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E. Charlton Prather (CP): Well, it's a pleasure to have with us this afternoon Mrs. Gertrude Lee of Holmes County and Bonifay, Florida, where she served as the director of public health nursing there in that county health department for many, many years. She won't let me tell you exactly how many years, but a lot of years. And it's just truly a pleasure to have you here, Mrs. Lee, to share with us some of your observations and your doings in public health in a very rural and poor Florida county. What ever got interested in public health?

Gertrude Lee (GL): Well, Dr. Prather, my interest goes way back in public health because one of the first times I was exposed to public health was when I was still in grammar school. And a nurse came, and this was before we even had the organized public health in our area and what have you, but—

CP: Where was this grammar school?

GL: This was in Washington County, and it was Union Hill, Florida.

CP: Okay.

GL: Union Hill.

CP: That's important for the record. I'm talking to a Floridian.

GL: Yeah, you're talking to a bona fide Floridian. I was born and reared in Washington County and finished school there, and what have you. But she came when we were in the fourth grade, and she was, I guess, trying to teach people about maternal and child health and that sort of thing.

And we had a little fair at that school. They had little fairs every year at the school, and she came and did the demonstration. And she set up and had all the layouts for the baby and was teaching the mothers about children and just everything about children and trying to talk to them about, even way back then, about prevention.

CP: This was a public health nurse?

GL: It was—well, to tell you the truth, Dr. Prather, I don't know whether it was a public health nurse or not, but I figured it was a public health nurse.

CP: Because she was doing public health stuff.

GL: Yeah, she was doing public health stuff, whether she was a public health nurse. I can tell you her name was Ms. Hale, but now, I don't know where she even came from. But anyhow, I was really interested in that. I thought that was the most fascinating thing and all. And I thought, That's what I'm going to be when I grow up.

I told the superintendent of the schools one time, when everybody was talking about children having to find themselves, "Well, I reckon that's something that I missed, having to find myself because from the time I was in fourth grade at school, I wanted to be a nurse." And it narrowed down to public health.

And then when I went in nursing school, and I finished nursing school at the old Sacred Heart Hospital in Pensacola. And Elizabeth Reed taught us public health.

CP: She did? She was a nurse at the Escambia County Health Department.

GL: Yes, she was. And she taught us the theory on public health. And, [of] course, when we were in, and I would suspect it was because of Elizabeth Reed, that we, in our nursing curriculum, we had six weeks of on-hand experience with the Escambia County Health Department. And, of

course, by the time that I got to the place where I was ready to do that, well then, Mrs. Elizabeth Reed had already moved into Jacksonville and started working there.

CP: As the director of health education.

GL: Yes.

CP: For the record, for our audience, I want them to know that Mrs. Elizabeth Reed, who was a nurse and got her career started in Escambia County as, I think, the director of nurses there.

GL: Yes, she was the director of nursing.

CP: But we ascribe to her, too, the rejuvenation of health education for Florida when she came to Jacksonville. We just love Elizabeth Reed.

GL: She was just a wonderful person, and she excited you. She made you feel like that was the only place in the world to be was in public health. And, of course, I already had that background of—

CP: You were already motivated.

GL: I was already motivated, I guess.

CP: You only need to learn how to spell it.

GL: And needed to know what it was, really. And it took me a lot of years before I really found out what I was. But anyhow, when I went to do my six weeks of on-hand orientation and what have you in public health at the health department, then, Betty King was there as the director of nursing.

CP: And she was?

GL: So, I had Betty King, then, as her influence on me, too. And then, another thing, when I was finishing my six weeks, I was already—I knew that was what I—or thought I knew that was what I was going to do, but I had said this in the beginning, whenever I first went in school.

And so, the girl that was supposed to relieve me on rotation on Sunday night, she had appendicitis, and they had to operate on her. So the sister sent me back for a second six weeks of orientation over there. So, I had that much orientation of it.

CP: Oh, that was the full contingent.

GL: I was in my senior year at that time, and so then I went on, of course, I went then in the Army. And then, when I got out of service and came back home, my daddy, in the meantime, had died. And my mother was there, and she was sick, and she had two children that were still in high school. And back in those days, you didn't have a whole lot of money put aside to support the family.

CP: Well, it hadn't been long since the Depression.

GL: Yeah, didn't have no welfare to support the family. So I came back to stay with mother and to help her with the bills and help get those other two kids through school and what have you. And before I left the Army, though, I wrote to Ms. Mettinger[1].

CP: Oh, director of nursing for the state board of health.

GL: I had met Ms. Mettinger whenever I was in Pensacola. So, I wrote her a letter and told her that I was interested in public health. And she wrote me right back and sent me an application. So, I got my application. And whenever I got my application, and as soon as I got home, well then, I went to work pretty quick thereafter.

CP: You were hired from one job—you didn't have any off time, did you?

GL: Not really. I had to take time to go buy me a car because I didn't even know how to drive a car. I'd been behind the steering wheel of a car one time.

1Ruth Mettinger was the first nursing director of Florida's public health system. She served the state of Florida from 1934 to 1963.

CP: The military didn’t teach you to drive?

GL: We didn’t have no cars in the military. I didn’t have a boyfriend that even had a car, so that was terrible. But I went and bought me a car. I went to Pensacola and bought me a car. And whenever we were coming back, I told my sister-in-law, who went with me, “Pull over on this road here. I’m fixing to drive this car.”

I knew I had to learn to drive before I can do public health nursing. They told me I had to be able to drive a car and had to have a car before I could public health nursing. So, I had to learn to drive that car, and I drove that booger. But she would laugh and tell my family about me and driving after that, but anyhow, I learned to drive it.

CP: You refer to her as your sister-in-law. This was your sister-in-law to be?

GL: No, she was my sister-in-law at the time.

CP: Oh really?

GL: See, I came from a large family, Dr. Prather.

CP: Okay. Excuse me, I apologize.

GL: But anyhow, I ended up in Holmes County. And a while ago, you wouldn’t say how long, but I really stayed there 38 years as staff nurse.

CP: Your first job was in Holmes.

GL: Well, no, my first job was doing maternity nursing care at Brunswick City Hospital in Brunswick, Georgia. And my first public health job was in Holmes County. And I stayed in Holmes County with all the rest of the things—

CP: You got married and had all your children there. Thirty-eight years. You started out as a staff nurse. How many nurses did you have?

GL: One. I was the nurse.

CP: And you were called the staff nurse?

GL: I was called a staff nurse.

CP: Oh, you were also the director of nurses and major bottle washer, too, because you only had one.

GL: Back in the early days, in the rural counties, you didn't have the staff nurse and director of nursing services, supervisors, and all that sort of thing. And when we did ever get a nurse, well, we were both just staff nurses. And I worked as a staff nurse, and then my classification had later on changed to supervising nurse.

And back whenever the nurses began to unionize, so to speak. But anyway, whenever I wrote my job description it isn't about, you know, to whenever you had to make a determination of who was going to vote and what have you? They wouldn't let me vote because I was supervisor, and I didn't take that very lightly.

I thought that I needed to vote if I was a supervisor because all the rest of the supervisors were going to get to vote. So, anyhow, whenever I made the protest, well, then, all of a sudden, they decided they would give me director of nursing service.

That's how I got director of nursing service. I wrote the job description. And, Ms. Matheson wrote me back and said—let me see how it was that—that was not a job of supervisor. That the things that I was doing or the things that my job description showed was that that was director of nursing service.

And so she asked one of the nursing consultants did she help me to write that job description? And she looked at it and she said, "No, she wrote that job description telling you just exactly what she does, and she does a whole lot more than that." So, that ended that, anyway, then.

CP: When you first joined the health department and you were the only nurse, had there been a nurse there before?

GL: There had been a nurse there before, Dr. Prather. Ms. Lionel.

CP: Nurse Lionel?

GL: Helen Lionel. I don't know whether you knew her or not.

CP: No, I don't remember her.

GL: But she came out there when they were organizing to organize that health department over there. The citizens themselves—and I'm sure, because you know Dr. Sowder[2] was state health officer then, and he was interested in trying to get health departments organized in every county in the state.

