

ZDENKA BUBEN
An Oral History Interview
Conducted by Lola Selby
3/30/87 and 3/31/87

SELBY. I am looking forward to hearing you telling something about your beginnings in the field of social work, at what point you became interested in social work and when you decided to get professional education? But first tell me a bit about your family background and where you received your degree.

BUBEN. My background is Czech. I was born in Paris, France in 1895. My mother did not identify with France, to the degree that my father decided that perhaps they should move to another community. We had a Czech friend in New York who was employed with a large fur company. This was the same firm my father was engaged with in Paris. This friend facilitated a transfer for my father from Paris to New York. In 1907, when I was two years of age, we went to New York and settled, like other nationalities did in that period, in the quarter that was called the Czech Quarter, in lower New York. Today it is occupied by the New York Hospital and the tenements that were in this quarter, that the people then lived in, converted into living quarters by Mayor LaGuardia of New York. In the eleven years that we lived in New York we moved six times. We lived in seven places while I was a small child. This constant changing and having to make new friends developed resentment in me that I identified with the change. Today I know we have always had change. I know that we will always have change, but intellectually I still resent change.

SELBY. Where did you go from New York?

BUBEN. From 1887 until 1908 we lived in New York. And again, by invitation of H. Lebis and Company, my father was invited to head up their fur department in San Francisco. We moved to San Francisco. I transferred again to a school with three stories of brick building in bad condition after the fire in San Francisco. The little school I had transferred to was a wooden shack on Golden Gate Avenue, near Van Ness. The teacher had the seventh and eighth grades in the same room. She would teach, make an assignment, and move over to the next grade while we carried out the assignment. In 1910, I graduated, I attended Girls High School in San Francisco for one year. The family had bought a home in Alameda so I transferred from Girls High to Alameda High School in my sophomore year. The Dean of Girls was assigned by the principal to introduce me to the students at Alameda High school. I graduated in 1913 and entered the University of California at Berkeley. This was at a time when students were not charged any fees to attend the University. The University had a Board of Regents, which took pride in developing and equipping students who could absorb higher education and could become the leaders of the future. I started out majoring in music because I happened to be able to play the piano well enough to be invited to do this and I buried myself in music in San Francisco. I had the opportunity, for example, to play the piano at the half-hour of Music in the Greek Theater in Berkeley.

SELBY. What did you major in at Berkeley?

BUBEN. I transferred from a major in music to the Department of Hygiene. It was an undergraduate department of hygiene under Dr. John N. Force. It was

also a period when nursing was trying to develop a community nurse and wished to use the title public health nurse. The University felt that the amount of University education required was so much more than some of the people had who were blanketted in as public health nurses, that it developed the title of "Health Visitor." I identified with the University's view. One day Dr. Force came to the advanced course in epidemiology and announced to the class "I would like those of you who can arrange your schedules to go over to Alameda and take an examination called Health Visitor." I lived within walking distance of the City Hall where the examination was to be given. My parents, particularly my father, thought I should take that examination, which I did. I was then offered the position of Health Visitor for the City of Alameda. Because I was attending classes, in the fifth year, trying to receive approval for teaching in secondary schools, I felt I should refuse the position, whereupon the city manager suggested that I come on a part time basis to Alameda and attend classes to finish my fifth year. This I did. Eventually I became a full time Health Visitor for the City of Alameda.

Alameda had a Social Service Board without an office. Its health program consisted of asking the private physicians to see very sick people and asking the person who was employed by the city to divide himself in several directions. He had a private office located one block from the City Hall, but he was Health Officer for two hours every day other than weekends. He served as first aid physician in the two-bed Emergency Hospital, which was physically attached to the Health Department quarters. I took the position without knowing anything

about the real activities that were expected of me, that I would serve whatever I was asked to do. I didn't ask if it was appropriate to one thing or another. I just did it, with the result that in the nine years that I was affiliated with Alameda I had a very fortunate background for the future. Incidentally, the title Public Health Nurse won out, and Health Visitor lost.

