which is one thing, but to miss that identification with the nurse, with a nurse leader. I think that is disappointing.

And I'll tell you, quite frankly, one of the reasons that I have not gone back to some of the case conferences in the past few years because every time I go, they say, Oh, it's not the same. And I can't do anything about that. And well, I'm told, You had to go with the flow.

CP: Yeah, you do. Yeah, you do. But I always want the bosses to listen to us. I want them to hear our plays. I'm afraid me and you had some bosses could care less about our professional opinions and didn't ask for a lot of them, and if we gave them we were threatened.

DW: Yes, yes, yes. Very true.

CP: I'll identify with that sad moment of yours.

DW: So I would say that's the most disappointing.

CP: What have we left out?

DW: Well, just a little point of information. The first secretary who came in after the reorganization, Mr. Paige—remember Pete Paige—and then after he left, he taught at FSU. And I took courses there—

CP: From him?

DW: Yes.
{{1:34:58.2}}}
CP: You did?

DW: And I got all A-pluses.

CP: You did? Now is this because of your grade or your graciousness? I mean, because of your intellect or your graciousness?

DW: Well, he really liked my papers, and I didn't hold anything back.

CP: She and I have had some very candid discussions, and I like Mr. Paige. I liked him as a personal friend.

DW: Oh yes. Oh yes. Yeah, I did too. And I know when I first appeared in his class, he said, "How come—you already have a master's. Why are you back?" And I said, "Well, you know, my master's is almost 20 years old. It needs to be recycled, honey."

CP: What was your master's in?

DW: My first one was in public health nursing, the second one in public administration.

CP: You're a glutton for punishment. Well, okay, that's one subtle thing we left out. What else have we left out?

DW: I can't think of anything that needs to be passed on to our grandchildren or great-grandchildren and great-great-grandchildren.

CP: Yeah. Someone else said, If your great-grandchildren are watching this tape—and they'll be able to, by the way, watch this tape—what's your message to them?

DW: Well, I guess my message would be do something that you really enjoy and do it well. And just be persistent. Just keep at it.

CP: Persistence. Keep on at keeping on. And choose your field.

DW: And you can't lose your sense of humor because the world doesn't stop because you're—

CP: Just because I'm mad, it doesn't stop.

DW: Right, right. So you have to be able to—

CP: Go with the flow. Got to be able to swim. Keep your head up. And you can't swim upstream, but you can sure swim across the stream.

DW: Oh, you can, yes. Right. Right.

CP: Well, on behalf of the library system of University of South Florida, Ms. Dolores Wennlund, we thank you sincerely for coming by, sharing yourself and your work with us. And for our audience, I'd want them to know that you've brought at least 10 inches high of paper to be a part of your contribution and your shelving to the history of Florida's public health. And we thank you for those.

And that includes an excellent report book that Ms. Wennlund has written on the history of public health nursing in Florida.[18] And it's the only effort in such that I'm conscious of, and I think it is superb and excellent. And I thank you for taking the time to do that. And now making it available for permanent recall for anybody who wishes to look.

DW: Absolutely.

CP: Dolores, thank you very much.

DW: Oh, you're very welcome. Glad to be here.

End of Interview

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18 *The Annals of Public Health Nursing in Florida* by Delores Wennlund. 1992.