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Charlton E. Prather (CP): It's a privilege to have with us today, Mrs. Myra Lentz Bomba, presently of Avon Park, longtime resident of Fort Lauderdale and the Broward County Public Health Department. I met Mrs. Bomba when she was director of nurses for the Broward County Health Department. She's not going to let me tell you when that was, but it was not yesterday, it might have been the day before.

She spent the bulk of her professional career in Florida in public health nursing, but we want her to review today what it's like to be a mid-level and high-level administrator during those stormy years that we call the HRS [Health and Rehabilitation Services] years¹, when public health and the Broward County Health Department were a part of this large umbrella agency called the Florida Department of Health and Rehabilitative Services.

Mrs. Bomba—Mrs. Lentz as we called her in those days, or when nobody's watching I called her Myra. Myra moved from the directorship of the nursing program for the Broward County Health Department into the administration inner sanctum of HRS within that HRS district.

She was a famous person. She was a good thinker. [She] kind of kept the rest of us straight because she would bring to the rarified atmosphere of Tallahassee [Florida] the real-life situation in the field, where the rubber hit the road, where public health was being done.

It's truly a pleasure, Mrs. Bomba, to welcome you here and to say, on behalf of the college of public health, we just thank you for your willingness to come. I think it would be fun, or I want to—what brought you to Florida public health?

¹Formed in 1969, the Florida Department of Health and Rehabilitation Services (HRS) was split in 1997 into two organizations, the Department of Health and the Florida Department of Children and Families.

Myra Lentz Bomba (MB): Well, I came to Florida from North Carolina and had been in public health in North Carolina. And my husband retired, and we moved to Florida. And I wanted to get back into public health but there were no vacancies at the time, and I worked for a few years at Holy Cross Hospital².

CP: Is that in Fort Lauderdale?

MB: Yes, in Fort Lauderdale. Opened the first intensive care unit that Holy Cross Hospital had which was interesting.

CP: Which you were a certificated public health nurse.

MB: Yes, I was.

CP: Even then, as I recall, you got from the University of North Carolina.

MB: Right.

CP: Prior to all of this.

MB: Right.

CP: And you went into an intensive as a clinic nurse?

MB: Right.

CP: Why waste all of that talent?

MB: There was no jobs.

CP: You said there were no jobs.

MB: No job in public health. But I did put my application in and I was called, after some years, a couple of years, and they offered me a position as a special nurse for the follow-up of premature babies.

As you know, we had a high infant mortality in Broward County. A lot of our babies were dying in the first year after they were discharged from the hospital where a lot of money had been spent to bring them up to their weight so they could be discharged.

And then, after a few months in the home, they would die, expire, for different reasons: poverty, lack of care, and so forth. We set out to try to reduce that infant mortality in the first year. And I did that. That was the first job I had.

CP: From your smile, you look back on it with pleasure.

²Holy Cross Hospital is a non-profit Catholic hospital in Fort Lauderdale, FL.

MB: I enjoyed that. I really did. I was sent to the University [of Miami] Hospital in Miami for six weeks to do a preemie course, a short course on premature care. I enjoyed that. In fact, I picked up a case of congenital syphilis³ while I was working in the nursery.

CP: You did?

MB: The joints of the very small baby were swollen. I told the head nurse and, at first, they said I had traumatized the baby. That I had handled it too roughly. I said, “No, I don’t think so.” The doctor intervened and, sure enough, this baby, somehow, had missed the cord blood that they needed to do and was a case of syphilis. So instead of being chastised I was—

CP: You were commended.

MB: I was.

CP: Patted on the back. An alert nurse that doesn’t mind speaking up.

MB: So that was interesting case. But then, after that, I was more in tuned with what needed to be done for prematures.

CP: And you stayed in this position how long?

MB: For, I guess it was, probably, little less than a year.

CP: Was this a statewide project or was it—

MB: Well, it was under a separate budget item. I think it was in maternal and child health. Not directly from the health department at that time.

CP: Would you consider that an experimental demonstration project⁴?

MB: Yes, yes.

CP: Okay.

MB: Yes, that was. And we did demonstrate that intervention by the public health nurse could make a difference in extending the lives of these infants. And then I went from there to a supervisory position in public health.

CP: And what were you supervising?

³Congenital syphilis is a multisystem infection seen in infants. Common symptoms include failure to thrive, fever, irritability, and rash. The infection is caused when the mother transmits the *treponema pallidum* bacterium through the placenta to the infant.

⁴An experimental demonstration project is a type of policy research based on experimental design where procedures are introduced in one location and then compared to other locations where the procedures were not introduced.

MB: I had a staff of nurses in the Fort Lauderdale office. I supervised all the services that we provided, which included tuberculosis control and all communicative disease control, maternal and child health, all of the services that we provided.

Then I had statewide consultant by the name of Ms. Hildebrand⁵. And she was our consultant—

CP: Now, what's a statewide consultant?

MB: She had a certain portion of Florida that she supervised or consulted with and supervised. She was a nurse.

CP: And represented the nursing in the central office.

MB: Right.

CP: Okay.

MB: And, after a few months of her visiting, she suggested that I return to the University of North Carolina on the state program to get my BS degree in public health nursing. So, I did that and was accepted. I went off to school for a little more than a year to the University of North Carolina, received my BS degree, came back, and was promoted to the director of nurses for Broward County Public Health Department.

CP: Yes, that's impressive.

MB: But in two years from that, I was sent back to the University of North Carolina for my master's degree in public health.

CP: Did the University of North Carolina get tired of you? You got your certificate in public health nursing, you got your BS there. Was this through their medical or school of public health?

MB: School of public health.

CP: All of those [degrees]?

MB: All of them.

CP: And then you went back for your MPH [master's degree in public health]?

MB: Yes.

CP: You'd been director of nurses two years, but you got a leave of absence to go to education. Did the state pay for this?

MB: Yes, it did.

⁵Dorothy Hildebrand earned her BS in nursing from Western Reserve University. After working with the Hamilton County Health Department in Chattanooga, Tennessee, she became a nurse consultant with the Florida Board of Health.

CP: They had some sort of special program?

MB: They paid your tuition and gave you a small stipend while you were there. You had a commitment to work in Florida in public health for every year that you went to school. That would have been like three years. But I ended up spending the next 27, in all.

I tell my colleagues and everyone, I had a wonderful time in public health. I don't think I ever had a bad moment in public health. I really enjoyed it.

CP: At least you've forgotten it.

MB: Yeah, I don't think I ever did really.

CP: Well, you saw Broward County become from essentially nothing to a megalopolis by the time you retired. How did that influence public health nursing?

MB: We had when I moved, when I went to the health department, I think we had less than 500 residents in Broward—less than 500,000, 500,000 [residents].

CP: Oh, yeah, please, thank you.

MB: I'm sorry, less than 500,000 [residents]. When I left, we had 2.2 million. The growth was essentially west because—

CP: Into the Everglades. You can't grow very well east because that's the Atlantic Coast.