And so, when they came and talked to the county commissioners and that sort of thing about it—whoever came from the state, I don't know right now—but they came. And Ms. Lionel, Helen Lionel, came out there. And she and the Holmes County agent spearheaded—

CP: Homemakers.

GL: Homemakers. Home economy.

CP: Home economics. The county home economics. That's right.

GL: And they spearheaded a drive in order to get a building and got a building and got the building renovated. Got it all painted up, and it was right on the main street. And then, of course, the people at the county commissioners didn't have too much room to say no whenever they got the building all set up and what have you, but they took—

CP: This was a community public, the populous effort?

GL: Absolutely. And they would take a dollar or 10 dollars or 500 dollars, however much somebody had they wanted to contribute to it. And a lot of those people, they were poor enough

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2Dr. Wilson T. Sowder was a prominent figure in Florida's public health system for over 30 years. Under his tenure as a Florida state health officer, he developed health departments in each of Florida's counties. Dr. Sowder was interviewed as part of the Florida Public Health Oral History Project on June 24, 1997.

back then that a dollar was probably all they could contribute. But they contributed enough to it that they built that building.

And then the county commissioners didn't think they had money enough in the budget to draw down the state and federal monies. You know, then, they probably didn't have it at that time. But then the school board—we had two lawyers in the county and one of them served as the attorney for the school board and the other one served as the attorney for the county board of commissioners.

And so, the schools felt like they needed nursing service and public health service. And so, they went in, and the school board put half the money in, and the county commissioners put half the money in. And do you know how much money they put in the first year?

CP: No, I don't, but I want you to tell me.

GL: Three thousand and five hundred dollars each. So we had 7,000 dollars. And what little money that was left over that time—there was enough that it was right close to 10,000 dollars of it all pooled that they put in there.

And so, Ms. Lionel stayed there. Now, see, this was in October of 1944. And Ms. Lionel stayed there until some time the following year. And then there was another nurse that came in, and her name was Buckley. I never met her. She left before I came, but she stayed there until the rest of, let me see, '44, '45. And at the end of '45, or the very first of '46, she left.

So I can look back now and I think, Well, how—because Ms. Mettinger answered my letter right away whenever I wrote and sent me the application. And I imagine that she was pretty desperate for a nurse out there.

CP: I'll bet you she was, yeah. Go back to the organizing, too. From your knowledge, on what basis was the community interested in having a health department?

GL: Dr. Prather, I think that one of the driving things from it was the fact that back then they would come from—and it must have been from Jackson County—they would come into the schools and give some immunizations and what have you. And I think that people really began to be concerned about the diseases that their children were having, and I think the school—

CP: Diphtheria[3], tetanus, yeah.

GL: Well, whooping cough[4]. Whooping cough. That was because, I think, a lot of those children that had whooping cough. And the first year I was in public health and working in the schools, we had 22 children with whooping cough. And that whooping cough left almost of those children with some residual lung problems. All the time.

CP: It was a frightful disease, and the health department could bring prevention from that, couldn't they?

GL: Yeah, and I think that that's really the thing that—that plus the education that Ms. Lionel and the homemakers provided for them and what have you, what good the health department would be able to do and all that sort of thing. And that that's what motivated them to start.

And I can remember that, when I came there, they were talking about not having money enough to support the health department. And one man got up and said, "Well, the hog farmers around here, that we support their cholera vaccination for the hogs? And don't you gentlemen think that it's more important to protect the children than it is the hogs? If those hog farmers want cholera vaccine, they can buy it!" And, then, they supported the health department. But, that's the way they really started that.

But when I came in 1946, they hadn't had a public health nurse in about three months. I came the first day of April in 1946, April Fools' Day. And it's been April Fools' Day ever since. But the only orientation that I had had to that time, in public health, was what I got when I was in Escambia County. But I went in, and I knew about immunizations, and I knew about tuberculosis control, too, and venereal disease control. And I had that background to start—

CP: Were those major programs in Bonifay when you joined? Tuberculosis, immunization, and venereal disease.

GL: That's right. When I first started, I began to read the records of what the girl had done before and looked at her diary that she had and all that sort of thing. We had a clerk typist there that was—she was Dr. Paul's niece. And she was real knowledgeable about health care and health services. And she had worked, well, almost there since the health department had been started, she had been working at the health department.

3Diptheria is a serious infection of the respiratory system that can be prevented by a vaccine.

4Whooping cough is a highly contagious respiratory infection that most commonly affects infants.

And she helped me. And she told me, “There’s some children, they had their beginning immunizations in some schools. Those things need to be finished up in a reasonable time, in order to make sure that they see the reason that’s affecting everything.” And I told her, “Well, help me to find where it’s all at and everything, and we’ll—”

CP: I’ll get on it.

GL: And that’s exactly what we did. But then, right after I started with immunizations and what have you and then Betty Thickett—I don’t know whether you remember Ms. Betty Thickett or not, but she was a nursing consultant. And they sent Betty Thickett out there, and she stayed out there about three weeks with me and oriented me to—

CP: Your duties.

GL: And responsibilities and all that sort of thing. And we had, at the time that I started, we had 28 schools in Holmes County. And we only had about 3,000 students because, at that time, there was less than 12,000 population in Holmes County, and then it decreased and decreased until we got to a place where there was a little better than 9,000 population, and then it began to come up again and build back up again. But with those schools, we had a superintendent that was totally blind.

CP: You did? That shouldn’t affect his head, though.

GL: It didn’t because I was telling my grandson not too many days ago that—he was taking me back, when I had my eyes done, he was taking me back to the doctor. And I was telling him that the superintendent took me, went with me in my car, to visit all those schools and to introduce me. And it took us about two days to make all of those schools for him—

CP: Yeah, the superintendent’s going around to introduce the nurse.

GL: That’s right. That’s what they did back in those days. I doubt that they do that now, but they sure did back in those days. And one of the first things I had to do was to learn how to—I told you I had to learn how to drive, but I also had to learn how to drive on—

CP: Those dirt two roads?

GL: Dirt roads—slick roads and sandy roads. You were either on one or the other. You were on a clay road that was as slick as a button, and especially if it had rained, or you were on sand, where you bogged down in it.

CP: Did you ever get stuck?

GL: Oh yes. Many times.

CP: What did you do?

GL: Well, there usually was somebody that would come along, or else there would be a farmer close by that had a pair of mules that would come and drag me out. I would get out and walk to the house and tell him I was stuck. That was a marvelous thing, back doing public health nursing back then.

CP: Did you wear a uniform?

GL: Yeah, I wore a uniform. Wore a uniform. But, to begin with, I wore my Army uniform. I kept wearing my Army uniform to begin with until I could get me some uniforms. But anyhow, way back, whenever we were doing public health nursing, the people were proud of their public health nurses. And I said that I take it from the standpoint they had ownership of their county health department.

CP: Yes, and they felt it.

GL: And they felt the ownership of their county health departments. And they protected not only the nurse but the sanitation officer as well and all of that sort of thing back in those days. You were not afraid to go anywhere that you needed to go because you just were not afraid to go because you were a special person back then. And maybe that's the reason I stayed in public health, I wanted to be a special person.

CP: Because you were a special person. I'm interested in your orientation by Ms. Fiske.

GL: Thickett.

CP: Thickett, that came out of Jacksonville. What all went into this orientation for her to tell you what your duties are and kind of get you settled in. You were the only nurse there, and they were afraid, if you left, they might not get another one, so—

GL: I have an idea. But the other thing that we did at the health council, we didn't have a health officer at that time, either, because Dr. Robins had been the health officer and Dr. Robins left.

But another interesting thing to me was that the doctors that were in the community—we had two physicians in our community. And both of those doctors was real interested in public health. And they were so glad that—and I was welcomed with open arms by those physicians. There was no competition between us at all. It was full cooperation all the way. They came and helped the venereal disease clinics when we had to hold the venereal—

CP: They did? Did you pay them a fee, or did they do this as a volunteer?

GL: They did as volunteers. They rotated. One, one week, and the other one, the next week. And when we started working, we worked five and a half days a week.

CP: Yeah, we did when I started in public health too.

