

UFHC 63

Interviewee: Carolyn Hall

Interviewer: Nina Stoyan-Rosenzweig

SR: This is Nina Stoyan-Rosenzweig. Caroline Bradford and I are interviewing Carolyn Hall in Jacksonville, Florida, at the Borland Library. It is March 9, 2005. I guess if you would like to start talking about the early histories of the libraries in Jacksonville, we'd love to hear that.

H: The earliest medical library in Jacksonville, Florida, so far as I know, was the State Board of Health Library, but during the 1950s a number of the hospitals in town were managing their own residency programs, which had become a little bit cumbersome for some of them. So a group of doctors and hospital administrators got together and decided that they could combine their efforts and coordinate the residency program and save each other some time, as well as some money, in the process. In 1958, they officially organized what was called then the Jacksonville Hospitals Education Program, and all of the major hospitals in town participated in it. They had a central office, which was located at what was then the old Duval Medical Center, which is where University Hospital was and where Shands now is. That building's long gone of course, but the offices were located there.

At the same time they were organizing this, they were also thinking about the possibilities of some kind of library coordination, because most of the hospitals had some kind of library. It was a rather unorganized and not very well-grouped collection. It was something that had just kind of grown like Topsy, and most of them were managed by clerical people that had simply been moved from other jobs into that, and it was included along with their jobs. So in 1961, they were able to get some funds together from a grant that they received and organize a library and hire a librarian. Helen Feltovic, so far as we know, was the first librarian hired by JHEP, as it was called. It was simply called the Central JHEP Library, and for a while it was situated along with the JHEP offices at the old Duval Medical Center building. Then about 1965, they moved into a house over in the Riverside area on Bishop Gate Lane, and occupied the first floor of that house. I think the Duval Medical Society owned the building and had offices on the second floor. The library operated in those facilities for a number of years, but in 1967 they were able to get some grants from the National Library of Medicine, a five year grant, which enabled them to develop the collection. At the same time Ms. Feltovic had left, so they hired Mildred Clark as the librarian. She came in and was there until 1968, and in 1968 she left and they hired Bettye Wilson, Bettye Stilley she is now, as the director. The library operated in these facilities for some time.

During this time they also acquired a xerox machine, which they used in those days for interlibrary loan, and they got a MEDLARS terminal so that they could search the literature from the National Library of Medicine. They were in

these facilities for several years. In 1975, Ms. Stilley left to go to the Navy Hospital Library, and Bob Hinz was hired as the director here. About that time they had outgrown the facilities in the house on the river, so they moved into a building that was located, at that time, behind Methodist Hospital; it had been the old nursing education building, a two story brick building, and they moved into that. They were there, again, for several years. In 1980, because that building had become inadequate—it was an old building, plus they had run out of room as well—so they moved into the fifth floor of tower two of the Methodist Hospital Professional Building. They were in that building when I came in 1981.

I had been at the State Board of Health, [and was the] Department of Health and Rehabilitative Services librarian to them, but I came over and took the position as associate librarian. We stayed in that facility, again, for a number of years, but during that time the library was beginning to become computerized. They had acquired a number of computers, the collection had grown significantly, and they were beginning to work more closely with the hospital libraries. Until that time they sort of served as a coordinating facility for the libraries, but I was hired for one reason, to serve as a consultant to the people who managed the hospital library. I worked in that position until 1986, when Bob Hinz left and I became the director. We were able to get another professional position in the library, which gave us three at that time, and we again operated in those facilities until 1991.

We'd become more closely coordinated with the University of Florida during that period of time, and they were building the building that the library is now in, which is the resource center, on what is the Shands campus now. The library was able to move into the second floor of that building, where it is currently located. I became its director in 1986, and then I retired in 1995, and Pam Neumann took over as director after I did. The library, in addition to serving the medical community itself directly, has also served to coordinate the work of the various hospital libraries. We have had as many as nine members of our consortium during the 1980s. It included the hospital libraries. It also included CSX—the railroad department in town. They had a medical unit and they had a very small library, but they wanted to access our resources, so they joined our consortium. Navy Hospital had joined in the meantime, Blue Cross-Blue Shield Library joined, [and] the Orange Park Medical Center, so there were a number of facilities, hospitals as well as others, that were a part of us. We served as their backup—we served as a backup for reference, for interlibrary loans. Over the years, a lot of the hospitals began to develop their collections more fully, and several of them now have professional librarians in charge, so Borland played less and less a role in their work. Now there are a few libraries who participate in a consortium, but they don't rely as heavily on Borland as they did in the beginning.

Borland was named Borland Library in 1967 in honor of a local physician,

Dr. James Borland, Sr., who had been instrumental in proposing a library in the first place, and in collecting the money to get it started. So it still carries that name for him. In the 1980s, the Department of Health and Rehabilitative Services closed its library in Jacksonville, as well as in Tallahassee, and Borland was able to get the collection that had been developed there, the most important part of which was the history collection, which is housed in the history room at Borland. A number of the items in this collection are rather unique. Few, if any, of the libraries in this state would have in its full collection some of the items Borland now has.

SR: Can you give an example of the rarer items?

H: These are the reports of the State Board of Health, as well as a full collection of the Health Notes, which were published from about 1900 until Health and Rehabilitative Services was reorganized in 1975 and it changed into another publication at the time. There's also a full collection of their vital statistics, morbidity statistics, as well as the monographs. During the late 1940s, 1950s, and 1960s, the State Board of Health published a number of monographs on various subjects, some of historical interest and some of them were simply descriptions of the work that was going on at the time, and there's a full collection of those in the history collection at Borland as well. So it's still used around the state. I think Borland still gets requests from physicians or health related workers around the state who want to look into the history of either the State Board of Health, itself, or some of the work it carried on at that time.

SR: Some of that public health work.

H: Primarily public health work, yes. Evidently, the jobs that the State Board of Health carried on at the time, a lot of them are being done now by a number of other agencies, but it was a rather inclusive agency, so it covered a rather broad variety of responsibilities.

SR: When JHEP started, what were the libraries that were involved again?

H: The original libraries were the hospital libraries, which included St. Luke's Hospital, which is now affiliated with Mayo; the Duval Medical Center, which became University Hospital; Methodist Hospital, which is now a part of Shands, Baptist Medical Center, St. Vincent's Nemours, which was then the Hope Haven Children's Hospital, and is now Nemours Children's Clinic. Those were probably the major hospitals that were involved in the beginning.