SELBY. Today we will be talking more about your shift from your job in Alameda to Los Angeles County. How did that come about? What kind of experiences did you get into?

BUBEN. Interestingly enough, Los Angeles County was engaged in a similar development for improving health service in the county. Dr. John L. Pomeroy was County Health Officer. On the Los Angeles County Board of Supervisors there was a man who supported Dr. Pomeroy tremendously and was just as eager as Dr. Pomeroy to see to it that the wide geographic areas between the cities in Los Angeles County could offer more of a neighborhood service to their people, rather than having to travel, for example, from Lancaster in the desert to the little red building in Los Angeles that had an out-patient department. That outpatient department was trying to offer a service to those who simply had to come to the hospital, and was largely an in-patient / outpatient service more related to hospital service than anything else. I was hesitant about leaving Alameda County, but here I was so impressed with the wonderful response we received from the general citizenry which was entirely volunteer and where people had to go to the doctor's private office for his services if they were very ill.

He was glad to serve them rather than trying to develop an institutional type of facility in Alameda.

I came to Los Angeles on a leave of absence of three months. I saw a comparable kind of an attempt here to develop health services but a completely different philosophy on the part of the community. Aside from the Los Angeles County Supervisor, there was no particular push for developing neighborhood services. There was actual hostility in some parts of the county to try to establish permanent facilities. This surprised me tremendously. I felt that in the three months I was down here, the very best I could do would be to try to change that philosophy. One of the things Dr. Pomeroy asked me to do as a first duty was to see whether I could achieve a better understanding and a better working relationship between the outdoor relief workers of Los Angeles County, who were attached to the Department of Charities, with the Public Health Department that he administered and where he had nurses.

In looking around where there might be some positive elements I would try to choose a district where I felt secure about the local health office being willing to come along with the project. The health centers down here came about whenever a local city or group of cities wanted a facility in their area. They would grant the county a piece of land if the county of Los Angeles would agree to build a health center. It was interesting psychologically that if there was some degree of success in the place we chose for a demonstration, we could count on somebody else saying well why do they have that and we don't. So we would move on to the next health center. Ultimately, the County Health Department

developed a total of thirteen health districts, each of which was as different from the other as individuals are different from one another.

At the same time there was a strong influence towards our needing a school of social work in Los Angeles County. As this idea developed and the people from the far east of the United States came here to tell us how to do it, the Welfare Planning Council of Los Angeles—which was the only and single city wide agency at that time—managed to be very helpful. A number of social workers had gone to Sacramento with a bill requesting licensing of social workers. The opposition in social work appeared in Sacramento at the time of the hearing and was loudly rejected. The State Legislature said to the two groups “Go home and unify your people and don’t come back here until you have one bill to present and that all social workers of the time will back it.”

SELBY. About what year was that?

BUBEN. I don’t know, but it is available in a statement written by Martha Chickering who at the time headed up the Berkeley school and it is available in the Arlien Johnson Library.

SELBY. What happened then?

BUBEN. There was but one statewide organization of social workers in existence and that was the California Conference of Social Welfare. To their annual meetings almost all of the agencies and counties in California would send a representative. The conference offered sections on health, child care, family service, and group work, and the intent was to bring the visitor or social worker

up to date on what had happened since the year before, and to give them new knowledge.

SELBY. What sort of program are you talking about?

BUBEN. Programs for developing better health services in the countries. It was a period when the nurses in the state were working to have a title of public health nurse, while the University of California undergraduate Department of Hygiene was working toward a title called Social Welfare Visitor. However, the health centers in Los Angeles County grew in number, and the State Conference of Social Workers and Los Angeles social workers were moving toward establishing a school of social work. The Los Angeles Community Welfare Federation comprised two arms: the Community Chest, for fund-raising for private agencies, and the Council of Social Agencies, for program development in both public and private agencies. I was invited by Mary Stanton, who became executive of the Council of Social Agencies, to join its Health Division. I am frank to say I talked more than ordinarily was necessary! At the end of my service at the Council of Social Agencies, I received a Chairmanship Award. It was signed by Dr. Pulley, who at the time was acting Los Angeles City Health Officer.