MB: You hear about the concentric circles of poverty⁶ in big cities, you know. You have your core and then around that and then on the outskirts you have the more wealthy. Well, in Broward [County], it was parallel to the ocean.

Along the railroad tracks, you had the poor people. And then over towards the beach, you had the more wealthy, and then the west began to grow, and so we have a corridor along the railroad tracks.

CP: It was really the focus prime for a person of your attention?

MB: Yes. And since—

CP: From public health nursing point of view.

⁶In 1925, sociologist Ernest W. Burgess created the concentric zone model to explain residential patterns, especially the location of groups with differing incomes. The model postulated a series of concentric population rings based on a city's center.

MB: Yes. You knew from those census tracks⁷, which we actually kept, statistics on baby deaths and venereal disease and even suicide, in those census tracks that showed that there was a higher incidence of all of those things.

CP: What special did you do to focus on those as a nursing department?

MB: We actually did some educational programs, in the schools, for prevention of suicide because we had a—you hear about it more now, but we did, even back then, have quite a few—

CP: It wasn't a public issue at that time.

MB: No, it was not. But we did have quite an accident prevention program. And, of course, we had our maternal and child health, and we were trying to get mothers in for early prenatal care. That has always been one of the goals and one of the ones that we constantly worked with and didn't always succeed.

CP: And they still do Myra.

MB: Invariably, someone would end up in the hospital to deliver, having had no prenatal care. And that was a black mark on us really. I mean, we felt that it was.

CP: And I would consider it a black mark on you.

MB: And so, every year, one of our goals, our overall goals of the public health department, was to reduce the infant mortality. And one year, it would go up. And one year, it come down.

Always in the black population we had almost double the infant mortality that we had in the white, which was something that we work with constantly. And then we had, in fact, some of Dr. [Charles] Mahan's⁸ programs that were following the babies in trying to get them in early and prevent the low baby birth weight.

CP: That was while he was director of a—I don't remember the name of it, but he was paid by the state but employed by the University of Florida.

MB: Yes.

CP: I don't remember the name of that program, but don't tell him.

MB: Well, now it's called Healthy Babies—Healthy Mothers, Healthy Babies⁹, I think. But I think back then it had another name.

⁷Census tracts are small, statistical subdivisions of a county.

⁸Dr. Charles Mahan, one-time director of the state's Maternal and Infant Health Care Task Force, is current dean and professor emeritus in the College of Public Health at the University of South Florida. He is also a founder and former director of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies.

CP: It did?

MB: I can't remember it either, but—

CP: Yeah, and Healthy Start¹⁰ is all into that today.

MB: But he was one who put a lot of emphasis on maternal and child health and trying to reduce the incidence of low birth rate.

CP: And he done good.

MB: Yes, he did.

CP: He done good.

MB: We had made an impact in Broward.

CP: Yes.

MB: Yes it did.

CP: But I'm constrained to ask about the health officer in Broward during your tenure.

MB: Dr. Paul Hughes¹¹.

CP: Dr. Paul Hughes. How do you remember him?

MB: He was a wonderful health officer, in my opinion. He let the department heads have a lot of leeway. You could go into him and he'd say, "Well, if that's what you want to do, you go ahead." So he really let us have—

CP: But if you got in trouble what would he do?

MB: He would back you.

CP: Oh good.

⁹Healthy Mothers, Healthy Babies is a nonprofit, nationwide coalition dedicated to providing public and professional education on prenatal and infant care. In Florida, there are three coalitions: Broward County, North Florida, and Palm Beach County.

¹⁰Florida's Healthy Start is a legislative initiative started in 1991 to identify and assist pregnant women and newborn infants at risk for poor maternal and child health outcomes.

¹¹Dr. Paul William Hughes (d. 1989) was director of the Broward County Health Department for 34 years. A graduate of Yale School of Medicine, Dr. Hughes emphasized the role of public health in the prevention of disease and was instrumental in reducing the number of cases of syphilis, gonorrhea, and polio in the Broward County.

MB: Most of the time, I think he would. And the environmental health department was Willard Galbreath¹² and Norman Tuckett¹³ was the engineer in the engineering department. We had a nutritionist and then we, much later, had a social work department, but that came much later.

CP: Yes. How many employees did the health department have when you joined?

MB: I don't know how many in all, but I know we only had about 30 nurses.

CP: Then when you retired how many did you have?

MB: Over 150.

CP: Except you didn't retire from the health department, did you, I don't think?

MB: No, I retired from the district. What gave us our big incentive for additional public health nurses was the Maternal and Infant Care Project¹⁴, which we were federally funded for that. And Mrs. Cora Braynon¹⁵, who was my assistant nursing director, and I did write the grant for the Maternal and Infant Care Project with help from the state office.

CP: And you were funded?

MB: Yes, we were. Rather largely. We thought we had run into a big millionaire's pocket or something.

CP: I'm constrained to remark on a lesson Dr. Hughes taught me. He was in the national limelight during the early part of a winter season. Influenza was in Broward County. National media picked it up and was beginning to have a detrimental effect upon tourists coming to Fort Lauderdale.

After there had been a lot of shouting and carrying on about the influenza epidemic in Fort Lauderdale, Dr. Hughes tells me one day, "Well as of, I will guarantee you—I'm clairvoyant—next Tuesday, the incidents will drop essentially to zero." So Tuesday came and the incidents dropped to zero.

¹²Willard C. Galbreath was environmental health director for the Broward County Public Health Unit.

¹³Norman Tuckett, Jr. (1926-2001) was a civil engineer that worked for 36 years in the Broward County Health Department.

¹⁴The Maternity and Infant Care Project (MICP) operates under Section 508, Title V, of the Social Security Act. Implemented in 1963, MICP authorized grants for projects focused on reducing the incidence of mental retardation and other complications associated with childbearing.

¹⁵Cora Eaves Braynon (1933-2005) was the first African American nurse hired by Broward County in 1960. She was also the first African American senior executive nursing director of the Florida Department of Health, Broward County. Braynon was an advocate for providing healthcare to uninsured residents of Broward County and instrumental in the development of the Cora E. Braynon Family Health Center in Fort Lauderdale, Florida.

The moral lesson of that was that Dr. Hughes just neglected to send his morbidity reports forward to the state office where the news media had access to them. But that's a way to stop an epidemic.

MB: Yes, it is.

CP: I was very impressed. Now, when, let me see, in '69, the state government underwent a very significant reorganization, and then a new department was established by the state constitution called the department of health and rehabilitative services. Partial to that, what was the state board of health with statewide authority in policy making and rulemaking authority became under the umbrella of the department of HRS and became a division with accountability to the secretary.

This had little influence on county health departments, as I recall, but I'm trying to stimulate your memory. I doubt that you're really old enough to remember those things in clarity. But you were already associated with the Broward County Health Department. Do you recall anything about those days as regards to the county health department?

MB: I was very much involved.

CP: Later?

MB: Later. Not the, well—

CP: In 1974, there was another real—

MB: But I do remember Dr. Brumback¹⁶ and some of us were, I think, discussing those possible changes even back then. When the action hit the road was in, I think, what, '74?