SR: What were the specific services? Say the hospitals involved, how would they get an information request to the central library, and what would happen?

H: In the early days, of course, the telephone was the main way. They would simply

call in if they had a request for material which they did not have, which became rather frequent because, as I said, their collections were very limited in the beginning. They would simply call in and ask for help with a reference work, or ask us to locate an article, a book that they did not have access to themselves. The Borland Library operated a courier service which would carry materials back and forth between the libraries from Borland to the hospital libraries, and between the hospital libraries themselves. In the early days the courier service was tied in with the blood bank, and the vehicle that operated for the blood bank also carried library material. When I came in 1981, the library had for several years it's own courier service, and they had a young man and bought a van which he used to transport materials back and forth. That has become, of course, not as important a job now because they can transmit things by computer and by fax, so they don't need to carry them physically back and forth as they did then.

SR: And being part of the consortium, I'm assuming there was a fee involved. Would that be monthly [rate]? How did the membership work?

H: In the beginning the fee was a part of what JHEP charged the hospitals to participate in their program, and they simply included the library services as a part of that fee. As the years went on and the library came to play a bigger role in what JHEP was doing, JHEP gave more and more of its resources to the library. In 1980, we decided to set up a consortium of libraries where all the libraries would pay directly to Borland. There was a yearly fee set up that was based somewhat on the size of the hospital, [and] on the number of residencies they had. There were various criteria that were used to determine what kind of fee they would pay. Then in the mid-1980s, we also began to charge the libraries for individual services. Of course, interlibrary loans had begun to cost more by then, so the libraries had to reimburse Borland for their expenses in giving interlibrary loans. The fee has gone up in recent years. Of course, there are fewer members of the consortium now and the yearly fees have gone up, but there is still a yearly fee charged to the hospital or the libraries that participate in the consortium. It was one of the earliest consortia in the state as far as we can tell, because it actually began in the 1960s and they weren't quite that ordinary then.

SR: I guess, obviously, the physicians were using it, but was it used by the residency program, or were residents using it more than say, attending physicians?

H: It's a little difficult to say because sometimes when the request came through the manager of the hospital libraries, we didn't know who was requesting it because we simply sent the materials to them and they distributed it to the one who was requesting it. But there was a lot of direct service at the library to individual physicians, to residents, and to other healthcare workers—nurses, people who were working in nursing homes, anyone that had a need for medical information. The library still is advertised as open to the public; anyone can come in and access the materials and make copies. The library does restrict some of its

services to medical personnel only, and, of course, they are its first priority, but the library is open to anyone who wishes to use it.

SR: I know that the residency program here started early as well, so its certainly even referenced to, say, Gainesville.

H: In fact, as I understand it, when the medical school in Gainesville was being thought about, Jacksonville was one of the areas that was proposed to house the medical school. Evidently, Jacksonville didn't work hard enough for it and it opened in Gainesville, but I think they've always used the hospitals in Jacksonville for a lot of their programs because there are so many more of them and they are large hospitals. Of course, in the 1980s, the program became so closely coordinated with Gainesville that a whole name change was undergone in Jacksonville. In the early 1980s, the director of JHEP, Dr. Max Michael, appointed a task force to look into the work of the library and to make some recommendations as to what should be done in the future, because many of the libraries were beginning to computerize their holdings [and] get rid of the old card catalog. Borland was considering how it should do this, whether it should attempt to do it on its own or to coordinate its activities with someone else. And, of course, the someone else, the first choice, was the Health Center Library at the University of Florida.

The task force, along with its other recommendations, talked with the people in Gainesville and especially with Ted Srygley, because he was the director of the Health Center Library at the time, about having Borland come under the aegis of that library. It was finally worked out to do so, and in 1984—kind of unofficially—the library became a part of the Health Center Library in Gainesville and became known as a division of that library. At the time, the Health Center Library, along with the other libraries on campus, were putting their holdings into what was called FOCUS, at the time the computerized cataloging system. So Borland Library began putting its holdings, as well as the holdings of the hospital libraries that were a part of its consortium, into it as well, and continued with that after it became LUIS. Eventually, it was separated out into a unit of its own, but still it was a part of the Health Center Library in Gainesville and cooperates very closely with that library. The personnel here are under the supervision of the director of the Health Center Library of Gainesville.

In the late 1980s, the program, not only the library but the JHEP program itself, became more tied in with the Gainesville program. JHEP was eventually done away with and does no longer exist. What was left was turned over to the library, and what had been the trustees or the board of directors for JHEP became an advisory board for the library. What was left of the funds in JHEP were deposited with the Jacksonville Community Foundation, which is an organization that manages trust funds and the like. That money was deposited with them and is available for Borland to use for various special projects. I

believe since I left, the current director used some of those funds to acquire computers and set up a computer lab in the library for the use of residents and so forth.

SR: I guess the library gets a fair number of medical students, as well as residents, from all over, but is there some talk of actually creating a separate campus for medical students now in Jacksonville?

H: Since I've been retired for several years I'm not in on all of the talk that goes on, and I'm not sure that there is. I think that's kind of been a rumor for some time. I'm not sure how much authenticity there is to it. Of course, what used to be University Medical Center no longer exists, Methodist no longer exists, because they've been pulled into what is called Shands Jacksonville now. It's so much a part of the unit in Gainesville that it's difficult sometimes to tell that there's any dividing line at all. I don't know what the plans are so far as the program growing here, but I know Shands, itself, continues to grow in Jacksonville. Whether it's large enough to become a unit on its own, I really don't know.

SR: Well, certainly as Jacksonville continues to grow, in terms of a population boost, there might be a larger requirement for it.

H: It's very possible. I think Jacksonville would love to see that happen, but I'm not sure how much Gainesville wants that.

SR: Back in the 1950s, or even in the 1940s, when they were talking about the medical school in the state of Florida, Jacksonville was the largest city in the state.

H: It was certainly the largest in this area. I don't know how recently it became less than the largest, but in the early part of the century it was by far the largest in the state. I think it would have been logical for them at the time to have thought of Jacksonville as the location for a medical school, but since the university itself was in Gainesville, that probably was one of the deciding factors to keep the medical school there. Although there's some precedent for having the medical school and the main campus separated, as in the case of Tennessee, for example.

SR: Can you talk a little bit more about yourself and your own career? Where were you born?