SELBY. This was 1945-46?

BUBEN. Well, that's pretty late you see. The social workers of Los Angeles knew that they wanted a school of social work and I worked toward that end. The undergraduate program of the Berkeley University had become a reality and they were working toward moving it to graduate status. Today there is a graduate program in Berkeley; in Los Angeles we have a School of Social Work.

SELBY. We have two schools; UCLA and USC.

BUBEN. Well I call them social welfare.

SELBY. No, USC is a school of social work. UCLA is a school of social welfare, like Berkeley's. They are a part of the California State system.

When during these years that you worked in Los Angeles County did you decide to go on to get graduate training in social work?

BUBEN. In 1938 a strike developed among social workers of a Jewish agency. Dr. Charles Shockland was director of the Jewish Welfare Federation at the time. He appointed me to represent Administration and the social workers appointed Helen Hackett to represent them.

SELBY. Why were they striking?

BUBEN. They were striking because of lack of appropriate help in supervision. They thought the only way they could get it would be to have a graduate school of social work in Los Angeles. Also the eastern United States social workers were coming out and were telling us how to do things, spearheaded by Ms. Kate McMann from the National Association of Medical Social Workers. It wasn't long before I decided that I could not continue as a leader of staff which, on the one hand I was expecting to have degrees in social work, and didn't have one myself. Dr. Dickey was the director of Public Health in the state and I knew that the state had money to send a social worker to school if they wish to go to learn to be professional social workers, financed by this state money. I visited Dr. Dickey and asked if I might have access to this money and he said no, his reason being that it was intended for state people only and he could not go so far as to make it

available to county people. I then mortgaged our family home in San Mateo County, and on that borrowed money I went to school at my own expense.

SELBY. Where?

BUBEN. At the University of Chicago, when Edith Abbott was the Dean. Edith and Grace Abbott both were active in the University, and my substitute locally was good enough to speak to Grace Abbott about being “nice” to me. Bless her heart; she herself became ill and was hospitalized, yet she saw to it that when I got to Chicago I received a ticket to attend the luncheon meeting of their Planning Council. Helen Wright was my advisor.

SELBY. How long were you there? One Year?

BUBEN. I was assigned to the Michael Reese Hospital field work unit, financed by the University of Chicago, and subject to the hospital’s supervision and administration; and I had three units of psychiatric social work, at the end of which the supervisor recommended me to the American Association of Psychiatric Social Workers as a junior worker. I served under five public health physicians, who again were as different from one another as individuals can be different from one another, and they participated fully or not according to their interests. They were usually also in private practice and gave but part time service to the health department. On the staff they developed an attitude of the administrator in the central office not setting up a program that was more acceptable to some of the workers in the district. They developed a division among themselves.

SELBY. Now you are still talking about Michael Reese Hospital?

BUBEN. No, I am back in Los Angeles.

SELBY. Oh, I didn't know you had come back. What year did you get your degree?

BUBEN. It was either 1941 or 1942. I returned to Los Angeles County having gotten a Master's Degree. But I did not receive it for over a year afterwards.

SELBY. When you came back, what position did you come back to?

BUBEN. My old position.

SELBY. Which was?

BUBEN. Director of Public Health Social Work. I'm not sure. We might have done that later. I returned to my old position. The County Health Officer at the time was under threat in the county. In Los Angeles County there were several major changes. The head of Civil Service, when I left had full responsibility for developing classification definitions, also allocating the salary to that classification, but he lost the responsibility of allocating salaries. That was transferred to the Central Administrative Office (CAO). Annually, in Los Angeles the Health Departments Business Manager with whom I worked very closely, always gave an opportunity to sit in on the interviews with a representative of the CAO. Invariably when that man returned to his own staff meeting they challenged him, and made changes. The staff could not understand that. I did not wish to share certain things with staff that threatened them. I overtly allowed the department to give me a salary which was very little above what the district worker was allocated. I wanted people in the district to be strong enough professionally to be able to manage any aspect that was needed in the given

district. I did manage to do some transferring if they didn't work out where I first placed them. I was fully responsible for the selection of the workers and the placement of the workers and to see that they performed; and the County Health Officer—as long as he was Dr. Pomeroy—almost invariably supported me.