CP: Yes. There was another massive reorganization of state government in '74.

MB: Dr. de la Parte¹⁷?

CP: He was author of the original HRS.

MB: Original. Yes, I remember that.

CP: Sixty-nine [1969]. Then in '74, another act abolished the divisions and made all the technical programmatic areas, like health, became a program office under the secretary

¹⁶Dr. Clarence L. "Carl" Brumback (1914-2012) was Palm Beach County's first public health doctor. In 1950, he was named as the first health department director and served in that capacity for 36 years. Dr. Brumback was a faculty member of the University of Miami, University of Florida, and Florida Atlantic University. He was nationally noted for his focus on community and public health, especially for underserved populations.

¹⁷Louis de la Parte, Jr. (1929-2008) served in the Florida House of Representatives from 1962 to 1966 and the state senate from 1966 to 1974. In 1974, he was elected president of the state senate.

for program planning and development. With that there was significant impact on the county health department, which hit you in '76. You really got the impact of it in '76.

And I'm recalling memorandum from the secretary in which the program offices were disallowed, under threat of reprimand or firing, having direct contact, in our case, with the county health department. In order for a member of the central office health program office staff to contact the county health department, first, we had to have specific permission from the assistant secretary of program planning and development and from the district administrator before we could contact the county health department.

The '74 act also divided the state into 11 regions, which were called HRS districts, and each of these had a district administrator. Now, then, enter you and your health department in 1976.

I'm aware that, and I hope you're going to speak to that, in due course, you became part of the decision-making process for health matters within that district. But start me at the beginning. What impact did this reorg have on health department?

MB: Well, I think that, in the beginning, it was so confusing that we really didn't anticipate what would come later. But if you will remember, there was a task force appointed.

We came to Tallahassee and we stayed for more than two weeks, the best I remember. I came from Broward County, and Dr. Brumback came from Palm Beach County. I believe, at the time, I was the only nurse.

We discussed some of the directions that we felt the health department should go and there was a lot of fear. Some—I don't know the exact word—trepidation, I guess. What would happen to the previous ability to function as a health department?

We felt that other services didn't always understand what public health goals were. And I'm sure that some of the other programs probably felt the same way, that youth services had their own bailiwick. Of course, social services did. At that time, I don't know what it was called crippled children but crippled children was anonymous. I think there was a lot of uneasiness.

CP: We went through a period where it was the attitude of the department of HRS secretary, as a matter of policy, that health departments had the doctors and nurses, and it was their prime duty to provide the medical care for all of the other folks under HRS. Do you recall some of that?

MB: Yes, I do. In Broward, we didn't have a building. We didn't have anything to have our headquarters from. They really came in and took some offices that were in the mental health division and moved into there.

I was there on a temporary assignment and functioned with Bob Kelley¹⁸ who was our appointed DA [district administrator]. And I remember we had to scrounge for paper, pencils, and typewriters, and we didn't have anything. They started the districts with no appropriations for anything to set up an office, so you were scrounging from each of the things and nobody was too willing to be cooperative.

They weren't used to taking the staff of the different divisions, weren't used to taking any quote, unquote, "orders" or suggestions from another division.

CP: Yes, we were not used to that.

MB: Not used to that, no one was. And, if you would ask, you may be shown the door or be the subject of a not-so-nice comment. You had to have a pretty thick skin at that time.

CP: In the early days of trying to set up the districts.

MB: Right.

CP: What was your side? You went to the district office.

MB: They asked for a representative from the health department to be on the implementation team. Because I had been called to Tallahassee in the discussion of some of the issues, I was selected to go to the district and be in an acting capacity there. I worked directly with our DA.

CP: Were you overseeing health matters, or what was your duty?

MB: All of them. I was sort of like his deputy, but it was not a real appointment. Bob Kelly and I were writing daily reports to the office about what we doing and so forth and so on, and those were—

CP: And this was pre-email days.

MB: Oh yes, pre-computer days. Well, I mean, as far as the offices having computers. So we moved around a lot. We first had mental health and that wasn't big enough, and then we went to somewhere else, and then we went somewhere else, and we're always constantly moving.

Then the positions were actually established for the different positions. There was to be a deputy and a program director, which would have all the programs. There would be, more or less, a business manager or administrative services director.

¹⁸Reverend Robert P. "Bob" Kelley (1931-2008) was district administrator of Health and Rehabilitation Services for Broward County under Gov. Reuben Askew. Kelley was a church minister, associate professor at Broward College, assistant to the county administrator, and a member of the Fort Lauderdale Housing Authority.

Those positions were established, and then each of the divisions had a supervisor. Health had a health program supervisor, if you'll remember. Each one had a social services supervisor. All of these supervisors reported either to the deputy or to program manager depending upon what their goals were and what they were supposed to be doing.

I applied for the deputy and did not get it, even though I had been in an acting capacity. They offered me: either go back to the health department as the nursing director, which was fine, or take the new position, which was the health program supervisor, which had jurisdiction over the health matters, at least from a—*not a direct, it was not a direct supervisory position, it more an advisory, really.*

Our responsibilities were to write goals and objectives for the health departments and come up with some sort of measuring tool that we could measure our progress and so forth. We had never really had those kinds of things before.

They were difficult, in my opinion, for health departments to accept. You did get a lot of resistance from some of the quote, unquote, "old guard."

CP: Yeah, the health department had been kind of autonomous up until this point, and suddenly, they find themselves with an onsite boss.

MB: I honestly, and truly, had some people that were saying, She's too bossy, or whatever, but I never faced it. It never came to me face-to-face. If it was, it was taken care of. I really enjoyed that part of it. I was one of a group of health program supervisors for all the districts. And we—

CP: And there were 11 of you.

MB: Yes, and we met periodically. I, again, believe that I was the only nurse at the time. Most of them were doctors.

CP: You were the only female too.

MB: Yes, I remember that. I remember that I got the secretarial job most of the time. If we have to write out goals and objectives, Myra, you can do that.

CP: The health program supervisors were not sexist. They just knew that was a woman's work.

MB: Right. Now that we're on this subject, I do think it was hard for the physicians to have to do things on an administrative level. They had never had to write goals and objectives. They never had to write measurement of how to reach those goals and put it on paper.

They didn't know how to do an action plan. We did a lot of action plans. You had to write them. A lot of people said they were just pieces of paper, but I found that if they were well written and monitored it on some sort of regular basis that people did pay attention.

It did, in my opinion, help us. Because I'm not sure that public health, and I don't think the other did—we flew more, sometimes, by the seat of our pants than we did with written goals and objectives with progress steps that we would like to meet over a period of time. For me, it helped me tremendously with being able to articulate where we wanted to go.

CP: Oh yes. That's community.

MB: Not only that, but how to measure where we wanted to go. I do feel, in that way, it was helpful to me. I think in guiding the health department through some of those times, they began to realize that, Hey, this is not so terribly bad. This may be something that we could use in a positive way.