H: I'm by nature and nurture an Alabamian. I was raised in the northeastern part of Alabama and had most of my schooling through college in Alabama. I went to Howard College, which is a private college up in Birmingham; it's now become Samford University in Birmingham. I got a B. A. there and majored in psychology and English. Then I went into teaching; I picked up some education courses at

Jacksonville State University in Alabama, mainly because I found education courses to be extremely boring and I didn't do that when I was getting my bachelor's degree. So I picked up enough of those. I also picked up a minor in biology at the time, so I went into teaching. I taught for three years at the schools in Alabama, and in 1961 I went to Key West, Florida, and taught in secondary schools there. [I] taught science and math until 1965. Then I moved up to Orlando and taught for a year in Orlando, but was a little provoked at the fact that in order to advance in teaching you had to become an administrator, which I was not interested in. So I went back to school, went to graduate school in Nashville at Peabody College, which is part of Vanderbilt University now, and got my master's in library science.

Just before I finished my work there in 1967, the National Library of Medicine was sponsoring post-graduate fellowships, so I applied for one of those and got a stipend in science library internship. [I] went to the medical units of the University of Tennessee in Memphis and worked in the division of pharmaceuticals in the college of pharmacy there. We worked on the bibliography of parenteral drug dosage forms and published a couple of articles. I also worked with the library on campus there, the Mooney Library, I think is the name of it. I finished my work there in August of 1968, then I came to Jacksonville and went to work at what was then the State Board of Health Library. They had been without a librarian for a couple years. In fact, the librarian who came over to Borland, Mildred Clark, had been the librarian there, and she left there to come to Borland, so that job had been vacant for some time. I went to work there and was there until 1981, when I came to the Borland Library.

SR: I'm just interested in your movements and choices. What made you go to Key West?

H: I wanted to go to an island, and that was the nearest island I could find without going completely out of the country. Key West at the time was a lot different than what it is now, but it simply appealed to me. I had a friend, not a close friend but it was someone I knew, who had gone down a few years before that and was teaching. In fact, several people from Alabama had gone to Key West—I don't know what about Key West attracted Alabamians—but it did. So I was down there for four years and became head of the science department at the school where I was teaching.

SR: What was that age, elementary, middle, high school?

H: It was junior high at the time: seventh, eighth, and ninth grades.

SR: What was Key West like? I'm sure that it really was very different, probably less connected to the outside world.

H: It was not as wild as it seems to be now. I haven't been back in a number of years, but it was a very laid-back place. I remember when I went down there, in those days you still dressed up if you were going into a large town—you dressed up to go to church, you dressed up to go to work. I remember I was a little bit shocked when my first day at the school where I was to teach, the man who was in charge of the music program came in in flip flops and shorts, but that seemed to be kind of a standard dress. I got rid of all my hats and all my gloves and all my high heels; it was just a really relaxed place to be. During the winter, of course, there were a lot of people from out of town, "snow birds," who came in from about Christmas until Easter. We had our spring vacation around Easter and I would usually go out of town somewhere during that time. It was almost like coming back to a different place because it would be busy with cars from all over the United States, but when you came back after spring vacation everything had settled down, it was very quiet, [and there was] not that much traffic. [It was] just a really, really relaxed place. One reason I left it is because it became too relaxed and it grows on you and you feel like you're going to be there the rest of your life.

SR: You sort of sink into the lifestyle.

H: You really get into the groove of things. It's a good place to get accustomed to, because it is kind of cut off. If we wanted to do any shopping of any sort, we had to go all the way to Miami, so that would usually be on a weekend. We'd go up on Saturday, stay overnight, and come back on Sunday.

SR: Is Key West where Hemingway settled?

H: Yes, the Hemingway house is down there. Of course, he was not there by the time I got there, but the Hemingway house is still there and considered a tourist attraction, along with its six-toed cats.

SR: I was about to ask about the cats next.

H: They're still around, so I understand.

SR: Well, you said you left, in part, because you could see that you'd end up staying there forever. That's when you went . . .

H: I went up to Orlando then, and spent a year in Orlando teaching.

SR: Was there any particular reason why you chose Orlando?

H: It was a little closer to home. My parents were getting older at the time and it was a little closer to home than Key West, and, of course, one reason I went to Nashville to do my graduate work was because it was still closer to my

hometown where my parents still were.

SR: And that was northeastern Alabama you said?

H: Yes, Attalla, Alabama; I think [it had] about a six thousand or seven thousand population at the time, and probably not much more than that now. [It's] close to Gadsden, Alabama.

SR: So that is inland. Is that one reason why you think the island had an appeal?

H: I think so. I didn't see an ocean until I was in my late teens, and so I think the ocean kind of fascinated me and living on an island was a little bit intriguing.

SR: I can see the appeal.

H: It wasn't disappointing at all. I thoroughly enjoyed the years I was in Key West.

SR: Let's see, from Orlando you went to Nashville.

H: [I went to] Nashville to go to graduate school.

SR: I guess the decision for that was basically the location to be near your parents.

H: Yes.

SR: At that point you had decided on the librarianship, and that was essentially as a means of advancing without . . .

H: Without going into an entirely different field. I could kind of build on what I was already in. My idea was still to go into some kind of science library because public library work never appealed to me. So I had in mind going into some kind of special library, in science or medicine or something along those lines is what appealed to me. Before I finished graduate school I had heard of these fellowships that were available from the National Library of Medicine, so I had decided to apply for one of those, and I did get one. That's how I wound up in Memphis, [Tennessee], which again was a good move because it kind of set me up for what I went into, which was medical librarian.

SR: What brought you back to Florida? Was it a desire to be in Florida, or was it where the job was?

H: Well, I had gotten married in the meantime, and my then husband was teaching in Jacksonville, so that was a logical place to come. It turned out to be a much better experience for me than for him, so I stayed on, and I'm very glad I did. I look upon Jacksonville almost as a hometown now rather than Alabama, since I

don't have people back there anymore.

SR: It is my understanding that you applied for the job at the Borland Library first and ended up just happening upon the State Board of Health library.

H: Yes, when I was looking for work down here I found a directory of libraries and they didn't even list the State Board of Health Library, they listed Borland Library. So I simply wrote to the director of the library, who was Mildred Clark at the time, and asked if she had any vacancies. Well, hers was the only professional position in the library at the time, but she had come over from the State Board of Health Library and knew they were still looking for somebody to replace her. So she gave my name to the person who was in charge of the library services over there, at the time it was under health education, and the director of health education wrote to me and asked me to come in for an interview. I did, and was hired on the spot, I think because they were so desperate for a librarian. I had what I think was one of the happiest library experiences of my life. I couldn't have asked for a job that would keep me more in the medical library field than that one, because, at the time, all of the state health personnel were located in Jacksonville—the officers were later moved to Tallahassee—but at the time they were all in Jacksonville. So I was able to interact with entomologists, with laboratory personnel, as well as the physicians and nurses and administrative people and so forth. It was an unusual job in that it was more than just a medical library, but it was definitely something to keep me in the field. I was really lucky, I think, to get that job.