SELBY. You didn't say under how many health officers you worked.

BUBEN. One for each district of the five health offices which I served in Los Angeles County. It seemed to me that we would regard as the most social minded, Dr. Pomeroy. He was strongly influenced by the secretary of the Tuberculosis and Health Association of Los Angeles County. She later became Mrs. Pomeroy. She took him to a meeting where a social worker discussed service from the social aspects of a tuberculosis case. He was so impressed with the importance of including the skills of a social worker at the time of diagnosis of tuberculosis that he pleaded to see to it that we got such people added in each of the districts. The CAO fought Dr. Pomeroy. How do I know? I sat on the opposite side of the desk when he was talking to Dr. Gilbert and told him that if he allowed me to go about to the degree I was going about in the community, I would not get a raise in salary. I did not mind.

SELBY. What did Dr. Pomeroy do with that?

BUBEN. He was gone by then. I worked for five health officers beginning with Dr. Pomeroy. Dr. Gilbert was next.

SELBY. I thought you said that Dr. Pomeroy had been one of the great great ones.

BUBEN. What I was trying to say is that of the five health officers, from my point of view, Dr. Pomeroy was the most social minded.

SELBY. Who had the responsibility for determining your activities?

BUBEN. The CAO. It was taken away from Mr. Anderson of Civil Service and given to the CAO, which was a new department. The best our department could do would be to include me in the conference between the CAO and the person who represented the function in the central office. The local health officer did not participate with us. Apparently the local health officer had to work with the business manager every time the representative of the CAO's office identified with us and was willing to support our program; he was changed to another man. I told you that what prompted me to go back to school and on my own money was the fact that the staff was having degrees by then.

SELBY. You needed one too?

BUBEN. I needed one if I was going to continue as the head.

SELBY. How much longer did you continue as the head?

BUBEN. I retired in October 1961.

SELBY. You certainly lived through a lot of changes and philosophy in social work, and philosophy in other professions.

BUBEN. I always spoke up for the standards no matter what. I stood for standards as much as anything I did.

SELBY. Zdenka, today we are going to finish our recording of your experiences during the long period of time you were in social work. I am going to let you

decide what you want to recall and tell us about as you approach this final session. Go ahead and say what you want to say.

BUBEN. Thank you. When I transferred from Alameda to Los Angeles I transferred from an island four miles long and one mile wide to a metropolitan area, one of the largest cities in the United States, with an area between three and four thousand square miles, one that had developed its organization to meet its local County needs. In Los Angeles there were four health departments: Los Angeles County, Los Angeles City, Pasadena, and Long Beach. The Board of Supervisors had the general reputation of being the true authority for Public Health Service in the county. Los Angeles City had a Council but it took the position that since the Board of Supervisors had the authority and the County Health Officer was an aggressive person that he should administer the program of community health control. Long Beach wasn't interested in us at all.

Pasadena would not speak to us. Its health officer was a bacteriologist and when he wanted to refer anyone who he thought was acutely ill, he referred them to the Pasadena Dispensary. In effect this served Pasadena as our County Hospital served Los Angeles. Los Angeles County government had certain institutions. The Los Angeles little red brick building on Mission Road was the hospital for the acutely ill; however, its clinics were limited to preparing a person for hospitalization or follow-up after hospitalization. That department overtly did not wish to take on the administration of medical care for the ambulatory patient. I was present and heard the director of the County Hospital say so.

The other institutions the county had were Olive View for the patient who in the diagnostic clinic of the Health Department developed such an antagonistic attitude, that he knew he needed some help in understanding how infectious he was to other people. This kind of patient that might be sent to Olive View for this kind of a lesson. There also was Rancho Los Amigos which, I recall, included very elderly women whom the state hospital refused to accept for state hospitalization because they felt they did not belong in a state hospital. At Rancho Los Amigos there was a psychiatric unit with a doctor in charge who had had some background in psychiatry and he worked closely with the State's Pacific Hospital or with the Metropolitan Hospital with some of the women that either were feeble minded or psychotic.