GL: And they paid me the sum total of 135 dollars a month and the clerk told that I had a limit of 40 dollars for my mileage. And I looked at the county and all that sort of thing, and paying payments on a car and what have you. And after about two or three months, I decided I can't cut this no longer, so I called Ms. Mettinger up and told her, "I think I am going to have to quit."

And she said, "Don't you dare quit until you meet me in Marianna." And she flew up on some kind of a little plane. They had an airport out in Marianna, and I met her over in Marianna. And she asked me would I stay on at 150 dollars a month and I stayed, and I worked for 150 dollars a month. And then, she said I would have unlimited mileage. So, whatever I needed—

CP: In that rural county, yeah.

GL: In that—yeah. So, in the beginnings.

CP: Yeah. And you're still the only nurse.

GL: I'm still the only nurse.

CP: Yeah. But without a health officer. Where did you get your medical backup? You did—

GL: Dr. Paul and Dr. Segrist. The two doctors that was there. And if I had any kind of a question or they were—if I called them on the telephone, day or night, they were available and all that sort of thing. It was just a good working relationship, whenever I come right into it. Of course, on the other hand, even though, at that time, that they were—we probably shouldn't have been doing some of it, but we did it because—see, they did home deliveries back in those days.

And if they delivered a baby out in the county, well, then, they would call us and say, "Hey, when you're up at such and such, in the area of whatever it is, how about checking in on what's her name?"

CP: The baby up there.

GL: Well, it was good for us because we got—we were in the home without having to do anything, where we could teach public health. We could teach them about the immunizations, and we could teach them about how they bathe that baby, and how they needed to feed that baby, and all that sort of thing. So, I felt like that was a really good thing and we did that, but it was a good working relationship with the community professionals that was already there.

CP: When did you finally get a second nurse?

GL: Well, it must have been about October that a nurse that—see, we didn't have nurses in our county. They had to come in. There were very few nurses in Holmes and all of Washington County, either one.

CP: Neither had a hospital.

GL: Neither had a hospital, and so there was no nurses in—and the nurses that were there, well then, they were working in the doctor's offices. But, sometime around October, an oil company came in there, surveying for oil, and one of their wives was a nurse, and she came to work. And she worked until about February, and then they moved on out. And we didn't have another nurse then.

And then Dr. Reems came as a health officer, part-time health officer for the three counties. Okaloosa County, Walton County, and Holmes County were our three county health units.

CP: I think y'all shared a sanitarian too, didn't you?

GL: Not to begin with, we didn't. We each one had our own sanitarian, but they had the health officer that they shared. And he came, and he would hold clinics when he came. On whatever days that—he had a day and a half in each one of those counties that he came.

And then, after that, well, then they hired Sarah Williams. And Sarah, she was a staff nurse and I was a staff nurse, and the river divided the counties, so we divided the county at the river. She took care of that business on the other side of the river, and I took east of the river. And I took it on the east of the river and she took it on the west of the river to make all the schools and what have you—

CP: Yeah, the house calls and baby follow-ups.

GL: Everything. But our main programs, then, were the control of communicable diseases. And whenever the source case, whenever a case was reported, then, we checked on that case and we followed that case, whatever communicable disease it was that was reported.

And back then we were having diphtheria. We were having whooping cough. You had typhoid fever. We had some Brill's fever[5], and undulant fever[6]. And then all those things had to be followed up and followed through, which we did.

And the venereal disease program, we had about anywhere from 30 to 60 patients every week that came to get. And back in those days, it was mapharsen and bismuth[7] because we didn't have anything else.

CP: And Dr. Reems came over to do the injecting?

5Brill's fever, or Brill's disease, is a strain of epidemic typhus fever.

6Undulant fever, also called Brucellosis, is a bacterial infection that can spread from animals to people through the consumption of unpasteurized dairy products.

7Mapharsen and bismuth were commonly used to treat syphilis beginning in the 1930s. Their use is no longer recommended today.

GL: Dr. Paul and Dr. Segrist.

CP: Oh, they would come in. That's right.

GL: They came in and did the injections.

CP: And you were patrolling the 40 for tertiary syphilis.

GL: Well, I'm sure that part of it was late syphilis that never had been treated because, at that time, we had a sizable—and I can't tell you, now, Dr. Prather, a lot of these things is if you had asked me to do this before I threw it away, all when I had kind of cleaned my house out. We were getting ready for a 50th wedding anniversary, my daughter insisted that—

CP: You clean house?

GL: Clean house. So, I threw away some of that history in all of that time. But anyway, they came and did—we had, as I started to say, we had a sizable number of people that were sent to Chattahoochee, because of—

CP: Syphilis.

GL: Syphilis. And we had, we also had right smart of primary syphilis too, at that time, that we were treating. And whenever you got a case of primary syphilis, we sent some of our patients to Jacksonville, when they used the fever treatment, heat treatments for them.

CP: Yeah, the old heat ship, sitting there in the harbor, in the river.[8]

GL: And that's a lot of the primary syphilis, that's where they went.

CP: Fever ship, US Public Health Service. That wasn't the name of it. But I was on that boat, not as a patient. I was on that boat. I know what you're talking about.

8The Ernest Hinds was moored as a hospital ship in Jacksonville, Florida, from July 1946 to April 1947. The ship was originally used as a passenger liner before being transferred to the US Government as a troop transport during World War II. The ship was transferred to the US Public Health Service to provide treatment for advanced syphilis using the new cure of penicillin and was moored in Jacksonville, Florida to help ease hospital overcrowding because of Florida's high STD rates.

GL: Well, and then, of course, they advanced on until they got to where doing penicillin with that beeswax[9].

CP: With the beeswax—do you remember the first that you got? And what did you think of it?

GL: I don't know.

CP: It was painful. And you, the nurse, probably had to give it.

GL: We did.

CP: Penicillin in beeswax.

GL: And we had to give them bismuth. The doctors gave the mapharsen IVs, but we had to give the bismuth.

CP: Oh, the beeswax hurt much more than the bismuth, though.

GL: Yeah, yeah. And it didn't last too long, thank goodness, before they came out with something else[10]. But anyway, we had to go through that painful process of that.

CP: Yeah. That was good stuff, that penicillin.

GL: Yeah.

CP: Yeah.

9In the early days of its usage, penicillin was suspended in beeswax and peanut oil because injections required a liquid substance that would prolong the activity of the the penicillin in the bloodstream when administered to a patient.

10As a result of increased sensitivity to the peanut oil and beeswax used to coat penicillin in the 1950s, scientists developed new formulas for penicillin.

GL: But—

CP: Because in my first penicillin and VD we collected, we'd keep the patient for eight hours and collect all the urine, where we would get the penicillin back.

GL: Then you know about it, too. You've been there. You like I have. You've been there for a long period of time. But it was interesting. It was, from the standpoint of the control of the communicable diseases, to do the follow up on those people and what have you. And we had to do all the follow-up from your primary syphilis cases and track down the sources, the contacts, and all this sort of thing.

CP: You did that? The nurse did that?

GL: The nurse did it. The nurse did it. We were busy, you know?

CP: I'm sensing that.

GL: We were. And you did not have a minute to drag around, really, whenever it'd come right down to it. And, of course, we probably didn't keep as good records as what we ought to have kept back in those days, but the thing about it is, we knew what we were doing, and the other feller could come in.

Even like when I came in, I could pick up the records that Ms. Buckley had written and I could know which direction she was trying to take a family in from the records. So, you kept the records that was necessary to be kept, but you didn't keep a whole lot more.

CP: Good. Mention tuberculosis. You haven't mentioned tuberculosis.

GL: We had tuberculosis, and back in those days, well, most of your tuberculosis cases were treated at home. And we had people that would build little screened-in houses, out behind, just a little dirt floor, screened houses, and they'd put their tuberculosis patient in there. And I would suspect that that might've been what saved some of them from getting tuberculosis because they were kind of isolated.

And, of course, we had to teach them isolation technique and what you. And they did a pretty good job, whenever it'd come right down to it, isolating them. But we also had some deaths from tuberculosis, where they just plain out hemorrhaged to death because they had tuberculosis.