SR: So, in 1981, when the library at the State Department of Health is no longer in operation, did the Borland Library have a job opening that you just happened to fall into, or was it your reputation?

H: I actually came over before the library closed. I had the feeling that, if anything, they would move that library to Tallahassee, and because I owned a home in Jacksonville I was not interested in moving to Tallahassee. I thought that the best thing to do would be to look for another job in town, and, of course, the only other library at the time was Borland. So I contacted Dr. Michael, who was a good friend of mine and was in charge of the JHEP program. At the time, Borland still had just one professional position, but I asked him if there was a possibility he might get a second professional position. So he began working to do so and established another professional position in the library, which I then applied for and he hired me. That's how I wound up at Borland. Shortly after I left they did, rather than move the resource library to Tallahassee, they simply closed the whole thing. Since I was already over here and knew a number of the people that were involved in the program, I contacted and asked if we could not have the holdings for the Borland library. I knew, from having worked with it, I knew about the historical material they had, as well as the journal collection. Of course, now a lot of this is available on the computer, but at the time the Health Resource

Library had the largest journal collection of any in the area, so we were able to get that as well, which gave us access to issues of the various state medical journals from back in the early part of the century, as well as a lot of the journals that were published many, many years ago. We didn't have room at Borland itself at the time, so Methodist Hospital, where we were renting space anyhow, also owned the warehouse over on the westside of town, and we rented warehouse space from them to put the collection in. At the same time, that resource library had an audiovisual collection which consisted mainly of films that they sent out to schools, primarily, and to county health programs throughout the state. We took that over as well and operated it with some help from the Department of Health and Rehabilitative Services for about three or four years. Eventually the films, of course, were wearing out. HRS didn't care to put money into buying more materials, and films weren't that much in use by then anyhow, so they took the collection back. I think [they] deposited some of it at Florida A&M Library. I'm sure most of that has probably disintegrated by now because it's very old.

SR: It's too bad because I'm sure there were some fascinating historical resources. When you started at the Department of Health and Rehabilitative Services, did you say there was one professional librarian?

H: There was one professional librarian there, and we did have a part-time position when I first came there that handled a lot of the cataloging. I was able to have that turned into a full-time position, so there were two of us. We had a staff of three clerical/secretarial people and the two professionals. It was still pretty much that way when I left. In the meantime, the audiovisual library had come under the control of the library itself, so I was also over that part. They had their own director which was under the library itself.

SR: So then the staff ended up being between nine and ten people?

H: At the resource center we had some part-time people. We probably never had more than about six or seven full and part-time people on staff. At Borland, of course, we had the director's position, and then when I came there was my position. Then in the latter part of the 1980s, Dr. Gerald Schiebler, who was kind of a liaison with the legislature in Tallahassee working on behalf of the University of Florida, was able to get some monies for Borland Library. We had mainly looked for material money to get the director's position moved directly under the University of Florida rather than under JHEP, but they misunderstood us in the legislature, which turned out well because they gave us another position and we were able to hire Pam Neumann, who is now the director of the library. She had been here for several years prior to that as a library technical assistant and had gotten her degree in the meantime, and her husband was transferred up in the northeast. They moved up there for about a year-and-a-half, and then when this position came about I notified her because I knew they wanted to come back to Florida. She was able to come back a little bit earlier than her husband and take

the position here. She's been here, except for the absence of about a year-and-a-half, since about 1978. She's probably the longest-term person at Borland.

SR: I was interested in the public health issues when you were in the Department of Health and Rehabilitative Services. You said that it was a really exciting place because you were interacting with a variety of people. What were some of the health concerns in Florida at the time?

H: There were a number of things that would come about that would make news, and, of course, anytime anything showed up in the newspapers the health people had to react to it. There was an outbreak of a water situation down in the Miami area, I remember, where some bacteria had gotten into the water supply in one of the migrant camps, and it caused a big flurry at the time. Everybody was asking for material on this particular organism and the diseases that could result from drinking the water. There would be red tide eruptions periodically, and, of course, the health department had to react to those. Anytime any kind of infectious disease reared its head and began to show anything like becoming an epidemic, they had to react to that. So we'd be called on the spur of the moment to get some materials ready because they had to appear before the news media and give an update as to what they were doing and what might be the repercussions of what had happened. So sometimes you were rushing around to get materials together at the last minute for them to use, and you'd try to make it material that would not alarm everybody, but would give them some answers that they would be satisfied with.

SR: Why was the department actually moved to Tallahassee?

H: In the late 1960s, about the time I came to Jacksonville in 1968, the legislature had decided to begin creating this umbrella agency. Instead of having the State Board of Health as a separate agency and Corrections and so forth as separate agencies, they decided to put everything together under an umbrella called the Department of Health and Rehabilitative Services.

[End of Tape A, Side 1.]

H: Then it became, in 1974 I believe, simply a health program office. It began to have less and less and less influence in the department. Welfare was a part of HRS, and, of course, that was beginning to take over a lot of the resources. Health became kind of a secondary item in the department. A number of the health people around the state were rather dissatisfied with this, so they began work to try to create a separate department of health again as it had been in the beginning. The Florida Medical Association was very much involved in this, as well as some of the county medical societies around the state. Eventually, in the early 1990s was when they actually came back to the idea of a Department of

Health with its own administrative services separate from all of the other agencies. So there was a long time that health kind of fell by the way[side], and finally I think has come back into its own again.

SR: I think, sometimes, with public health in particular, when the system works people think everybody's healthy so there's no need for a public health department or an infrastructure and then they dismantle it.

H: The main time people notice public health is when something goes wrong. I'm sure its that way with a lot of the state organizations, but anytime there's an outbreak, then public health comes to everybody's mind. Of course, HIV [Human Immunodeficiency Virus] and AIDS [Acquired Immune Deficiency Syndrome] has been one of the precipitating factors to bring health back into the limelight again because they're involved very much in the prevention of this, as well as other diseases.

SR: You were medical librarian and director of the resource center from 1968 to 1981, what were some of the changes in the library work and the way that librarians did their tasks in that period?