When Dr. Pomeroy opened the first health center in San Fernando, the community situation included having one railroad bringing Mexican people from Mexico to California to help California with cheap labor to work in agriculture. The theory was that they could be sent back home when the job was done. The reality was that they would meet a girl; she was pregnant before the men left, and the baby was born in the United States and became a citizen of the United States. This went on for years and years and years. It was pointed out by our service, and they did a very fine listening job, but the practice went on just the same. Eventually the County Board of Supervisors said to Dr. Pomeroy " You know what is needed. You have the ability to run the clinics that are needed for the care of ambulatory patients. You take on the responsibility for doing that in

the county health centers that are about to spread throughout this county.” He accepted the responsibility.

He went to the County Medical Association and asked them if they would be willing to man those clinics. They said they would, provided he would design a system of determining who is eligible for county clinic care. He agreed to this and I was told we would have to do that or lose the program. I eventually decided to find out what my own colleagues meant when they were talking about our determining eligibility. I went to one of the private hospitals and found out that their notion of eligibility was purely a clerical service, whereas the county health medical social worker accepted the applicant as if he were applying for aid in a private social agency, listened to him, heard the problem, and the budget for the family was an incidental question in the total inquiry. That seems sound to me in terms of keeping faith with organized medicine but my social workers never forgave me for accepting eligibility as a valid role for the county health medical social workers.

From 1927 to about 1932 (it is of course sixty years since I've thought about this, all went well. Then the beginnings of a depression started but no one diagnosed it as the beginnings of a depression. Organized medicine decided that the reason people came to the county health clinics was because they were there. They were not identified as a charity. They were identified as something available to the public without their paying for the service. County Medical Association pushed for transferring the clinic program from the jurisdiction of the county health officer to the jurisdiction of the County Charities Department.

During that early period when I first came, Dr. Pomeroy said to me “Our nurse and county health and county charities social workers are not getting along. They do not plan jointly and something needs to be done about that.” So I regarded that as a first opportunity to see what I could do. We had meetings. I had no way of knowing the degree to which this was helpful until one day the Superintendent of Charities came over to the Health Department with a visitor and introduced me as the “oil that makes the wheels go round.” This told me that in the districts there were places where they did get together. For example in Alhambra, Mrs. Silver, Mrs. Myrtle Silver, was the social worker. When they felt that there should be a change a plan for a patient they held a conference. She called a conference and the clinician who examined the patient and diagnosed the tuberculosis, plus herself, plus the county outdoor relief worker (they were called outdoor relief rather than public assistance workers). They got together and the team decided what is the best thing to do and the clinician went along with them and things worked beautifully. One needs to know the distance between the health districts buildings themselves in the County to appreciate that they are as different from each other as individuals are different from one another. There was no such thing as everybody doing things the same way. I felt my responsibility in the department was to find the proper person for the given district and its needs and if it didn’t work, then to make a move about it. In Los Angeles there was a Welfare Federation, well established. One part of it related to agency programs and the other was the Community Chest. The welfare planning side invited agencies to apply for membership if they expected

to receive money from the community chest. If they were accepted, then annually that agency executive came to a budget committee of the Welfare Planning Council and presented his or her budget proposal. They never were given what they needed. It wasn't available and they were expected to go out and raise additional money for whatever it was they could do. The Chest thought that by them having to go out and do that that they were helping in raising the amount the Chest could raise.