And we had a pretty good load of tuberculosis cases. Well, I came to work in '46, and I would say, even until, maybe 1966 that we had some of those families that were still transmitting TB. But we would send them to the hospital, but a lot of them it would be far enough advanced because the programs of detection was not near that good and you could—

CP: Forty-six, we hadn't started the x-ray surveys. Those were started in 1950, that first x-ray survey.

GL: Yeah, and the other thing was that we didn't even have a tuberculin skin test[11] that was reliable that you could do the tuberculosis skin test with them and what have you. And it was not until we got to the place where we had the tuberculin skin test that we could do and then follow up with x-rays on those people that we began to make any headway in control of tuberculosis.

CP: Well, those were the tough times. You mentioned undulant fever early. Do you recall anything specific about undulant fever that you can share with us?

GL: Not too much, Dr. Prather. It seemed to me like we only had about two cases of it, was all that we had.

CP: Well, that's plenty. That's plenty.

GL: But my memory is kind of fuzzy on that.

CP: My memory's getting a little fuzzy, too.

GL: Mine's fuzzy about a lot of things, now. But tuberculosis was a real hard program to do anything about, really, whenever it'd come right down to it.

CP: Yeah. In the early days before drugs, before tuberculin, and before a reasonable x-ray to travel to the rural areas. And that traveling x-ray, as I'm remembering, only started in '49 in

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11 Tuberculin skin tests are administered in order to detect tuberculosis in a person.

Florida, too, for the rural counties. You sent your patients in somewhere else, if you need an x-ray. At a private doctor's office, some of them had that—

GL: That was the only thing we had was a private doctor's office, to send them in a private doctor's office to get it done. And Dr. Segrist was the only one that had. And the other thing was that the people did not have the money to pay for those things. And the doctor couldn't afford to do x-rays on them, even if they did have tuberculosis, without being paid for it.

And that was the only alternative we had for patients in Holmes County, at that time. But they, finally, whenever they started coming with the mobile x-ray unit, well, then we had good turnouts for the mobile x-ray unit because that was one thing people was afraid of. They were afraid of tuberculosis.

CP: Did you have a tuberculosis association, tuberculosis society, or whatever you call it?

GL: Yeah. We had a small one, not enough to really do too much, but they did sponsor the annual survey, whenever it came, and did the publicity for it and did the volunteer to help with the registration of them and that sort of thing.

CP: Were you involved with the TB society, tuberculosis association?

GL: Uh-huh. Uh-huh.

CP: Yeah, I would imagine.

GL: I helped organize it. We didn't have any much of any kind of organizations whenever I went. And—

CP: What sort of motivated you to want a tuberculosis society in Holmes County?

GL: Well, I would suspect that needing the help was the thing that—

CP: That sounds pretty good. That sounds pretty good.

GL: I think that's what motivated me to do some of the other things, was because I needed the help. I needed them women to come out of their house. But, you see, Dr. Prather, public health was so much different, then, than what public health is now because a lot of our public health was done in the homes themselves, back then. That you were in the homes—you were not sitting in the office, then, there and writing them a card and telling them to come and see you and all that sort of thing.

You were out there. And not only did you look for tuberculosis but whenever I first started in public health, we had babies that were born with syphilis. See, a lot of our births were delivered by midwives. I had a midwife program where we had 22 lay midwives—

CP: In that one county?

GL: In that one county. And they did a big part of the delivery.

CP: Talk about that some. Talk about the lay midwifery program and your association with it and how it went.

GL: Well, they were all—Jule Graves had—do you remember her?

CP: It's not ringing a bell yet.

GL: Well, Jule Graves was head of the lay midwife programs in the state of Florida.

CP: Okay, is she associated with the state health department?

GL: She was with the state health department. And then, Ethel Kirkland, after Jule Graves—

CP: Oh, I know Ethel Kirkland.

GL: Well, see, Ethel Kirkland came, and she worked with Ms. Jule Graves. But she also took the place for Jule Graves, whenever after Jule Graves. But Jule Graves had a manual that she had done for you to teach lay midwives.

And the teaching of those lay midwives, some of it had been done, a little bit, by Ms. Buckley and Ms. Lionel. A little bit, not much. But I got that manual, and I held monthly classes with them, and I had them to come in. And I'll never forget—

CP: You did?

GL: Yeah. And all 22 of them always came to most of the classes, unless they were—

CP: Delivering a baby.

GL: Doing the delivery of a baby. And they would come, and they would bring their covered dish, and they'd have covered dish and eat their meal, and then we went into the class and taught them. I taught them about the sterilization, how they could sterilize in their ovens, to do their pack, and fix it up to go to the home to do the delivery and all that sort of thing.

CP: Were they doing any reasonable sanitary deliveries prior to a focus by the state health department? What was the condition of the deliveries?

GL: Not very sanitary. Not nearly as much as what it should've been. But they were all, I think that the midwives were, I think they wanted to do the right thing, and I think that they did what they knew to do, but there was just so many things that they didn't know about. And that was the —

CP: Yeah, there was a midwife in Walton County, by the name of Gladys—

GL: Gladys Milton.

CP: That's right. Gladys Milton. The message she told me of the early days of having dung from a newborn calf, that there was a problem keeping dung from a newborn calf to treat the umbilical stub with after the delivery.

GL: Well, now, I never did run into that.

CP: She told me about that, and she didn't think that was very good because her physician had tried to talk her out of that. But that was the way because it'd make the stump fall off quicker. But you had to have the dung from a newborn calf.

GL: I never ran into that one, but I tell you what, I remember we were talking about the—in the manual where they talked about maternal deaths and infant deaths and that sort of thing. And I can remember that this one midwife, and I can see that moment today as good as I could then. She was long, tall, and black.

And she said, “I don’t have no—I’m never going to have that. I’m not going to have that.” And I said, “Now, you say you’re not going to have it, but you may.” “Not me,” and that just interested me. And I said, “Well, how come you’re not going to have it?” She said, “Because I’ve been mersmerized [*sic*].”

CP: She had been mersmerized, okay.

GL: And of course, I wasn’t about to let her know that I didn’t know what mersmerized was. So, one of the first things I did was soon as they got out and everything, I called Dr. Paul. And I said, “Dr. Paul, I’ve just heard something another. I don’t know what it is. I’ve got to call you and ask you about this.”

And I told him that she had, that this woman had told me that she had been mersmerized. And I said, “What was she talking about? Do you know what she would’ve been talking about? I didn’t ask her because I didn’t want her to know that I didn’t know.”

And he threw his head right down and he laughed. He said, “Yeah, I know what she’s talking about. The water broke and the head came out with a sack over her head, over her face and everything. So she had the veil over her face, and that’s why she was mersmerized.”

That just tickled me so good. And I think of it, today, it is just as funny as it was back then because it was one of those things that I had never heard of. And I thought, That is really something. But anyhow, we finally got them to the place where they were doing a pretty good job of doing sterilization—

CP: But still doing most of the deliveries in Holmes County?

GL: Yeah. They were getting—

CP: When did that tide turn? When did they begin to do less and more were in the hospital?

GL: If that was in ’46, then it probably was somewhere around ’58, ’58.

CP: Fifty-eight. Lord. But now you have a hospital, too.

GL: We’ve got a hospital there, but they don’t do deliveries there.

CP: Did they not ever? When it was recently built?

GL: Yeah, they did some, when it was originally built, but not very many.

CP: That was a criterion for the Hill-Burton hospitals[12]. You had to have OB service.

GL: Well, you know you did it. And then but when you got to where you didn’t have doctors that did it, well then, you just didn’t have—there wasn’t nobody to do deliveries. They were not going to let those lay midwives come and do them.

And so our deliveries, that was a thorn in my side as a public health nurse that I never did get solved because I felt like, all those years, that it was wrong to expect women to leave and ride 50, 75, or 100 miles to go someplace to have their babies delivered.

CP: And where’d they go? Pensacola and Panama City?

GL: Pensacola, Panama City, Milton, Jackson County, Dothan, Geneva. Wherever they could find a doctor to deliver.

CP: You know, that’s kind of sad.