H: I guess computers would be the main change that came about. We were not that heavily computerized in the resource center when I left; we were a little behind with that, I think, because at the time health was kind of falling by the wayside. So the resource center, along with the other offices of the health department, were not receiving that much attention. We still were limited to doing a lot of our work in the old way, by hand. After all of the administrative offices and a lot of the working offices moved to Tallahassee and the library itself was left here, it meant that we had to do a lot of our work by telephone or by mail service. So, rather than dealing directly with the people that worked in the health department, we dealt with them long distance. I think that was one reason that I was willing to leave when I did, other than the fact that I was afraid the whole business would be moved to Tallahassee. [It was because] we had lost some of our personal touch with people. They knew us as a voice on the phone, but they were not able to come into the library and use our services directly.

In the case of Borland, of course, the biggest change has been computerizing not only the catalog, but all of its services; much of its work now is done by computer and by fax. I think I missed this more than anything else, it isn't as much face-to-face contact as it used to be, and I found that to be one of the most rewarding parts of library work, was being able to deal with people directly when they would come into the library and ask for material. It was an old-fashioned way of doing things, but I'm old-fashioned, so that's it.

SR: Well, and certainly when you ended up teaching for a period of eight years or so, so you must have enjoyed teaching and working with people at that level.

H: I did. I've always regretted that they don't allow teachers to progress in their work as teachers, rather than move them into an administrative work, because I always liked personally dealing with people. Of course, there were problems from time to time, as there always is, but you worked those out. It's rewarding when you really feel that you performed a service, or that you've really provided something that another person needs.

SR: It seems to me that with librarians the desire to help other people is sort of common among them.

H: It's definitely a service organization, and I would not like to see it lose that part. I would hate for it to become so mechanized that you didn't get the service part of it. I'm afraid that's what happens in a lot of cases now is that the library becomes a manager of information rather than a supplier of information. While in some cases that may be a good thing, to me it isn't as satisfying to the person who's supplying the service as it used to be.

SR: It does take away, at least for you and, again, for a lot of librarians, the reason they were attracted to it in the first place; you're helping people, but you're also interacting with them.

H: Yeah. I think you have to have a service orientation to go into that kind of work, in education or library work or anything of that sort. I think if you feel yourself getting away from that, it becomes less satisfying to you if that's what you entered it for in the first place. Of course, I like books, but I hated the idea that people have that you go into a library because you love books. If you're working in a library, the last thing you get to do is read a book, so you go into a library because you love to be able to answer questions. I found that the most satisfying part of the work.

SR: In some ways, as the librarian, it's the best part of teaching because you're often not the disciplinarian and you're not holding their grades over your head, you're just sort of giving them what they want.

H: That's true, and especially in a special library. I assume a school library might be a little different, and I never had a desire to work in a school library, but in a special library like a medical library, people who come in usually know something about what they are asking, so you can't just feed them anything. You have to be a little bit on your toes when you're giving them information. I think sometimes nowadays, a lot of the direct users of the library are able to come in and do their own literature searches on the computer, which is good, but I also think that a librarian should be better trained at searching material and that the user should always realize that a librarian might be able to do a better job than they can do because they know the sources better.

SR: A librarian can certainly evaluate the quality of the various sources.

H: That's true. The user himself can evaluate the material, but the librarian should evaluate the sources the material comes from and make sure that they're valid sources.

SR: I guess just moving back to focusing on JHEP and the Borland Library, you were saying before that they had essentially created a second position when you came. What was your special purpose there?

H: When I came, first of all, I was hired as a consultant to the hospital libraries. Of course, I knew them because a lot of them also used the health library, so I was acquainted with them already when I came to Borland. So I went out to visit them and see what their particular situations were, what their collections looked like, what kind of work load they had, if they felt like they needed training in any particular area. In some cases the libraries were managed by someone who spent maybe an hour a day in a library, and the rest of the time was spent with other duties, so the library was in pretty sad shape. Some of them you could not really call it a library. So I worked to get their catalogs in order, to help them weed collections that were terribly out of date and no longer useful in many cases.

I remember one of the problems that I would have from time to time was particularly an older woman who had been in charge of the library for some time. She had a collection that consisted of old, battered medical textbooks, and she was a little bit crowded for space anyhow, so I suggested she get rid of some of these old textbooks. She said that the doctors there had given them to her with the orders that they were to remain in the library and were not to be disposed of. I was not able to do much with her, although I started writing some recommendations for the various hospital libraries, and one of my recommendations was, if anyone, physician or otherwise, gives you material, have the understanding that the material will be evaluated as to whether it is useful in the collection, and if it is not, it will be returned to the giver if he so desires, or it will be discarded. Some of them accepted this and some of them did not. Eventually, that library was managed by somebody who had a library degree, and thankfully she had the same opinion that I did, so much of that ended up in the trash bin and new materials were put in its place.

SR: That was your consulting work. How long were you doing that?

H: I did that for a couple of years and the director at the time did not want to use me as a real assistant to him. We had disagreements as to our philosophy of libraries in the first place. So I had started looking for other employment, and Dr. Michael decided that the library needed to be looked at overall to see if there

were some changes to be made, and this is when he organized a task force. The task force recommended that I be given responsibilities other than just consultant to the hospital libraries. So I was put in charge of cataloging, at which time we started talking with Gainesville about integrating into their computer system. I was also put in charge of reference work and I began to have some informal classes with the library staff on handling reference questions. It had been their habit before that of referring questions to the public library rather than trying to answer them themselves. So we put a stop to that and we started answering our own reference questions. In 1985, our situation had gone downhill enough that the person who was director at that time was asked to tender his resignation, and I applied for his position and I was hired and went into the position in 1986. I was the director from 1986 until I retired in 1995.

SR: I'm interested in the fact that they were referring reference questions to the public library. Had they not had specific training in medicine?

H: The director at the time, his background had been in audiovisual, and he was very adept at producing slides and this type of thing, so he concentrated most of his efforts on producing materials for people who were having to give presentations of some kind. He really didn't have that much interaction with actual library work. He was doing audiovisual work, but not library work. The calls were coming in to a couple of clerical staff and they had not been trained in handling reference questions, had not been told to refer the questions on to anyone else, so if it was something they didn't know anything about, they were told to refer them to the public library or to the health resource library at the time. It wasn't their fault really, they just had never been trained in answering reference questions and didn't understand that it was their job to either do so or refer them to someone who could. That was kind of disturbing to me when I came over here. I had started trying to get them to at least give the question to me if they didn't know anything else to do with it. The director was not terribly happy with that situation, but when the changes were made and I was put in charge of reference work, then we began weekly to meet for about an hour in the morning with the clerical staff and just go over some routine questions that they were likely to get and how they should handle them and how they should know when it should be referred to someone else. So from that we got to the place where we didn't refer things to the public library anymore. In fact, the public library would refer things to us to answer them if they were of a medical nature.