CP: As health program supervisor, were you resisted, hated, [or] despised by the health department folks?

MB: I don't really think so. You never know, because they're not going to tell you to your face. But having been in the health department for a number of years, almost 13 years as a nursing director, I was well known and around the county as well.

The other thing is having one county made a big difference. The districts that had four or five counties had more problems with the health program supervisor position than we did because we just had one county health department. I had been nursing director and knew all the heads of departments and had worked with them.

CP: Through the power of persuasion, you could cause things to happen. Some of the other districts, it was paper.

MB: Yes, and I think I had an ideal situation. Although we were going into new areas, I think that the one county district was the ideal place to be, really. I would have hated to have to deal with four or five counties in different—

CP: Did you retire from the position of health program supervisor for the district?

MB: No.

CP: When did you leave? How long did you stay?

MB: Dr. Hughes retired. The legislature had passed a bill that allowed non-medical administrators to administer health departments. I think some people didn't want to read it the way that it [was] worded.

I think there were some resistance and, no offense, the health officers felt that a non-medical person could not direct the health department. That you needed, quote, unquote, a "physician."

But the law was written that you could be a non-medical. You didn't have to have a MD. And then, generally speaking, if that happened, then the person at the health program supervisor level at the district would be a physician.

But, anyway, I was appointed to the health department as an administrator. I suspect I was the first one in that capacity, for all I know. It finally changed and there were others, but I believe that I was the first one.

CP: First, quote, "non-medical administrator," unquote—

MB: —of a health department.

CP: You said that the law specified that the health program supervisor in that case had to be a physician?

MB: It implied that, but I don't think it was actually written in stone. We had Dr. Konigsberg¹⁹, came to the district as a health program supervisor. He did not have an office at the health department. His was at the district level. He and I worked very closely together, but I did the day-to-day work, and the people at the health department did report to me. Now, that was a little touchy in the early days.

CP: Tell me about that.

MB: The health departments, as I said, had always been loosely supervised. The director of engineering came and went as he pleased. The attorney came and went as she pleased. The head of the dental department came and went as he pleased. Now, I'm not saying that they didn't do their jobs, but they didn't come to work.

CP: But part of their job is availability at the worksite.

MB: Well, people would drift in at nine or ten. So I decided that we were going to come to work at eight o'clock and we were going to leave at five.

CP: Oh man. This new administrator, she's tough.

MB: I wasn't getting any brownie points, I don't think. But I did interview each of the heads of the department and told them what I expected. And they [said], Well, I go by the courthouse before I come to work. And I go by, whatever, before I come to work.

I said, "Well, you can do that, but I would prefer that you check in at the health department first and then go do whatever errands you have so that we'll all feel that we're following the same rules. The hours are eight to five with a half hour for lunch or an hour for lunch." So it worked. They came and—

CP: Nobody put a bomb under your chair?

¹⁹Dr. Charles Konigsberg was district health program supervisor and Broward County Public Health unit director for the Department of Health and Rehabilitative Services in Fort Lauderdale.

MB: No. I think that that helped establish my authority. I didn't ever have any problems after that.

CP: You put the ground rules down before you begin.

MB: So it worked out. And I enjoyed that, for [the] years I was there. And then I had another chance. I guess you'd call me a risk taker.

CP: I'm getting ready to ask: how come you couldn't keep one job?

MB: That's right.

CP: Go ahead, I'm sorry.

MB: Although I was health program supervisor for like seven years, something like that. I don't remember exactly. But anyway, we had a new governor and a new secretary and new everything at the district level. They advertised for a deputy, which I had been passed over once before.

So I applied along with several people in the community. And I was interviewed [by] Paul Freedlund²⁰.

CP: Paul Freedlund was a district administrator—

MB: Well, I think it was John Stokesberry²¹ first, before Paul came. John Stokesberry hired me as his deputy. That was in 1986, so I went to district level. And that's the position I retired from.

CP: How long did you stay as DDA [deputy district administrator]?

MB: I went in '86, and I retired in '89.

CP: That's amazing. Few people can retire at 41 years of age. That district—

MB: I retired a little before I was 62.

CP: Let's go back to your position as the administrator for the health department, if you will let me. What was your attitude toward the statewide system of healthcare administration at that time? Public healthcare administration?

²⁰Paul V. Freedland was district administrator for the State Department of Health and Rehabilitative Services in Broward County, Florida from 1987-1991. He is currently a regional administrator for Children and Family Services in Santa Clarita, California.

²¹John L. Stokesberry was district administrator for the State Department of Health and Rehabilitative Services in Broward County, Florida, from 1984-1987. In 2001, he retired as executive director of the Miami-Dade County Alliance for Aging, Inc.

MB: Well, here again, having been at the district level as health program supervisor, I had a little different view of things, perhaps, then someone who had not been at the district level. I think that it helped me because I knew of some of the deterrents, so to speak, to being cooperative. There was a certain amount of pull.

Maybe I was naïve, I don't know. I knew the undercurrents were there and there was some unhappiness with the fact that the state office had to report to a secretary at the state level. I'm not so sure, Dr. Prather, if it ever entirely went away. I think there was always a bit of trying to undermine what was going on, not being fully cooperative with—

CP: Quote, the system, as directed by a secretary of HRS.

MB: Right. I think the health program tried to still be on its own.

CP: The health program.

MB: The health program. When I was at the district level, I looked at it as an opportunity because many of the patients, clients, that the district served were health department clients. In fact, I would suggest that probably 50 percent of them were, either through the maternal and childcare health program, through the venereal disease control program, or juvenile delinquency program.

We also served crippled children from a follow-up program. In the beginning, we used to do that a lot and then we had the school program. So, really and truly, there was a lot of crossover, but I'm not so sure that the state, as a whole, ever looked at it that way. I did because I was there.

CP: And that was your job.

MB: Right. We did try. We tried to have a nurse visit the detention center to see whether there were things. I think that was helpful. It didn't last forever, but I do think it was helpful.

There was a lot of cooperation between or among the schools and the delinquency programs. The truancy in public health nurses helped with that. So I do feel that there was a bridge that was helpful to the community as a whole.

CP: That was your bottom line.

MB: Yes. It didn't work perfectly, don't get me wrong, and I think there was still a lot of resistance, but if you could just get pass the fact that it was, quote, a health department only, then it worked better.

The personnel department at the health department, because of my being up there, moved the personnel papers faster than I did. I signed off on everything that came by from the health department. If the health department wants it, let them have it.

CP: You weren't being prejudicial, were you?

MB: Oh no, whatever. Most of the things I knew what the goal was and that they needed the nurse or they need the sanitarian or that they needed whatever. I didn't hold it up. They had the money in the trust fund²². We still didn't use the money out of the trust fund for anything else.

CP: There were those who wanted—

MB: —wanted to, but the legislature was right in it and didn't let them.

CP: Put back on your health department supervisor hat and speak to the statewide organization of health program supervisors. What was the attitude, generally? Was there an esprit de corps?

MB: I think there was. Yeah, I think there was. We had a few that still grumbled—

CP: Tried to operate outside the traces?