GL: And we did. I figured that the health department, our health department, was going to get in trouble with this. I think I even talked to you about it one time, about that we provided prenatal

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12In 1946, Congress passed the Hill-Burton Free and Reduced-Cost Health Care that allowed hospitals, nursing homes, and other health facilities to modernize their facilities and services with grants and loans. These grants and loans were given under strict requirements that the health facilities had to follow in exchange for the federal funding.

care for them and trying to get, all the time, trying to get them to go to the doctor and trying to get them to get a doctor.

CP: Get a doctor on line for the delivery.

GL: And they just—of course, I know it was a matter of transportation and it was a matter of money. Money and transportation. They didn't have transportation to go to those places, and they didn't have the money to go to those places.

Pause in Recording

CP: Took a little break, but we were talking about lay midwifery somewhat and your concerns. And one of your major disappointments was that you never did get a good delivery service for homes that—

GL: Still do not.

CP: Is that true as of 1997?

GL: That's right.

CP: It is? What are y'all doing then?

GL: We have a woman doctor there, now, that is doing some deliveries.

CP: Okay, low-risk deliveries.

GL: But I think she's doing it in Jackson County.

CP: They've got a good delivery unit and—

GL: They've got a good delivery unit there.

CP: —service there. Yeah, and they got a number of boarded, at least two boarded obstetricians that I know about there.

GL: But most of the ones that the health department is following and that sort of thing is going to Panama City. I think, now, they've got a contract with that one doctor to have—

CP: And who is paying his Improved Pregnancy Outcome[13] or Healthy Mothers, Healthy Babies —paying for that stuff?

GL: I've not talked to Margie about it, really. Lately, Dr. Prather, I've been—so I don't really know what they're doing, but I think that that's must be where he was coming from.

CP: Yeah, that's modern times. I'm going to come back to your most disappointing moments. That's one, but let's don't go to that yet. Okay, we also want to talk about your highlights, too, but don't want to go to that yet, either. I want to get back to how you began to expand the nursing service. Up to this point, we've got one nurse over there, and that's Ms. Lee.

GL: That's right. And Sarah Williams came, and when Sarah Williams left, she had been gone three or four months when Norma Simms came to work with us. And Norma and I worked, then, until—she had one side of the river, and I had the other side of the river, doing the same old thing that we did until—

And, Dr. Prather, back when I said that we in Holmes County—the schools, a lot of our public health nursing actually started within the schools because we had—and it's like I told you on the phone the other day, that we were one of the few counties that they would've—public constructions contributed to the health department, and it continued to contribute to the health department.

Now, in about 1959, we got a superintendent in there that decided the schools should not be contributing to the health department. So, that year, he didn't put any money in the budget, nor he did not notify anybody he wasn't putting any money in the budget. And we would have been crippled had it not been for the state health office coming forth and, kind of, taking up some of that slack and what have you.

13Improved Pregnancy Outcome (IPO) is a program created to reach low-income, medically and socially at-risk pregnant and parenting women, fathers, infants and other stakeholders to provide the necessary resources for a positive outcome.

Of course, I think the thing about it was that we probably had money in the—I didn't do all the money business. I did a lot of it, but there some of it that I didn't do. And that's one of it that the health officer, Dr. Nelson was supposed to have been the health officer, and Dr. Nelson at that time was supposed to have been seen about the budget and what have you, and Dr. Nelson had neglected to say anything about it one way or the other and just depended that they wouldn't—

CP: As they've always done.

GL: As they've always done and what have you. But that year, we had a new superintendent, and they didn't do it. But we continued to provide.

CP: The school health services?

GL: We cut down some on it, and we told them why were cutting down. And whenever they called us, and they thought they had a case of measles or something another, well, then, we told them, Well, you just have to have them handle it and you can send them home, or whatever you want to do.

Of course, whenever it'd come time, then, for the next time—but two lawyers that were still interested in the health department, and when it'd come time for the next legislative session to meet, they got a special bill passed for populations of such and such, how they used to do it? But that in Holmes County that the racetrack money could not be divided until the county health departments was adequately supported.

CP: Really? I wasn't aware of that. That started in Holmes County?

GL: Yeah. They did it in Holmes. And they did it because that superintendent then decided they didn't want to put no money in back then. But we continued providing. And our schools, our children had—let me see, Rupert was the sanitarian by then, so it must've been '49, '50, thereabouts, maybe '48, '49. But we had 75 percent of our children was infested with hookworms. We did a total survey—

CP: My gracious. In '50?

GL: And, well, it was over the last of the '40s.

CP: Okay. That's still pretty late, though. I'm still surprised at that.

GL: But I will tell you that we didn't have all that much sanitation back then.

CP: And you still had a lot of surface privies, I'll bet, too.

GL: That we had and some places didn't even have privies. And, so Rupert and I took—that year, when we did that survey, and we found that we had had several children that were so anemic until they had to be hospitalized.

And we did. In 1947, the US Public Health Service[14] sent some physicians in our county. And they were, I don't know, they were just not finished school yet, but they did the examinations. They did physical examinations on almost all the children in the county. And—

CP: US Public Health Service externship program.

GL: Yeah. And so, when they did that, we did hemoglobins[15] on them, and we found that they were low, low, low in the hemoglobin. And Rupert and I started going from and would call a community meeting for all the people in the community, and we wore out two or three sets of that *Hookworm Charlie*[16], showing them *Hookworm Charlie*.

CP: Yeah, I remember *Hookworm Charlie*.

GL: And talking to them about why they got hookworms and what we had to do in order to control them. And they started, they were building—

CP: Privies?

GL: Sanitary pit privies, yes. But a lot of men, by then, had come back from World War II, and a lot of them were begin to get interested in trying to put bathrooms in their houses and to put in their buildings. And at that time, they put in a lot of pit privies, and then a lot of people went ahead and put in—

14The US Public Health Service is the primary division of the US Department of Health.

15Hemoglobin tests are administered in order to detect the presence of hookworm and other parasites.

16*Hookworm Charlie* was a cartoon used as part of hookworm education programs.

CP: Indoor plumbing? Building their septic tanks?

GL: —and what have you. But one of the things that, and, you would think that people just would have better sense than to do this sort of thing, but we found out that one of the men there in town was selling deep wells to people in their bathrooms and was selling all the materials to fix their bathroom and everything.

And instead of building them a septic tank, like he was supposed to be, he was piping all back in the dug well that they had before they put the thing down, and then that created quite a problem.

CP: Oh my gracious. What did your health department do about that?

GL: Well, they cited him for it. And—

CP: Did Rupert get out there and get on his high horse?

GL: He did, more. And he got some other people on their high horse and what have you about it. So they took care of that right away. I don't think he got away with but one or two of—

CP: That's worrisome.

GL: Yeah. Because you would've thought that a businessman would've had—

CP: Probably that was the cheapest way he could do it, maybe make more profit that way.

GL: He could make more profit. He knew that that was the whole thing, that it was a profit incentive. But anyway, we began to see a decline from then on with the hookworms and what have you.

CP: Did you do mass treatment? I remember, when I was younger than I am now, the state board of health coming through and doing the surveys. And then the health department would come to the school, and we'd all take our medicine. I mean, we'd line up and get our medicine.

GL: Well, we didn't do that. But we notified all the parents, and the parents came in and got their medicine. Or else, if we were in the home, and we didn't go out without taking hookworm medicine with us because we knew that if we got into a home where we had notified them that their kid had hookworms that they were going to—and the whole family, the whole family would take the treatment.

CP: That was recommended that any family, the whole group, would take the treatment.

GL: And so we began to kind of beat on that problem with the—

CP: In essence, I cut my teeth on hookworm in public.

GL: We got all the women in the schools, surrounding schools, and what have you, involved in it. And they helped us to get the specimens out and bring them back in and get them wrapped up and all that sort of thing. You couldn't get anyone to do that today. No way you could get them. We couldn't. I know women, and I know you couldn't get them involved in that sort of thing.

CP: But it was a community effort, and that was largely because of your organizing them.