SR: Which seems to me, that's how it should be.

H: Certainly.

SR: Once you became director, were there any changes that you made? I mean, it sounds like you instituted a number of things along the way.

H: There were no major changes except for the fact that we, by then, were working real closely with the Gainesville library. I remember when I was hired as director, Ted Srygley was my supervisor and my immediate superior, and when we met together after I took over as director our understanding was that we would have regular visits back and forth between the libraries. He would come to Jacksonville once a month, at least, and I would go to Gainesville once a month, at least. So he came to Jacksonville for one visit, I went to Gainesville for one visit, and that was it. After that, as needed, we would come back and forth. I think he came up here a good bit more frequently than I went down there because he said it was an escape to come to Jacksonville. But we did work very closely with them and I was always glad to know that the Health Center Library was there when I needed them, because, of course, there were things that we simply couldn't handle here. They had better resources, [and] more staff than we did, so they were willing to accept some of our requests for help and do what they could with them.

I remember while we were trying to get the finances worked out as to how the monies for purchase of materials and so on would be handled, that Gainesville even shared some of their book money with us, which I was eternally grateful for because our book collection was getting in bad shape. So they turned loose some of their funds and let us use them to purchase materials with. I think in the past few years that has cleared up a lot and the funds are more forthcoming now. In fact, about the time I retired, Faith Meakin was able to get her hands on some money for Jacksonville as well as Gainesville, and Pam was able to considerably update the collection here at Borland. For a while it was kind of nip and tuck with money, and we picked it up from wherever we could. I'm sure that it's still a problem, but not quite as much as it was in those days.

SR: Were you handling questions from—I know in Gainesville they ended up having six colleges, so they had librarians that were answering pharmacy, vet med, nursing questions—were you getting the same range?

H: Probably not as much so as they were. Our questions, because the HRS had closed its libraries and those people were accustomed to calling me when they needed something because I had been at that library, they simply kept calling me when I came to Borland. So we still got a number of questions from the health personnel not only in Jacksonville, but in Tallahassee and from around the state. We had different questions, I'm sure, than what Gainesville had. We probably didn't get as many questions related to pharmacy and vet med as they did; most of ours were in the area of strictly medicine or nursing, and, of course, a lot of questions from the general public, because as I said, the public library started referring their questions to us. On one or two occasions one of their librarians would get a group of them together and come out and visit Borland to see what we had, and what kind of materials we housed, and what kind of questions we were prepared to handle from them. So there was a little more cooperation that way.

Then, around 1990 or 1991, I guess they organized NEFLIN, which was the Northeast Florida Library Information Network, which was made up of not just medical libraries, but school libraries, the public libraries and all of their branches, the college libraries, and eventually went into a number of the counties surrounding here. We were a part of that network and I was on the board of directors for a number of years until I retired. So we got questions not just from medical personnel, but from the general public as well.

SR: You mentioned you were on the board of directors, what other professional organizations were you involved in?

H: Well, of course, the Florida Medical Library Association. I had been a member of that since I had come to Jacksonville in 1968, and was president for a couple of years. We hosted meetings here in Jacksonville in the early 1970s, and then after I became director of Borland, we hosted a meeting in 1987 or 1988, we hosted Florida Medical Librarians meeting here. They're hosting one later this year, in fact, in Jacksonville. The Medical Library Association had a program, which they still do, to recognize medical librarians, and I was a member of their cabinet of professional librarians. Those were most of the professional organizations that I participated in. We didn't participate very much in the American Library Association because they were more oriented towards the public libraries or school libraries, so we had the Medical Library Association, which was their counterpart from the medical field.

SR: Yeah, that was more directly relevant to what you were doing. Ted Srygley mentioned a group called CONBLS [Consortium of Biomedical Libraries in the South], or that was the acronym.

H: It was an organization of university medical libraries nationwide, I guess; it was coordinated by the National Library of Medicine. It was made up of libraries that were willing to submit their holdings to a union list and make their resources available to other libraries as members of the organization so that they could share materials that they might not be able to hold themselves. By then, particularly, medical journals were becoming very expensive, and for a library to try to collect everything it needed would have simply been beyond what they were capable of. So CONBLS was able to get libraries to turn loose of their information and share it with each other, and later on this became coordinated by computer. I'm not sure that organization exists any longer as such, but in spirit it does because they still do the same thing.

SR: Just in looking over your background and your training, when you got your graduate degree, was that fairly common then, or was that an unusual level of training for librarians?

H: No, in fact, in order to be certified as a librarian at the time, you needed a graduate degree in library science. I was a little disappointed in the training that I got because I told you already how bored I was with education classes in college. I took one when I was working on my bachelor's degree and I was bored stiff, so I decided not to take any more. I only took them when I had to, to get a teaching certificate. In library school there were a few classes that I think I really profited from, but much of what I was taught in library school, it was really more theory than anything else. I was already of a nature where I wanted to do library work, I wanted to do service work of some kind, so they didn't need to theorize me.

I found after I got my degree and went into this fellowship program at UT in Memphis, I got more out of the thirteen or fourteen months I spent there than anything else because I was working. I was actually working in the lab with the professor and students in the pharmaceutical department when they were formulating drugs. It was more a hands-on thing; you felt more like, so *this* is what they do, *this* is what I'm supposed to help them with. I was also able to work with the staff in the library there on campus, and they would have weekly classes with me to show me about reference materials. They helped me become familiar [with those], because in library school I was taught about reference materials in general library work, but not specifically medical libraries. So there I became acquainted with a lot of the medical reference materials and how to handle questions that you were asked in that context. That was much more helpful to me; I'm always glad that I got that advantage rather than going directly from library school into a library. I think it'd be like going from an education class into teaching school; you don't know what's going on until you get in the class and actually begin to experience it yourself.

SR: It is hard to teach people how to teach.

H: It is, and it's hard to teach people how to be a librarian. It's something that you really do have to learn. It's nice if you can learn it under the tutelage of somebody else that knows what they're doing, but you really have to experience it firsthand yourself in order to know how to handle situations that come up, what's the best way to manage various problems and this sort of thing. It's very like teaching, library work is very like teaching in that respect—you don't have the discipline problem usually—but in other ways it's very much like it.