The private agencies in Los Angeles followed a religious pattern. There was a Catholic Welfare Bureau and a Jewish Social Service Bureau and a Family Service of Los Angeles and an Assistance League. The theory was that you went to the agency to apply for aid according to your religion. If you didn't happen to belong to any particular religious organization and the county refused you, perhaps you did not get aid. I don't know that happened to some of those people. I will say that the Assistance League was liberal and that occasionally the Jewish Social Service Bureau became liberal about helping a person who was wandering around trying to get some assistance. I was invited to join the Welfare Planning Council Health Division. It had four divisions: health, family, children, and group work. Two circumstances come to mind, which to my mind were exceedingly helpful. One was that we were able to appoint a committee composed of a prominent physician, a hospital administrator, and a medical social worker to visit an unattached clinic and on the one hand evaluate whether their service was truly helpful, and on the other to evaluate whether they knew that it would be far better service if they became attached to a hospital as a

hospital outpatient department. For example the Santa Rita Clinic joined Queen of Angels. To me, that was helpful addition in community service. The other one that comes to mind was that there seemed to be a pattern of appointing a dissatisfied nurse to becoming the social worker for the hospital. We were able to point out to the committee that there were social workers who at least had a good social work experience. If nothing else, they should be appointed rather than following the pattern they were using. That was a helpful experience. I feel that the Health Division of the Welfare Planning Council was contributing to improvement of the program to the public in Los Angeles County community. At the University of Southern California there was a sociology department of which Dr. Emory Bogardus was head. Ms. Kate McMann who was the field representative of the American Association of Medical Social Workers would come to Los Angeles and visit the University. She worked with Dr. Bogardus who supported her principles and worked toward trying to get USC to develop some courses, if not a formal program, for medical social work. This ended with the coming of Arlien Johnson to head up the graduate School of Social Work. When the clinics were transferred from the Health Department Administration to County Charities, the Depression was understood by everybody in Los Angeles. Toward the end of the 30s and following a social workers strike when they actually walked the streets protesting an agency practice, I decided that if I was going to employ social workers with degrees in the districts, that I myself would have to have a degree if I continued as the head of the service. Having related to Ms. McMann as much as I did, and she always came to see me and kept

reassuring me that I said nothing that was contrary to good social work, I decided to go to Chicago. That would be a new experience for me. Apparently they thought so too because they placed me in the Michael Reese Hospital University Unit which the university-financed for three quarters. I had the security of being able to return to my job in the Health Department. I just knew I could come back and I was on a leave of absence. Another factor that happened while I was in Chicago was that while the head of County Civil Service, Mr. Clifford Amsden, had the responsibility not only for defining classification for the employees of the agencies, but allocating the salary that belonged to that classification was determined by the chief administrative officer of the County. To me these young men knew absolutely nothing about the ingredients of any program that they related to. They were in charge. I also noticed that, though my own Health Department personnel man who was responsible for preparing the budget for the rest of the department to consider, always invited me to be a part of that conference, I felt that if I sold one of those men, next year he was changed for another man, and I would start interpreting all over again. I was willing to interpret and apparently I had enough aggression not be stopped when people wanted to stop me. I appreciated twenty years of community service both in little Alameda and in complex enormous Los Angeles. I would not exchange it for anything. By the grace of fate I happened to come along at the right time. Nothing but fate helped me. It was an accident that I came along when I did. I was in the 1917 class of the University when our men stood on the steps of North Hall to say good-bye to go to war. In 1918 the war was already ended and I

participated in the first Armistice Day. I remember distinctly what I was doing. We had an influenza epidemic. I was in homes trying to find volunteers to be willing to come nurse the people that could not get into a hospital in their homes. I went to school on my own money. The United States Children's Bureau was able to arrange support for a state medical social worker to come to Chicago for an experience; if you were with the state you could get the money, but I was with the county, and they would not do anything about the county. So I mortgaged a home. I was without salary for one year and was glad that I did it that way in the end. I never regretted doing it that way. When I came back from Chicago, the SC school was already under way. No, I'm wrong. I left Chicago, I got my Master's degree in 1941 and I think the SC school was either just opening or had just begun with Arlien Johnson as the Dean. I was interested, in fact, because I had the degree, I was invited to participate in programs that actually benefited if you didn't have psychiatric social field work. For example there was a state agency, I can't recall the name, the California Social Welfare Agency. They experienced an unfortunate circumstance. When social workers who felt qualified by virtue only of their experience, developed a bill and went to Sacramento and tried to get it passed, the other social workers, who probably were members of the professional association at the time, believed in professional qualifications service in an agency as a social worker. They too appeared in Sacramento. They were all told to go home and clarify their own thinking as social workers and not return until social work as a whole would back whatever bill was presented in Sacramento.