GL: And I take my hat off to them because I think that they were the bestest [*sic*] women there was in the country, really, when it comes right down to it. Some of them were, of course, you know, a lot of my people at that time, their education level was low, even whenever Dr. Simpson came in.

And you ask about when we continued to nurses, when we first added on another nurse was, and I don't know whether you know it or not, but you remember when the OEO program, Office of Economic Opportunity[17] came out?

CP: Yes, yes, I remember.

GL: Well, a man working with the Farmer's Home Administration[18] and I got together, and we decided that we wanted to get some of that money.

17The Office of Economic Opportunity was an agency responsible for the administration of most of the War on Poverty programs created by President Lyndon B. Johnson and his Great Society programs.

18The Farmers Home Administration is a former US government agency that extended credit for agriculture and rural development. Loans were also offered to individual farmers, low-income families, and seniors in rural areas.

CP: All right. I think that's okay.

GL: We wrote us a project. And we did get some money for the three counties. Then, we had gone to Washington, Holmes, and Walton County. Okaloosa County had got their own health officer and all that sort of thing.

CP: And Simpson was the director.

GL: Dr. Simpson. Well, Dr. Simpson came as the director just about the time that we got the OEO project and when the people from Washington—and the first time Dr. Simpson came into Holmes County and Dr. Parks brought him over to Holmes County. And Dr. Parks and Dr. Simpson sat in on the meeting with the people from Washington DC.

And they didn't think too much—in Atlanta—and they didn't think too much of the health department having that money from the OEO. They thought that we ought to be getting money from the US Public Health Service or something another, rather than their OEO monies. And Fred Johnson, he was superintendent at that time, and he finally got tired of all their bickering back and forth and what have you.

And he said, "Well, I'll tell you what you gentlemen do. You all just get up from here and go back from which you come. We've taken care of Holmes County problems for a lot of times. And if you don't want us to have that money, we'll continue to take care of Holmes County problems. We'll just throw this thing right in the trashcan."

Well, then they began fishtailing back and what have you. And the reason they did, because they knew that Bob Sikes[19] was already involved in it before the project ever got off, got sent up there, well then, Bob Sikes was already involved.

CP: They better back off if Bob Sikes—yeah.

GL: They knew. And so, in all three of them counties: a nurse, a sanitarian, and another doctor. And each one of us got us a park.

CP: From the OEO money?

19Robert L. F. Sikes represented the state of Florida in the US House of Representatives from 1941 to 1979.

GL: From the OEO money.

CP: Wow.

GL: And we had that for a year, but that's all we had for the year. So then we had to find something another when that year was out, to take over. And—

CP: What did you do?

GL: Well, I guess that we had gotten to the place, by then, where our county commissioners had more money, and maybe we had better rapport with them or something—

CP: And they were seeing results.

GL: And they were seeing results. And they picked up the slack and supported it and continued to support it.

CP: And then so you moved into the 20th century, in so many words, with that OEO money.

GL: And from there, then, and of course, about that time, see—but now, we weren't—and let me tell you, this is when we went into home health services, whenever you got the place where we could go into home health services.

Of course, we had already been doing some home health services ever since I had been there because in doing those notes—I wonder what it is, but I threw them away—but anyway, I began to think in Holmes County, in the early days, in the early times of public health in Holmes County and social welfare in Holmes County, that we had a collaborative effort.

A total collaborative effort between the private practitioners, who were the backbone, the social service workers, the home demonstration and county agent people, and the Farmer's Home Administration people. We had a total collaboration. And then you get to a place that public health and HRS[20] [Department of Health and Rehabilitative Services] and that they get all thrown together and everything.

20The Florida Department of Health and Rehabilitative Services was created to promote and protect the health and safety of all residents through the establishment and maintenance of high quality public health standards.

They spent from 1970 right up until the day I left there, trying to get back to a collaborative effort. And I thought, Well, you threw it away, a way back, and that's why you want to go back to it because they did. We had.

CP: Did you have any insight into that?

GL: Back then?

CP: Yeah, I'm aware that HRS was designed to force that collaboration. But many of you small county health departments, you had it going. And one of the early secretaries would speak to, didn't speak to Holmes County in specific because he didn't have knowledge of that, but he would talk about the way these rural counties, they knew each other, and they did this.

GL: They did, Dr. Prather, but what you got into was that it all goes back to the money situation because all of a sudden, they were in competition with each other. They were in competition for the dollars that was going to be spent. And whenever you get to the place because—and I think that, whatever, if the—I don't know whether it was the legislation itself or whether it was—

CP: An attitude of the administrators.

GL: Yeah, or what. But anyhow, they put into force the county health department, so to speak, to be the medical arm for the social service patients.

CP: Yeah. That was an early philosophy.

GL: And when you began to do that, then the county health departments were no longer—they couldn't claim ownership. The public officials could not claim ownership of the health department.

CP: They had no sense of belonging.

GL: And they had no sense of belonging, and the other thing was that you could not do what was needed within your county because the programs were prescribed to you and, more or less,

handed down to you. And you had to do it. We had a consultant come by one time, and he was going the one program, and I can't even think what he was pushing, now.

But anyway, he was telling me that we could take time away from the schools and do his program, whatever it was. And I think they were putting, in our county budget, that they were putting something like 1,000 dollars in there to do whatever it was that he was wanting to do.

And I took him and I said, "Let me tell you something, when you get to the place where you're putting the kind of money in my health department budget that the board of public constructions is, then I'll do your program. But now, they're putting in a big part of my money, and they're going to get the biggest part of my time." And I—

CP: Makes sense to me.

GL: Well, it makes sense to me, and it always has. But anyway, but that's some of the fights that we got into in the (inaudible). Because, all of a sudden, you could not do what you knew, and what you could see, and what your people who were around you was telling you what needed to be done and what the services that ought to be provided because you were so busy trying to provide the services that somebody else was imposing on you and also trying to justify the jobs of some of those people that were in those positions. But that's my—

CP: Thank you. That's very good. I happen to agree with you.

GL: Well, if you agree with me or not, it's the way that I felt.

CP: I got you off course. But you were beginning to tell me about your early days in home health services. The county health departments, seems to me, have always done home health services. I remember a public health nurse coming in my house because she had heard that I had been diagnosed with measles. And she came over to check on me and to instruct my mother in my care. I render, now, that was home health care.

GL: Well, we did that, and, of course, we considered that being follow-up on communicable diseases. But with pure home care, we had, and particularly, I can remember this one man that was a World War I veteran, and he lived by himself, and he had cancer. It had just eaten out the whole side of his face. He couldn't see anything.

And the social service worker called me, and she says she'd come in, and she was just all in a dither. And she says, "You have got to go with me." I said, "I don't know nothing to do to tell that man, but that man's got to have help see him."

Now, one of the things that she was in such a dither about was the man had maggots in that thing. And I said, "Well, Margaret, you needn't get so upset about that. They usually put maggots in places to take care of the debris. So, it's just taking care of the debris. He's probably better off with it than he would be without it."

But anyhow, I went over to see the man. And we did this. And even from the standpoint of—I picked up on the man right then, and I talked [with him]. He didn't have anybody to live with him, but he had a niece that came in the afternoon to see after him and what have you.

And I went at night to teach her how to change the dressings on his face and how to take care of the wound and everything. And of course, then, whenever we got back, well, I called the doctor to try to get him because he was in the terminal stage, and he didn't have any pain medicine or anything else and that's just one that I can remember doing. And we went—

CP: And this is in times when you did not have a, quote, formal visiting home healthcare service yet.

GL: No. And Dr. Paul and Dr. Segrist was frequently calling us. Maybe they would have a patient that they needed a catheter put in the patient because they were not able to pass their urine or something another. And they would call us and ask us. Well, we never refused to go because they were—

CP: They were your friends, and they were helping you.

GL: That's right. And when we did not have a doctor, and a lot of times Holmes County didn't have no doctor—

CP: Yeah. And even when you had one, you didn't have him because he was somewhere else.

GL: Yeah, that's right. But there was a lot of times when we did not even have one, that the position was vacant. And we had to depend on the local doctors there to give us the medical directions that we needed in order to continue to do this public health nursing service. And I'm sure that they did in other counties, too. I can remember when we had the polio epidemic. That

was a scary time and a kind of a trying time for us because, see, we had a couple of children that died from polio, got bulbar polio[21], back then.