SR: It sounds like an apprenticeship would be valuable.

H: It would, and I've always wondered why library schools don't do more of this rather than class work—give their students the ability to go into a library with a really experienced librarian and find out what it's actually like.

SR: I wonder if that has something to do with concern for professional standing. I guess I've noticed that when people think about theory, or feel that there has to

be a lot of theory involved, it's trying to establish a sense of professional status, and the more theory you can develop, the more status your profession has.

H: It may be, that may have something to do with it, but that part of it has never really turned me on. I've never been of the mind that I had to defend either the teaching profession or the library profession. I felt like if the person in that profession was really proficient at what they were doing, then it spoke for itself and you didn't have to do a lot of theorizing in order to justify what you were doing.

SR: Sometimes people just have professional insecurities, but it sounds like you do not.

H: No, I don't. I used to hear arguments about whether something is really a profession or not, and trying to define what a profession is, and it never really bothered me because I had made up my mind what a profession was and I felt I was a professional, so I didn't need to defend it to anyone else. Fortunately, I think I've been rather successful in this, and I think one reason I've always enjoyed what I was doing was that I was pretty good at it.

SR: It was something that really suited you.

H: I think so, I was probably meant to be this. I remember before I went off to college I had grand ideas of being a physician or something like this, but I learned early on that my personality would not lend itself to this because I think I would have taken offense at anyone who did not follow my advice as to what they should do. I know I get aggravated at people who smoke now because I think they're being very foolish.

SR: It is hard for a physician to see someone they know is doing something that will kill them.

H: Yeah, it would be difficult not to call them stupid to their face, and I don't think that would go over very well if you were a physician. I probably would have run out of patience real quickly—patience, C-E, and patients, N-T-S. [laughter]

SR: It's come up again and again, the impact of computers on library work, but if you were to think of it on more of a global scale, what would you have to say about the direction of libraries? Where do you think they're going to go? What role do you think libraries will continue to play in education?

H: I think they've already changed so much, even in the time since I've retired, they've changed a great, great deal. Some of it I like; I think computers really have taken some of the tedium out of library work. I remember an old *Seinfeld* [television sitcom] episode where there was a librarian who spent her time

stamping books in and out, and I would hate to think that people still have that concept of a librarian. I can remember the early days when we used to have the card catalog and whenever you withdrew a book, you had to go through the card catalog and pull every card, subject, and so forth that related to that book, which was terribly time consuming. Now all you have to do is hit a button and you've deleted that book from the collection so you don't have to go through all of this. So, in that respect, I think it's great that computers have come into it; and, of course, literature searches are so much quicker now. I don't know whether in some cases they're that much better, but at least they're much quicker and you can access more material in less time than you used to be able to do.

I still think that someone needs to evaluate the material, and I think that a part of that job should still be the librarian's job. I would hope that they would not dismiss that job or turn it over to the user themselves to do. The user can evaluate the material, but where that material comes from and how it's gathered, I think, should still be the work of the librarian. I think that more and more they've come to think—instead of using the term librarian—they use information specialist now. That kind of rankles with me. I don't really like it, I guess, because I'm still old-fashioned enough to think that librarian is still a valid term. I think, overall, I like some of the changes that have come about. They free your time more to do what I think's the really important things. The thing I don't like is that sometimes it introduces impersonal aspects into the library, and that part does not appeal to me personally. But the more access people can have to information, as far as I'm concerned, the better. I never have been one to think that you need to cut off access to certain information. I guess I go along definitely with the American Library Association in believing that you do not censor material that the person should be capable of censoring the material for him or herself.

SR: What you said were the three important things, which would be . . .

H: Collecting material, evaluating a collection, eliminating material that's no longer useful, either because it's outdated or because it was wrong in the first place. I think publicizing your services to a certain extent because I know, in the case of Borland, we used to have people who would call to ask if they could have permission to come into the library, and you'd have to tell them the library is open, you can come in anytime that you like that the doors are open. I think that, particularly with the general public, they need more direction sometimes than the professional does in accessing material. Let's face it, some of the material, even some of the material in the library, is not correct. I think that's evidence for the fact that from time to time medical journals themselves will publish an article debunking something that has appeared in the past.

SR: And certainly if you've been keeping up with that then you know what has been . . .

H: What has been debunked, yeah.

SR: Do you find that the general public is eager to ask, or do they tend to be more afraid to make contact with librarians?

H: I think some of them, particularly when they come into a medical library, they're a little bit hesitant to ask for help thinking that you only serve the physician when he comes in. I really liked to create an atmosphere where they feel like they can come up and ask you for information just as much as anyone else can. Back when I first went into library work, there were a number of the libraries in town, some of the hospital libraries were called the "physician's library", and even the nurses were not allowed to come in and use the library. The physicians frowned on nurses invading their space in the library. That, thankfully, has changed. I know one of the hospital libraries in town that I worked with when I first came to Borland, they had lounge chairs for use of the physicians, but the nurses were not to use the lounge chairs. I found this absolutely horrendous and I said, if the nurses can't use the lounge chairs then you ought to take the lounge chairs out. Fortunately, a little bit later, they got a nursing administrator in that hospital who was as active as can be, and she forced them to allow nurses, as well as other personnel in the hospital, to use the library.

SR: Do you think, if not libraries, that medicine has become less hierarchical?

H: I think it has. For one thing, I think the fact that access to information has become so much easier now and so much freer—people, the general public, has access to material—and I think they're more likely to question a physician, which certainly brings things down to another level when they're able to do that. So that, for one thing, has opened it up. Also the fact that I think physicians themselves have come to look upon other members of the healthcare field as [being] on an equal with them, rather than as some kind of hierarchical structure that used to be in place.

SR: One thing that the libraries seem to attract, or at least some libraries, are interesting characters who use the libraries. Do you have any stories or anecdotes about that?

H: Oh, I think *every* medical library has its stories about hypochondriacs who come in to use the library. I remember we had one fellow who was coming in to Borland Library periodically, and each time he came in there was a different ailment that he wanted to look up. We found that he was trying to diagnose himself, and whenever he would hear about an ailment he would immediately decide this was something he had, and he would come in and have us find everything we possibly could on this particular subject. I've always wondered what happened to the poor guy—whether he finally did catch one of these ailments or whether he gave up. I'm sure most medical libraries are constantly faced with this kind of thing. The only thing you can do is give them all of the information and let them

read it; they're going to get it somehow. Hopefully, they find they don't have any disease.