At that point the California Association of Social Welfare appointed a committee to study the whole question of licensing. I had the privilege of being appointed to that very first committee. I also had the privilege of being asked to come to Washington to be a member of committee of consultants nationwide. When circumstances in state programs became a problem to Washington, for example, as in the time when child welfare workers and medical social workers on the same cases relating to crippled children couldn't decide whose responsibility was what. So the Children's Bureau in Washington appointed a committee of consultants which they drew from the country as a whole to try to clarify this division of thinking and bring those two groups together on some agreement. I also had the privilege of being invited to join the Tuberculosis Division of the Public Health Service when Dr. Herman Hellavo was its chairman. While he was on a field trip, in one week we worked to decide just what the medical social work as such can contribute to each phase of the Tuberculosis Control program. I never worked a group of people harder than that poor group. They took it with good nature. We would meet in the morning and we would stop for lunch and for dinner and after dinner we would meet again and sometimes were meeting until midnight. But they came back in the morning, and at the end of that week we had a program to give him. I think he was satisfied

Los Angeles County actually is not understood by all segments of social work practice because it is too big and they don't get to see each other enough. I have always felt that there needs to be a close relationship between the University of Southern California School of Social Work and the agencies. Today

I am satisfied with the fact that we now have recognized that a profession that is truly a profession must be identified with higher learning. It must be identified with a university. I am satisfied that social work must be one of those professions. I am satisfied that because the school is there now that we have better programs in the field. I believe that social work today makes a far better contribution than anything that has ever been before. I do not regret my forty-three years of experience. I will always remember Professor Charles Reber, when his first lecture in logic was around the phrase "When in doubt, don't." Today we have named some facility at UCLA after Professor Reber.

I was very fortunate to have come along when I could get a university education for the asking. We had no fees for the students. We had a board of regents that took pride in the fact that there would be no fees. They considered that higher learning of the university contributes to the future leaders of the community. If I were asked what qualities someone who is considering whether or not to go into social work should have I would include capacity to interpret what you can offer clearly so that the many people on your committees can understand the content themselves and transfer that information to others. I do not believe that high sounding language and catch words are going to sell social work. I think it is going to continue to be a service that meets a need. But how it meets it and who meets is going to be different in the future if we have graduates from a school of social work. I also think they must have integrity and I also think they must be people who of themselves know that they have a pretty good sense of judgment. It seems to me that the quality of judgment is very important in the practice of

social work. You need to know when to stop pushing and come back to a point later. You need to be sure your opponent understands. You need to be sure that you understand with him before you start giving your views. Well bless you all for the future.

SELBY. Well thank you very much Zdenka. That was just great and I am so happy that we had this very good summary of your experience. I am sure others will appreciate it too.

Abstract:

Zdenka Buben established the first social work department in the country in a county public health agency; the Los Angeles County Department of Public Health. In this interview, she describes her pioneering entrance into public health medical social work, reporting some of the circumstances in which public health services as well as public health social work started and continued. She provides some of the atmosphere in which efforts at collaboration between the health and public welfare agencies were initiated. She was involved in various early efforts to license social workers in California, and she chaired various local and national committees focused on public health and social work. She covers forty-three years of social work service in her capacity as a professional and as a volunteer.

Editor's Note:

At the time of this interview, Miss Buben was 82 years old and becoming forgetful. Consequently, the interview contains some garbled information and confusion, largely about names and the timing and sequence of some events. Interestingly, while her own role in some of these events was significant, she dwells little on her own contributions, which in fact were considerable. The most blatant of the misrecollections were in the first draft of the interview. I have deleted them, for in now way do they affect the contributions in this interview. I have not endeavored to correct her recollections in terms of time, leaving to the reader knowledgeable about social welfare history, the recognition of some

confusion that nevertheless does not obscure her own important part in social welfare history in California.