CP: That would upset that little, small community.

GL: You better believe it upset that community. And Walton County was even worse than we was and they called for—and the medical doctors themselves was the ones that provided the leadership and all of that sort of thing, in order to get it. But gamma globulin [immunoglobulin] was the only thing we had to give back in those days. And all the nurses, whenever they called us and said, Now, we're going to be doing this, and we need some more nurses.

Well, this was like disaster nursing because the nurses from Okaloosa County and the nurses from Holmes County went, and the doctors were there, and they were giving injections, and we were giving injections. And we immunized, I don't know how many children that we immunized there that day, but they have had a couple, three deaths from polio.

CP: Keep talking about that, about the polio scare, and how come it came on, and what the community did. Did you close theaters?[22] Or did you have a theater?

GL: We had a theater, and they did close the theater. And fortunately, it happened just as school was finishing, so we didn't have to close the schools or anything like that. But they encouraged them to end the nursery, whenever they would take the children to church. They closed the nurseries and parents were encouraged to just leave their children at home if they went to church and what have you.

But there was not too much public gathering. But then they were advised to not do too much public gathering and what have you. And the ones who had been in contact with the cases that we had, we gave all of them gamma globulin.

CP: Yeah, that's the only thing you had to do.

GL: The only thing we had to do.

21Bulbar polio is paralytic polio that affects the brainstem.

22During the 1950s, polio was a cause for concern in many communities because of the lack of knowledge regarding the virus's transmission. Health officials closed movie theatres when a polio outbreak occurred because many thought the virus was spread via close contact with those who were infected.

CP: But it worked. It could do a lot of good, a lot of good.

GL: It must've done a lot of good because it stopped it. And I can remember that we called Dr. Batson, he worked, but he was with Children's Medical Service, and we were so upset. See, because by then, Dr. Paul had gotten to the place where he was semi-retired, and Dr. Segrist was the only doctor we had in town.

And so I called Dr. Batson, and I told him. I said, "We are in a predicament because we are able to—with these kids that we've—" And it seemed like there was 12 cases besides the two deaths that we had.

CP: Really? Any of them paralytic? What did you do the cases? Did you send them off to the rehab center in Jax [Jacksonville]?

GL: What we did was, and this was the reason I called Dr. Batson. And I asked him, "Can we, if we have some of these children and we cannot get them diagnosed, can we send them through the Children's Medical Service since I called you and get them in here?" And he reluctantly gave permission because he knew what the situation was in Holmes County, fortunately. As a medical doctor, he was concerned.

CP: So he was in Pensacola?

GL: Uh-huh. And, of course—

CP: And this was crippled children's, crippled children's—

GL: Um-hm. And when Dr. Segrist would see one, well, then, he would call Children's Medical Services. So Children's Medical Services took most of the cases that we had from Holmes County. And one of those girls, she was the high school principal's daughter. One of the first cases we had. And she was, the last time I knew anything about her, she was still in one of those iron lungs[23].

Of course, it's been several years since I've heard anything from her and what have you, and we've got some of the kids that—we've got one that I know right now, and she's still paralyzed,

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23An iron lung is a colloquial term for a negative pressure ventilator, often used in polio cases when a person is unable to breathe on their own as a result of loss of muscle control.

wears a brace and all. And she was about ten years old whenever she had it and she's still, from her waist down, paralyzed.

CP: Too sad a lot of our legislators, none of our legislators today know that firsthand. That is frightful. Polio to come through a community is frightful, and it'd really make you call for your county health department.

GL: Well, it did then. And we worked and I guess the most frustrated that I ever got in doing public health work was that somebody at that time accused me of giving the banker's daughter preferential treatment. It made me so mad that I liked to have died because she was the very best friend of the principal's daughter, the first one that had it.

And, of course, he called me at night and told me that the doctor had diagnosed her as it. And he said that they had been to the doctor, and the doctor told him that the only thing he could do was get gamma globulin. And he said the county health department has the gamma globulin. Then, what?

He called me, and I went that night and gave it to her. And then to have somebody say preferential treatment when they didn't know what they were talking about. That always irritated me to death, anyways. People that didn't know what they was talking about, second guessing you, and telling you what you were doing and that you were not very good.

CP: I'm going to pull you back to home healthcare now. We dealt with the man with the bad cancer and that was kind of beginning. But you got formally into home healthcare, and you became kind of one of the first for home healthcare.

GL: Yeah, we did because when they first came out with the legislation that we could get—and I had a time trying—

CP: Medicaid reimbursement.

GL: Uh-huh—to get—because the one lawyer that we had that was still interested—and he had got kind of old and crotchety by that time. And Amy Mattison and them kept telling us that you had to form a separate—

Pause in Recording

GL: And when I came and talked to him about it, he says to me, “You don’t have to form another organization to do it because the county commissioners can give you, under some kind of law or something another, that they can give you permission to do home healthcare in your county health department, in their county health department, if they want to.”

And I said, “Yeah, but it has something another to do with the budget, that that money has to be spent for home nursing care.” He said, “Well, what’s to keep it from being spent for home nursing care?” And he was right, whenever it comes right down to it. He was more right than what they were down there, but I didn’t know it. And I didn’t know nothing to do except follow what they said.

So then I went to Walton County, and I had a friend over there that was a lawyer. And I got him to fix up all the papers and everything to put us in the home healthcare business. And we got our group organized and all that sort of thing, and we got certified and licensed as a home health agency. And it took off just like that.

And the first year that we were in it, that—well, we were not in it all the year. We didn’t have any of the other services. You had to have nursing service, and you had to have one of the other services: physical therapy, occupational therapy, social service work, and all that sort of thing. But home health aid was one of the ones you could have, so we trained us some home health aides.

Norma Simms and Mary Spence did the training of the home health aides, and we trained us some home health aides and got busy in it. And we started, I think we started sometime in December, something like that. And from then until the end of the budget year, we had already collected more than 10,000 dollars in the home nursing program.

CP: How did it impact your nurse staffing?

GL: We worked. We continued in a lot of the nursing that they have now. We continued to be able to put more nurses—as a home health agency we’re able to begin to put some more nurses in. And then, of course, we had Medicaid.

And then, whenever we started doing the Medicaid screening and what have you, we got money from that and increased the nursing staff and what have you. And I don’t even know how many nursing staff they have at the health department now.

CP: You can’t keep them in a warehouse over there. I don’t know either. But there’s a bunch of them.

GL: Yeah, it is. I know that whenever I left there that—let me see if I can count them up and see—I think whenever I left we had 10 public health nurses in Holmes County.

CP: From beginning with one.

GL: Beginning with one.

CP: Beginning with one. That’s amazing. Looking back over all that career, what’s the highlight of your career?

GL: I would say that, I guess, I don’t know what you’d say was the highlight, but I’d say the growth that—my own personal growth.

CP: Yes, okay.

GL: That it probably was when we started doing the hypertension control program that we did.

CP: Oh really?

GL: Oh see. You forgotten that?

CP: No, I—yeah, I had.

GL: We had whenever Dr. Gruber and Dr. Simpson wrote that thing up for us to do the hypertension control program. And, of course, Dr. Simpson had talked to me all along about the program and what they hoped to be able to accomplish and all this sort of thing. And we knew that we were having a lot of people that was having strokes, that a lot of the home nursing load that we had was post-stroke patients.

And we were all concerned about that. And, of course, when Dr. Simpson got there, and he began to look at the figures on it and what have you, well then our death rate from heart disease and strokes was way out, more than what the state was, in those three counties.

And, of course, he had some resistance from the physicians over in Washington County, a lot of resistance there, in Walton County. And they didn't get started over there early. But he had advertised for maybe a couple of months for a project director to direct it.

And he finally came in there and sat down in my office. And he told me, "Well—" and he had interviewed several people. I don't know how many people he had interviewed. "—I finally found me a project director for our hypertension control program." And I said, "Oh good. Who did you find?" I was so excited because I thought— He said, "I found you."