SR: Although that might not even be a comfort to them.

H: Well, it could be, but if that one doesn't pan out they'll probably come up with another one and they can come and research that one.

SR: What about your colleagues? You've mentioned Dr. Michael some. Were there any others that you found to be particularly influential in your own career?

H: Here in Jacksonville there have been a number of people that I have found very, very helpful to me, and somewhat inspirational in many cases. Dr. James McGibony, he was retired from the armed forces, but he came to work in the health department in the late 1970s and eventually became director of the district under HRS. He was a member of our library board for a number of years and a heavy supporter of libraries. He was one of those that you could call on for almost anything—if it was within his power he would do it. Dr. Michael was good about supporting the libraries. We always had our differences and it got to be kind of a joke because he knew that he could get a rise out of me if, in a meeting with other people around [he would say], “and you know the library is able to run itself, isn't it, it really doesn't need anybody in charge.” Immediately, I would erupt. So he used to pull this on me from time to time. I think he finally got to where he really didn't see that, but in the beginning I wondered if he didn't feel that we were superfluous to the library—just set some books out and it would take care of itself.

SR: That's an interesting philosophy. Let's see, you retired in 1995, is that right?

H: Yes.

SR: I'm not sure that we really talked much about the period between 1990 and 1995. Were there any changes in that period in terms of your own day-to-day practice or job that stand out?

H: The main changes that were coming about then, and even more so after 1995, was the fact that a lot of the hospitals were developing their libraries to the extent that they no longer needed the daily input that they'd had with Borland and were able to exist on their own. I think at the present time Memorial Hospital is still a part of the consortium here and Nemours Children's Clinic, but most of the libraries now have a professional librarian in charge, so they operate pretty much on their own. They may call on Borland from time to time, but not in any formal capacity. That's the primary change, I believe, that has taken place over the years, that it's become less of a coordinated effort and more libraries set up to operate on their own, with cooperation. They still communicate with one another

and share resources. I don't think that Borland now maintains the daily courier service as they had for a number of years. But those are the primary changes, I think, that have taken place.

SR: Is that a sign that hospitals have more money, just that they can setup and staff a library? Are they getting bigger?

H: To some extent. I don't think this has happened as much in Jacksonville as it has in other parts of the state. There are a number of hospitals around the state that have totally closed their libraries because they no longer want to put the money into operating them that it takes.

[End of Tape A, Side 2.]

H: A number of years ago, when libraries were beginning in hospitals, people in general seemed to have the idea that it didn't take much money to operate the library; you just opened it up and it kind of ran itself. I don't know how they thought the staff were paid or where the books and journals came from, but somehow they never understood the amount of money that's involved in setting-up and operating a library. So some of the hospitals, when they eventually came to realize how much it was costing them, they simply closed them. Now, fortunately, in Jacksonville that has not happened. There are a few places—I think Orange Park Medical Center has pretty much closed its library—but Nemours has a professional librarian in charge of its collection now, St. Vincent's has a professional librarian, Baptist has a professional librarian, and Memorial. So a lot of these places, I think, they realize the importance of having a library, and those that have realized that have been willing to put some money into it, [and] some promotion. That's good—it's kind of diminished the role that Borland has played citywide, but Borland in its own way has grown because of the residency program here at Shands. And Shands, itself, has grown so tremendously over the past ten years or so, that they pretty much have what they can handle here.

SR: What about the staff here? Did it grow while you were there, and has it grown since you retired?

H: I don't think there's been any significant growth in the number of staff since I retired. After JHEP, itself, faded away and the library became what was left of JHEP, we were able to hire a part-time clerical person because we were billing the hospital libraries for the work that we were doing and we were able to hire a part-time clerical person to handle the book work for us. Other than that, I don't think the library staff has increased that much. In fact, they used to have a courier who would work part-time, but now there is no courier, as such, since they share materials electronically.

SR: Okay, so you retired in 1995, what sort of activities have you been involved in since then?

H: Well, one reason I retired then was because there were some volunteering things I wanted to do that I just didn't have time for when I was working. The local Habitat for Humanity unit was one of those, [Habijax], so I started working with them within a few months after I retired. For awhile, I would actually go out and work on the site with them—I'm past that now, I don't swing a hammer anymore—but I am on the selection committee. We go out monthly and interview families that want to apply for a house with Habitat. We evaluate them and see if they're qualified and get them approved and that sort of thing. I [also] belong to the American Association of University Women. I filled the job of program director and president and am now treasurer of our Jacksonville branch. I held a state job in that for a couple of years as a representative from this area. I volunteer at a number of other things. For a while I was in the Learn to Read program as a tutor; I'm not doing that currently. I do Meals on Wheels—just anything that comes up that seems to interest me at the time, at least I'm free to do. The only thing is, I assumed I would have tons of free time when I retired and it didn't turn out to be the case, which is good, I think, because I'd be bored.

SR: You're free to choose what you do with your time.

H: That's it, I can select now. No one has to tell me what to do; I can tell myself what I want to do.

SR: That sounds like an ideal situation.

H: It is. I highly recommend retirement, whenever you're ready for it.

SR: I know that you did write a history—just as we wrap up—of the Department of Health and Rehabilitative Services, but is there anything that you would add to that or like to record about that?

H: No, not specifically. I still say it was the happiest time I've spent in library work. I think because I felt more connected with the people there, even more than when I came to Borland. I enjoyed my time at Borland, but the work with the public health people was, I think, the highlight.

SR: Did they have a sense of being on a crusade—like a saving the world [complex]?

H: I think one of the things was that anyone who went into public health was not going in it for the money, because none of the physicians or professional people in public health made the salaries that they could have made out in the real world in individual work or with corporations. I almost felt like they were a little more dedicated, maybe, than some other professions were. I guess because you think they are more dedicated it makes you more dedicated, so you really would knock

yourself out to try to get whatever it was they needed to do their work. I guess that's still where my love lies, with the public health profession.

SR: Was there anything that you would want to add as a wrap up to the interview?

H: I consider one of the primary accomplishments of my career at Borland was getting Borland tied into the University of Florida Health Center Library. I think it's been a lifesaver for Borland. I'm wondering if Borland would even be in existence now if that had not happened. I think that so far as getting into their computer system as well as having direct access to them and being under their aegis has been a real boon for Borland. So I'm glad that that happened during my tenure there.

SR: Thank you. This is the end of the interview with Carolyn Hall.

[End of Interview.]