MB: Well, and grumbled a lot. I really and truly—maybe again, I was naïve, but I never had any direct opposition to my being there and felt, really, pretty good about it.

CP: You were accepted as part of the team, there was no question about that.

MB: Yes, yes I was. I felt that I was. There might have been a few, but I think part of it was they liked for me to do the writing part.

{{{0:47:17.9}}}

CP: They wanted you to do that?

MB: I became a pretty good writer at the time.

CP: To do that stuff that girls do.

MB: Yeah, that girls do. But I didn't bring the coffee.

CP: I'm glad. Well, Mrs. Bomba, as health program supervisor did you feel a difference as the DDA, deputy district administrator? Did your duties change much?

MB: Yes. At first, when I first applied for that position, first of all, you have to resign your personnel position, in other words, you're not protected anymore. You serve at the pleasure of the governor, and you may be fired without cause.

CP: Oh yes. I seem to remember some of that.

²²Fla. Stat. § 154.02 enables counties in the state to collect property taxes that are placed by the chief financial officer into a county health department trust fund. Funds can then be expended by the Department of Health for carrying out the public health contract.

MB: What goes through your mind is, Well, will I be able to the job, or will I be fired without cause? My philosophy was, at the time, that you can always go back to nursing, Myra. If you can't cut it, you don't deserve it.

Looking at it from a financial point of view, I was nearing retirement. The retirement system was, you received the best five years, an average of your best five years as a base, so if I could raise my base—

CP: Salary.

MB: —for the last five years or thereabouts, it would make a difference in my retirement.

CP: Yes, it would.

MB: So, at that point, I had never really thought too much about that part of it, but the older you get and the closer to retirement you come, you begin to think in those terms. I thought that—and also senior management, [if] you were a part of senior management, which did have a few perks, instead of getting 1.6 percent of each year that you work, you got 2 percent toward retirement. That makes a difference in the amount. You also got more sick leave or you could accumulate your sick leave and get paid for a portion of it, not all of it.

CP: And you got more annual leave though than the common folk.

MB: Yes, you did, I believe. Also, the years that I was the deputy, I wore a beeper, 24 hours a day, seven days a week.

CP: I'm glad I retired before the beepers came in or cellular telephones.

MB: Well, I had a beeper. You were there when beepers were there, but you didn't have to wear one, perhaps. I think that the stress that one was under at the district level had to do more with the youth services than anything else because I supervised the detention center, or it was under my direction as deputy. We constantly overcrowded it. We didn't have enough beds for the number of juveniles that were usually picked up on the weekends.

The police would make a sweep and would sweep too many kids into our detention center, and we didn't have enough beds. I would be called in to give my permission to sleep on a mattress on the floor, which the civil liberties union didn't look kindly to, although they were taken out of doorways and so forth.

I knew if it was on a weekend, on Monday morning I would get a call saying that I was overcrowded, which I knew I was, so you had to prevail upon the judge to try to get some of the kids through the adjudication system and get them out or either to some other facility so that you wouldn't be overcrowded.

And, of course, if you want a few little tidbits of what kids do to make it hard for you, they would stick paper, toilet paper, into the lock of the door where they were—it was a locked facility—and then you couldn't get the key to unlock them.

So, then, we had to begin to have the toilet paper under lock and key and have them ask for it because they would fill up the toilets with toilet paper and get them to run over. They thought that was really funny to have the mod flooded with water. So those kinds of things would keep you a little bit on your toes. As I said, that was—

CP: Now, why would this come to deputy DA level? That's sort of mundane. Where's the local director, administrator of the center?

MB: They were there. Believe me, they were there, but they wanted the deputy to know that they were overcrowding the unit.

CP: Oh yeah. The big boss needs to know that.

MB: The big boss, right. But there was nothing we could really do about it at the time, but on Monday morning you had to scramble to unload it. Were the judges sympathetic?

MB: Yeah. Well, most of them were, but their dockets were crowded, too. Of course, you're only supposed to hold a juvenile a certain number of days before they're adjudicated. The timeline for that was beginning to fray a bit.

So, that was one of the areas that we really had problems with. But I had wonderful superintendents of the detention center. How they managed to do the things that they did. We had one woman who was excellent. She was good.

But the children, I mean, they were big children. They were underage, but they weren't undersized. We had big kids. They would be 15 years old and they'd weigh 200 pounds or more. You had to be very, very careful. You could be assaulted if you were not.

CP: I suspect the staff were very conscious of that too.

MB: Oh, absolutely, absolutely. They were excellent. They really were. The detention staff, they all were excellent.

CP: So, apparently, the youth services required the bulk of your time while you were deputy DA.

MB: On an on-call basis, they did. But I also had the mental health hospital.

CP: Oh, you also had the mental health hospital, now that's cute. You mention mental health. Was mental health in the district a part of the—no, it wasn't a part of the health program supervisor, it was a part of the deputy DA.

MB: It was part of the district and the DA had the right, of course, to delegate. He delegated that to the deputy.

CP: Okay, now, that was exciting for you, I'll bet you.

MB: We had a superintendent of the hospital. That was when the hospital was going full blast in the early days.

CP: Remind us, what's the name of the hospital.

MB: It was in Pembroke Pines. It was—

CP: Pembroke Pines²³.

MB: It was a mental health hospital. We had a forensic unit also in the beginning and, of course, that began to change under [Gregory] Coler²⁴.

CP: Coler was the secretary of HRS.

MB: On a nationwide basis, all of the hospitals were being closed and quote, unquote, "community services," were to be put in place to take care of some of the clients.

CP: Get rid of those big, old impersonal institutions.

MB: That's right. And there was a lot of trauma going on at that time in the community. Particularly, the mental health auxiliary groups because they weren't real sure that that was going to be successful. So it was traumatic because people didn't know what they were going to do with their family members as the as the hospitals closed. There were not enough community facilities in a timely manner to take care of what was coming out of the mental health hospitals, in my opinion.

I'm sure that those that were doing the dismantling thought it was the best thing to do. I think it would have been had there been enough community facilities and support. But many of the people became homeless. It was quite a big problem.

I've lost track of it now, but I don't know what the situation is now with what has happened and whether there have been any studies done or statistics done about what happened to those that were—

CP: There's been a lot. There's now a national movement to return to small institutions, not the big insane asylums of yesteryear. The current attention is trying to design systems of small institutions because the homeless over the nation, a high percentage—

²³South Florida State Hospital opened in Pembroke Pines in 1958. It was the first facility to care for persons with mental disabilities in South Florida.

²⁴Gregory Coler (1944-2010) was health and rehabilitation services secretary from 1987 – 1991 under Gov. Bob Martinez.

MB: —a high percentage of mental health problems, mental health patients—

CP: —that were in a mental health institution.

MB: We found that in Broward [County] they were under the bridge and in pasteboard boxes, cardboard boxes, and so forth and so on, living in those things. It was a real problem.

CP: It was really pathetic.

MB: Yeah, it really was.