And I said, "No, Dr. Simpson, I cannot do that. You just don't know how limited I am." And he says, "You're limited because you limit your own self. I have interviewed and interviewed. I don't think there's another soul that can head this project and do the work and get it off the ground like I think you can."

CP: I would've agreed with him.

GL: So, of course, I felt real flattered, and I felt humble, too, at the same time. But I thought, Well, if he's got that much confidence in me, I reckon I ought to have that much confidence in myself. And so, he told me that he would put Norma in charge of nursing in our county and that I would be the project director of the three counties and what have you.

CP: That's where I really met you, was when you were doing that.

GL: And so, I started doing that thing.

CP: And you had fun at it.

GL: Had wonderful time, had a ball with it.

CP: Because you went to all the statewide meetings and talked about it.

GL: Well, it was exciting because we did things that I had voted to do with a lot of other programs. Now, the first couple of months, I spent at my desk, writing the project guidelines and deciding what kind of forms we was going to use, and all that sort of thing and what have you.

And added 19 pounds, during the time, that I didn't need but whenever you took me away from being a racehorse, and I didn't slight, then, on my eating. So he put 19 pounds on me that I have had trouble trying to get off ever since.

But we did, and we found a lot—and I was going to bring that to you, that article that I wrote for the nursing journal on that thing and let you see it. But I did have a good time with it, and—

CP: Could you send me a copy of that, too?

GL: Yeah.

CP: Send it to me, at my home, and I'll put it with this tape.

GL: Okay. And I said, I guess one of the things that—you know how I went to New York and spoke to the New York Heart Association of Nurses and that was something else, that was, poor little old me from out in the countryside. But I had a sister that lived in New Jersey. And so when that woman called me, I just couldn't resist.

I knew I shouldn't do it, but I just couldn't resist having my trip paid up there to see my sister. So I went, and I did it. And it went over real good because whenever I did it, I was scared to death, like I was with this, but I did it anyhow. And, of all the questions—there were several of us on the program—but of all the questions that was asked, I got almost all of the questions about how we did the program.

CP: And you had the answers.

GL: Um-hm. Yeah, because we had done it, and I knew what to do with it. And they wanted to know if there was a way that they could integrate this into the hospital. And I said, "You should've already integrated a long time ago. In all the hospitals, that blood pressure checking should've been a routine thing and notification of the doctor, and to talk to him about it and to make sure that the people were being followed with there and continued to follow on their medication," and this sort of thing.

And you know that one of the best part of that whole thing was, that as long as we were on and as long as public health in those counties had that control of hypertension as a part of the program, we saw the stroke cases go down. And gradually, they're beginning to go back up again.

CP: That's disappointing. That's disappointing that the health departments forgot yesterday.

GL: Well, I don't think they—

CP: Forgot our history.

GL: I think that they just are so overwhelmed, Dr. Prather, with all the other things, that they're not—and you see, they're not, or they had, for a while now, that maybe changed some now—but for a while, they were not emphasizing hypertension control and the control of chronic diseases.

But, we picked up a lot of diabetic cases there. We picked up a lot of heart disease. We picked up heart disease in children, in two or three children that their doctor said that they would probably have keeled over at physical education, that sort of thing, if they hadn't had [gotten] surgery—

CP: Hadn't been picked up early. That's terribly valuable, terribly valuable. Well, our attention has been directed to the wrong places—

GL: I think it has, too.

CP: That's your outstanding. And you mentioned your most disappointing disappointment while you were there. You mentioned that. Give me the second most—oh, and don't you talk about training of nurses.

Now, as you begin to advance these nurses, you came in, they sent a consultant over to orient you and, quote, train you in what to do. Now, with all your new nurses, how did you get them trained?

GL: Well, they had started an orientation program for the nurses at the time. And I told you that Norma Simms went down to Gainesville to the orientation program down there, and, of course, she had been working for a good little six months before they ever got the spot, before they could send her down there.

And when she went down there, where she stayed a month, she finally told them, “Now, I’m going to tell you all. You all don’t do public health nursing in Alachua County like we do in Holmes County. I’m going back home because they need me up there a whole lot worse than I need to be down here,” and that’s what she did. She came back home. That was just the way she felt about it, and so, she came back.

She never did go back to orientation. And then they got to the place where they were sending them to Pensacola, and they were—of course, I don’t know. I feel like, from some of the things that the nurses came back and said, that those orientation programs was not set up in the way that they should have been set up.

I think they were set up for a longer time and that they taught or tried to teach those nurses to do things that they already knew how to do because I know that a couple of the nurses came back and said, All I did while I was down there was to stay in a VD clinic drawing blood. And so, I learned how to draw blood. So we addressed that in one of our—

CP: Case conferences?

GL: Well, not the case conference, but we started having a director of nurses, a real conference. And so we addressed that in that and told the director of nursing over in Pensacola, who was over that that, Uh-uh, we weren’t sending more nurses over there for that kind of thing, that that was not why we sent them. And then, she changed it where that they did begin to get some of the things that we felt like they needed.

CP: That should’ve been on the front end.

GL: Yeah.

CP: It got straightened out, though, in due course. If you had all this to do again, what would you change? If you were coming out of the Army again, would you write Ms. Mettinger?

GL: Yeah.

CP: You would.

GL: Do you know, Dr. Prather, I've had different people ask me this, and I am happy with what I did. And I'm glad that I stayed in the same community and did my public health nursing—

CP: Yes, your effectiveness increased over time.

GL: Well, it did. It wasn't just my effectiveness, note, but also that I saw the changes. So many times in public health, you don't ever see the results, and you don't get to see the benefits and what have you.

But I saw families that would not come in and get their suggested immunizations that they didn't have the transportation, they didn't have this and they didn't put forth the effort. And despite the fact that they told me I was not to do it, I carried my immunizations and gave it to those children at home. And they—

CP: You were selective in the ones that you did that for.

GL: Yes, I did because I knew that that was the only way they were going to get it. And yet, I saw those kids, when they had their children that they were the first ones to get on the doorstep to see that those immunizations were given to them.

CP: Okay, that's lasting education.

GL: I mean, it was lasting education, yes. And that's rewarding, it really is. And I told my children a long time ago that the most rewarding thing in the world is not doing the job that you've got, that you're hired to do, and it's not doing the job good, that you're hired to do. But the most rewarding thing is what you do above and beyond the call of duty. You know, the—

CP: Yes, that's true. That's the personal satisfaction.

GL: That's where you get your personal satisfaction.

CP: That inner feeling of knowing, I helped somebody in need. Oh, that's just splendid.

GL: And there, you help yourself.

CP: And therein, you help yourself. But you don't approach it from a selfish point of view.

GL: No, no, no. But I don't know that I would change anything in my life. I think I've had a most rewarding life, whenever it comes right down to it. And I've met some of the most wonderful people in the world and—

CP: Let me tell you, there's a good prospect that your great-great-grandchildren will look at this tape as a part of the worldwide Internet information highway. What do you want to tell them?

GL: I guess if I would tell them anything, if I had an opportunity to tell them, they—involve me in the first place, still trying to get some of this weight off from me, that 19 pounds that I put on but anyhow, some others too. But the woman who was leading in that has told us to set some goals.

And I was sitting down there, and I told them that one of my goals would be to teach my children some of the wisdom that I've learned over the years, so that they wouldn't have the pain and heartache and that sort of thing of having to learn it on their own. And I don't think you can do that. I think they have to have—

CP: So much of it they've got to learn for themselves.

GL: They've got to learn for themselves that would be my goal to do that thing, but if I would say to my grandchildren and great-grandchildren that what they need to do is to put God first. And from the standpoint of doing that, and then to ask him every day, What is it that I am to do today? And help me along the way to make the choices that I need to make in order to do what needs to be done to help humanity wherever. And that's what I would tell them.

CP: That's good. They will watch that. Well, on behalf of the University of South Florida library system and the School of Public Health, there, Mrs. Lee, I thank you sincerely for coming by and sharing with us what's been a glorious career in public health for you. And I just thank you sincerely for doing it. And I'm Skeeter Prather.

End of Interview