CP: I have dismay for our thinkers who thought that the solution to all of our mental health problems is to communalize them, bring them, make them part of the communities.

MB: Of course, you realize that what happens is the patient or the client does not continue their medications without supervision. They revert back to problems. Until something is instituted to help with that part of it, I don't know if it would be successful or not. So, I would be certainly in favor of having some sort of small, formal setting for mental health—

CP: For selected types.

MB: Yes. That you could go in, get settled, and then go out. But you have to have someone, a caretaker or someone, to—

CP: Pinpointed accountability.

MB: Exactly. So, I don't know, it's a problem. Was back then and still is.

CP: It still is, Mrs. Bomba.

MB: And one of the things that I noticed—and I have never been a smoker, so I can talk about other people's smoking, one of the things that hit me when I would go towards South Florida State Hospital was the chain-smokers. I mean, their whole day was—

CP: Just smoking.

MB: Smoking and walking in the yards. Smoking and walking. I don't know what the incidence of lung cancer was in the institutions, but it must have been higher than the normal population.

CP: It might have been after your time, but in Chattahoochee²⁵, now, smoking on the wards is disallowed.

MB: Well, I think it was there. They smoked in the yard.

CP: There are anti-smoking classes at Chattahoochee. They are really giving attention to stopping smoking. They have been very successful, I'm told.

MB: Well, that is wonderful because, I tell you, that was one thing that just hit me so hard because everybody smoked. Every patient that I think I ever saw was smoking, chain-smoking, one right after another. But that was the only—they didn't have the recreation or the—

CP: Did the institution give them the cigarettes?

MB: No, they had to buy them.

CP: There was a time in our history when the—

MB: We gave them to our soldiers.

CP: We gave them to our mental health patients, too.

MB: We did?

CP: Yeah. Chattahoochee. If you were a smoker, you got an [allowance] of cigarettes.

MB: I don't remember that being the case in South Florida—

CP: Made by the prison system, by the way.

MB: That was one thing that sort of hit you about that.

CP: If you had to give me four highlights of your career, give them to me.

MB: I think maternal and child health would be one. I was very, very interested in maternal and child health and the babies. That part of it, I really liked and working with trying to reduce the infant mortality. I think my experience as a nursing director for Broward County Public Health Department was one and then going to the district level was a high point.

It was certainly broadening my base of knowledge and certainly put me into a mode that I was looking at things across the board that had an impact on health. Health had an impact on other kinds of situations that you begin to draw those kinds of parallels. I think to have been one of the first administrators of a large county public health department—

CP: Distinctly set you apart.

²⁵Florida State Hospital is a mental hospital in Chattahoochee, Florida. Established in 1876, it was Florida's only mental institution until 1947.

MB: Yes. I had someone say to me the other day, a colleague that worked at the health department, “Myra, we didn’t realize it at the time, but you were a very, very forward thinker.” I said, “Why do you say that?” She said to me, “Well, you were trying to get us computerized before computerization was the thing.”

I was trying to get our records in the computer and so forth. They are somewhat doing that now but that was early.

CP: Very reluctant, because we ain’t ever done it that way.

MB: I didn’t even think about it. I said, “I guess you’re right about trying to get that in.” I hadn’t thought of it in those terms. She did say, “We didn’t realize it at time, but if we had listened and gone ahead—”

CP: Decade ahead of your time.

MB: Ahead of my time on that. And, of course, then going back as deputy district administrator for our district was another high point. But as far as public health, I think my first job in the mountains of North Carolina probably was the most exciting thing I have ever done.

CP: Tell us about that. Where in the mountains?

MB: I went to Watauga County²⁶, which was—

CP: Now, where is Watauga County?

MB: Boone, North Carolina.

CP: Boone, North Carolina, okay.

MB: As I said, I was one of two nurses. I was the one with the certificate in public health nursing, so I was the nurse. We had a lot of—

CP: You were a young whippersnapper, too.

MB: Yes, I was just out of school. I was, I don’t know, in my early 20s? Maybe 22 or less, I don’t know. Anyway, we had a lot of tuberculosis in the mountains of North Carolina, Appalachian Mountains. I made a review of all the tuberculosis cases that we had in the county and tried to visit them all and to get them reevaluated.

²⁶Watauga County was founded in 1849. Located in northwest North Carolina, the county is located within the Appalachian Mountains.

I made great progress in doing that. That was one of my first things that I wanted to do. The other thing [is] that we were still having premature babies of women way up in the mountains with no medical assistance. Do you remember the portable preemie carriers that were made out of aluminum?

CP: Incubator-lettes, inculettes, or something like. Yes, I remember. I've read about them in books.

MB: I remember them because we had two in our office, and we'd get this call that a premature baby had been born way up the mountain and needed to go to a premature center. So the public health nurse position had to go find that baby, put them in the incubator, and a lot of times you had to walk the last mile up the mountain to get the baby.

By the time you got it back down, the chances of it living were nil, but we tried. We did take them to the center. I suppose we saved some, but not very many. And then when the baby, if it did survive, had to come back to, as I said, very, very poor conditions. That was real, rural public health in the mountains.

To go to a school that had grades from one through seven in one room. Once, I was assigned to one school, or one school in my district, that the teacher, who was male, stayed up in the schoolhouse during the week and only came down on the weekends. He had a little room at the back of the school with a bed and a little stove. He stayed up there because it was too bad weather, too severe to come and go. You don't think about it being unusual, you don't think about it being something that you would need to record because it was just the way things were.

CP: Yes. Those sorts of things do not get recorded.

MB: I know. I don't think I ever took a single picture of the one-room schools that I went to.

CP: That's terrible.

MB: It is terrible. I look back and I think, What were you thinking?

CP: Why would you want to take a picture of that for?

MB: I know it. Or, not only that, but nurses. Public health nurse back then, I'm telling you, we did things that you would be fired for now. We examined children, made a determination as to whether they had bad tonsils and whether they should have a tonsillectomy because so many of the children couldn't breathe. Their tonsils touched in the middle of the throat.

They had bad adenoids and their ears were all infected. We had a lot of hookworm in the mountains of North Carolina, constantly fighting parasites that children had. When I

moved to Florida, we had more ascariasis²⁷, roundworm, but in the mountains of North Carolina we had hookworm. So, it was an interesting difference there in the mountains area and the flatlands—

CP: How long did you stay there?

MB: I was there about two years.

CP: I'm constrained to remark that I attended the college of public health at North Carolina. While I was a student there, through mechanisms that are not pertinent right now, but I was contacted by the county commission of the county in which Boone is the county seat—

MB: Watauga.

CP: —to invite me to come over for interviews for their county health officer position. I wasn't interested a bit, but I was terribly complimented.

MB: Dr. Mary Michael²⁸, as I said, was our health officer. And she was from the mountains originally. She had the three counties. And I kept in touch with her for many, many years.

I went back to the University of North Carolina to one of the affairs that they had, and I saw the name Dr. Mary Michael. I thought, Could that be Mary Michael? And I go over to speak to her and it is Dr. Mary Michael's daughter, who is Dr. Mary Michael also.

We had such a nice chat about her mother and about how she handled those three counties. If someone was on vacation or something, we would go to the other county and fill in for them even though we weren't employed by that particular county.

CP: But that's all right, you've got your salary anyway. You weren't docked.

MB: Yeah. We enjoyed it at the time.

CP: Were you single at the time?

MB: Yes, I was. I got married while I was there, in fact.

CP: To one of those North Carolinian people?

MB: Well, I married Maj. John Lentz, who was in the service.

²⁷Ascariasis is a disease caused by infection from the roundworm *Ascaris lumbricoides*. Children are most commonly infected. Symptoms of the disease include abdominal discomfort, diarrhea, fatigue, and respiratory problems.

²⁸Dr. Mary Michael was director of the Appalachian District Health Department from 1950-1958. The district was comprised of Watauga and Avery counties in North Carolina.

CP: How did you meet a serviceman way up there in Boone?

MB: Well, I was born in Fort Bragg. I was an army brat.

CP: Oh, you were? Okay, so you know about things like that.

MB: So I met him when I came home for the weekend. He was hunting with my brother. Deer hunting. So we married.

CP: So he married you and carried you away.

MB: Yes, we went to Alabama from there, and then he went to—

CP: Did you continue your nursing stuff in Alabama?

MB: No, not while I was in Alabama. But when I—

CP: Did you have children instead?

MB: My oldest son was born and then my husband went to Korea. He was ordered to Korea when our son was six weeks old, so he was gone for the first two years of his life. I went back to Raeford, North Carolina. I did public health there. I was in the Hoke County Public Health Department.

CP: While he was on assignment in Korea?

MB: Yes.

CP: You did. All right.

MB: So, I did that and then from there, when he came back, we stayed there awhile, but then he retired. We moved to Florida. But we had three sons.

CP: We're interested in your three sons.

MB: They're fine—well, my oldest son, as you know, died from complications from diabetes.

CP: Yeah, I'm sorry about that.

MB: But my middle son is in Colorado. My youngest son is in Avon Park.

CP: Oh, in Avon Park? That's where you live.

MB: Yes. I have two grandchildren there. My son who died had one son, and he's the one that has the baby that I am a great-grandmother—

CP: Great-grandmother. You aren't old enough to be a great-grandmother.

MB: Oh, yes I am.

CP: I'm the same age as you and I have just one grandson, five years old.

MB: Well, they must have got a late start.

CP: They did.

MB: Or you did. One of the two.

CP: No. The grandmother and I, my wife and I, are about to decide. We got two sons. If we were ever to get a grandson, we were going to have it ourselves. Yeah, but we just love him.

MB: Well, I enjoy the grandchildren. They call me momma and call my husband papa. Papa and mama. So, we—nice, nice kids.

CP: I know you do. Did your husband, Mr. Bomba, have any kids?

MB: Yes, he did. He had two sons. One of them is in Philadelphia, and the other one is in Long Beach, California.

CP: Whew, that's far apart.

MB: I do hear from them frequently. The one in Philadelphia has two girls, but the one in California does not have children.

CP: Okay, so you're a grandmomma several times.

MB: Yes, I am.

CP: Let me see. What have we left out in your career in HRS?

MB: I survived Black Tuesday when everybody was fired but me.

CP: Remind me of that.

MB: It was when [Gregory] Coler came in. We had John Stokesberry as our DA who had hired me. Merrill Moody²⁹ was sent down from Tallahassee as our acting DA. After he had been there for, I don't know, maybe three months—

CP: Was Stokesberry fired?

MB: Stokesberry was fired. Our administrative director was fired. Our program manager was fired. Everybody at the district level in administration—

CP: Except you.

²⁹Charles "Merrill" Moody (1946-2014) was a deputy district administrator in Leon County before being temporarily promoted to Broward district director by health and rehabilitation services secretary Gregory Coler. He served in this position from February until April of 1987 when Paul Freedlund replaced him.

MB: Except me.

CP: And you were deputy doc?

MB: I was the deputy. They had to keep somebody that knew what was going on.

CP: You were a skeleton group at a bare minimum.

MB: So, that was a little traumatic. But anyway, Merrill Moody, I thought he was great. He was fine. I didn't mind working with him at all. Dr. Konigsberg was health program supervisor and he stayed. The mental health person stayed. Most of the program supervisors stayed but, as I said, the four top people, except me, were gone.

CP: You call that Black Tuesday?

MB: Well, whatever it was. Recently, I've been going through some old papers and trying to get rid of some stuff. I had all these clippings out of the paper and it was big headlines in [the] Fort Lauderdale [news]paper about—

CP: [Gregory] Coler cleans house.

MB: Coler cleans house, really. And then that was when Paul Freedman came. It was his choice whether he would keep me or not, and so he did. I don't know, but I've had people tell me that I retired at the most perfect time in the world.

CP: Why is that?

MB: Because the Republican governor left.

CP: This was [Bob] Martinez³⁰.

MB: Right, Martinez. So, Coler left. We didn't know who was going to be left at the district level.

CP: With the new one, yes.

{{{1:18:20.8}}}

MB: Yes, so I retired.

CP: You didn't want to go through that drama anymore.

MB: Well, I, it's that I—

CP: They had on your heart.

³⁰Bob Martinez (b. 1934) was governor of Florida from 1987 until 1991.

MB: Yeah. Ruben Betancourt³¹, who was our public relations person, wrote me a little note and said, “I don’t know how you did it, but you knew exactly when you left at the top of the pile.”

And after that there was a lot of changes, almost like it was in the beginning with HRS changing, the health department changing, and so forth. So I left. I was always there when it was fun.

CP: Well, don’t feel unique. Coler just went around the districts pretty good. There were about 70 folks that were fired overnight. All of a sudden—

MB: Coler had a special spot for nurses. Did you know that?

CP: No, but I have a special spot for nurses, too. Most of them were female.

MB: He would listen to nurses. I don’t know whether someone in his family was a nurse or just what, but I had a lot of respect for him. Of course, we had Digre³². Secretary, that was his deputy or something.

CP: David Pingree³³. Pingree.

MB: Huh?

CP: David Pingree. Is that who you are talking about?

MB: No.

CP: Okay.

MB: It is Degre. D-e-g-r-e. [See footnote 32 for the proper spelling.]

CP: Okay, I’m sorry, go ahead.

MB: But anyway, he was one that came down to our district, mostly. And, again, I think Coler demanded accountability probably as much as anyone I have ever been around. I don’t know, it sure got everybody’s attention.

³¹Ruben Betancourt was director of public information for Health and Rehabilitative Services for Broward and Monroe Counties from 1987 until 1991.

³²Gerald Peter Digre was deputy secretary for operations of health and rehabilitative services in the 1980s. In 1991, he became director of Children’s Services for the California Department of Social Services in Los Angeles, California. After eight years, Digre returned to Florida to serve as deputy secretary for the department of children and families. He retired in 2015.

³³David Pingree was Health and Rehabilitation Services secretary from 1981 until 1986.

Whether or not it worked or not, I wasn't there long enough to really know. But he definitely had a vision of what he wanted to happen in the department. It was high quality.

So, we learned, again, to go back to the drawing board and do a lot of thinking about where we were going. We had sort of gotten away from that a little bit. So I thought that he really did some good things, I really do.

CP: I'm getting the feeling that you think the HRS repass in Florida was a good thing.

MB: Well, again, my perception is from because I was involved with it and working with it on a daily basis, which put me in a position different from those who were not at the district level. So my perception, I'm sure, is quite different from others' perception. For whatever it's worth, and I've said earlier from a personal experience, I gained a lot of growth.

CP: A lot of positives.

MB: A lot of positives so I didn't view it as a deterrent. I decided early on that I was going work with the system. So I was not one that constantly fussed about it or complained about it.

CP: Complained and carried on.

MB: No, I got on board and I tried to—

CP: You did the best you could 28 hours a day and carried your beeper nine days a week.

MB: Right. That's the reason I have gray hair today. I do feel, and this gets off the subject a bit, but I do think that stressful times that a person goes through that, while they handle it at the time, later on, takes a toll on their overall health.

CP: I believe so.

MB: I think so.

CP: I think there's some data to support you.

MB: I think that that is true. I believe that those days or those years that you were constantly under pressure—

CP: Unrelenting stress.

MB: Stress. Although you thrive on it, down the road—

CP: It shows its toll.

MB: It does. It really does.

CP: I believe that. I believe that it does.

MB: Particularly if you have—and nurses, I think, are famous for this—that caring attitude and you don't want to—

CP: That's the reason you're in nursing, I think.

MB: You don't want to quote, unquote, "hurt" anyone because you want to help rather than hurt. Sometimes you're forced to hurt in situations where you're not always the boss. So, I do feel that some of the days were very, very stressful, but I did get a lot of enjoyment out of it.

I had a lot of support. I really, truly did. I was supportive of the nurses that I had worked with. I still hear from them, and I still correspond with them. Those kinds of friend and colleagues you never get away from.

CP: What keeps you young? Those sorts of things?

MB: I hope so. I like to be young for a little while longer.

CP: Now, if you had any advice for a young nurse coming along who's beginning to worry what her commitment to a profession should be, what advice would you have for her?

MB: I have a very good example of this that I can share with you. My daughter-in-law and my son raised their children up to teenagers and then she decided that she would go back to school. I had always encouraged her to go into nursing and she did.

She finished her RN at Polk Community College in Winter Haven. Now, she is experiencing what I had told her. Once you get your RN, you have a whole smorgasbord of places that you can go.

CP: And types of occupational environments.

MB: You can do mental health, you can go orthopedic, you can do maternal and child health, you can do oncology, you can do pediatrics. Among all of those choices, certainly there is something that a person could select that she or he would get excited about. They can always change, which is not true of other professions.

CP: That is so true.

MB: You just have unlimited possibilities as an RN. You can go into public health, right?

CP: Even. I was wondering if you were ever going to mention that.

MB: Well, public health is not as jazzy as some of the other professions. It was when I was coming up in nursing but now you don't hear too much about it. I don't know. I'd like to think—

CP: I think that's the fault of the public health organization.

MB: You don't hear as much about the exciting things that, when I went into it, there was nothing else, as far as I was concerned.

CP: If there's any director of nurses watching this tape, public health nursing, I hope that they will pay attention to this. We need to advertise beginning early.

MB: Right. And not only that, I think we should get back to, if there's any money to give back into some scholarships for advanced training. When you and I were coming along, if you didn't have, quote, the MPH, you just didn't have the doors open to you that you would when you had the MPH.

CP: That's right. It was a phenomenal difference.

MB: As I said, it's just been tremendous for me. All of my schooling, all of it has been on a scholarship. I was poor. I was a little farm girl whose father was killed when I was 10. I went to nursing school as a cadet nurse during World War II so that was paid for.

I received my certificate in public health nursing on a scholarship. I received my BS degree on a scholarship from Florida in their educational program, and I received my master's degree from the scholarship program from Florida.

CP: From the Florida public health organization.

MB: Now, if anybody really wants to do something with their life, get into nursing.

CP: Let me make an editorial comment: that the Florida State Board of Health, through legislative appropriations, did provide money, tuition, and a living stipend for promising public health workers. Folks who were already in the public health system were selected through a competitive process and given the required period of time leave of absence from their job to go off to a school of public health.

That was one of the losses with HRS, when we got an HRS. In the secretary's wisdom, that's one of the things we don't need to spend money for, Mrs. Bomba. It has not been reinstated.

MB: That's too bad, really, because I encouraged nurses to go off, get their master's degree.

CP: Even if they had to do it part-time. I really encouraged them to.

MB: Cora Braynon and I can think of several—

CP: Dozens, probably.

MB: Yeah, that went off to get a master's and have gone on to great things.

CP: Well, I can say you were a model and an inspiration to a lot of us, Myra.

MB: Thank you.

CP: And you're sticking with it. You would not be spoken down to by no one. You were

—

MB: I used call on you very frequently though, Skeeter, to come down and help us out. Remember Sabin Sunday³⁴?

CP: Oh man. Yes, I do. It is always a pleasure to be there. But I always admired you Myra

—

MB: Well, thank you.

CP: —because you were, you stuck with it and you carried your shoulders square. You carried your brow up and rarely wrinkled. Sometimes with a scrunchy mouth, but your brow was rarely wrinkled.

MB: Well, I have to relate this to you because it's just an antidote [anecdote]. When I was administrator of the health department, one of the nurses that was head of the prior care program, wrote directly to the state health department without coming through my office or the district.

So, I asked her to come into the office. We chatted awhile about protocol and so forth and so on. I said, "Well, next time if you're going to write a report, I would love to be able to sign off on it before it goes any further." And she said, "Oh, all right, I'll do that."

So, she got up to leave and she got to the door. She turned around and she said to me, "I think I've just been reprimanded."

CP: I love it. And she had been, in a loving—

MB: "I think I've just been reprimanded." Didn't dawn on her until she got to the door.

CP: Did you confirm that?

MB: I think I nodded my head.

³⁴Sabin Oral Sunday (S.O.S.) was a free mass immunization program that took place in the 1960s. Volunteer workers administered Albert Sabin's polio vaccine as either a spoonful of syrup or a sugar cube.

CP: Very good. Well, Myra, what have left out that we need to include?

MB: I think we covered so much, not much left out. This has been a lot of fun, really.

CP: Yeah, it has. And on behalf of the college of public health and the University of South Florida's library systems, we just thank you sincerely for sharing with us, on tape, for future students this time. I am personally just so grateful for the privilege of sitting and hearing you review all of this.

MB: Thank you very much.

CP: So, please accept a thanks of us all. We don't send you any big checks, but we will send you a copy of the tape.

MB: That would be the only pay I would need.

CP: We thank you. And I am Skeeter Prather.

End of Interview