



**A Nurse First | Season 3, Bonus
Episode**
A career grounded in service

[Sandra Garmon Bibb]: I got out of high school early, so I was very young, 16, and my mother was sick. She was sick from the time I was 12 until I was 19, and she was out of the household. And so by the time I got ready to go to nursing school, it was just myself and my younger brother still in the household, and there was no money for me to go to nursing school at all.

My grandfather died the same year I graduated from high school, and he left some dollars, under \$100, for my father and uncle to split. And I was able to get some of that money to get a, what we called a footlocker, and some of the things I needed for nursing school. But outside of that, it was scholarships and grants.

[Welcome to this bonus episode of A Nurse First. This is Sigma's president, Sandra Garmon Bibb, sharing her career journey and the many firsts that have come along with it.]

[Sandra Garmon Bibb]: And so it was in my junior year, as I was still moving through, figuring out how I was going to pay for everything, and there was one male nurse—we had a couple in our class—but it was this one male nurse who was a former corpsman in the Navy. And he told several of us, he said, ‘There is a recruiter who's coming to town to talk about opportunities in the Navy. Are you interested?’ And I said that I was.

And so I went and I listened to the pitch of the recruiter and the promise of if I agreed to come on board with the Navy, I would get a monthly stipend of about \$400, which that was like a million dollars. My year of tuition, everything, my last year of tuition would be paid along with my books. And my requirement would be to come into the Navy and serve on active duty for three years.

I was so young. I had no idea what life was about or no idea what I was going to do when I got out of nursing school. And so that sounded really good to me. And so I accepted. And when I graduated, shortly after I graduated, I was commissioned. That was in May. And then it wasn't until August until I went to Officer's Candidate School.

And I turned 19 when I was there. So I was still very young. I went in for three years and was stationed, first of all, at Camp Pendleton in San Diego.

My first job is really funny. When I turned 16, just before I turned 16, I asked my father to teach me how to drive. The only thing that was available was his standard shift truck, and he took my cousin and I out. And he was very patient with her, but he wasn't with me. And I said, ‘I don't want to learn how to drive. I'll never learn how to drive.’ So I was all set to go forward in that way. But when I got those orders to Camp Pendleton, my first duty station in Oceanside, the same young man who had said, ‘Do you want

to hear a recruiter," said, "Sandra, if you're going to Oceanside, California, you're going to have to learn how to drive."

I took five lessons. On the fifth lesson, I got my license, but I showed up in California and even purchased a car, and I still didn't know how to drive.

My first duty station was in the old, old Camp Pendleton hospital. Long wards with lots of beds, wooden floors rotating 7 to 3, 3 to 11, 11 to 3. And I started out as an orthopedic nurse on an orthopedic ward. And I was six months on that ward where this was, I think, one of the first time my leaders recognized something in me. I was invited to go to an intensive care course, a cardiac care intensive care course. And when I graduated from it, I became an intensive care unit nurse.

I stayed at Camp Pendleton for the first three years, then I got transferred to San Diego's hospital. At that time, it was Naval Hospital, San Diego. And I went right into coronary care and medical intensive care. And that was like my life's blood. I was just pumping, pumping, pumping, going. I mean, I was just so thrilled and enthralled. And the associate chief nurse of the hospital asked to meet with me.

She said, "Sandra, you have been in this intensive care unit for a number of years. Don't you think you should try something else?" And I said, "What about emergency room?" She said, "You're missing my point." I then went out of the intensive care unit, reluctantly, but when I did, I was so happy, into this new area where there were only five nurses doing what I call the forerunner of a lot of nurse practitioners.

I became a chronic illness nurse clinician and that's where my interest in disparities and chronic disease and prevention began, because we saw patients with chronic illnesses like diabetes, hypertension, such as that, with preceptors who were into internal medicine. And these people were, of course, stable, because at this time, I didn't even have my bachelor's degree yet. And mostly we did education.

It was after that that I applied to get my bachelor's degree. There was the decision to be made if I was like serving, but I was at that time classified as reserved. I wasn't regular Navy. So in order for me to make that conversion, I needed to have a bachelor's degree because I had a diploma of nursing, but not a bachelor's degree. And the Navy had a program where they'd send you back to school full time. Your job was school. You get your full salary. They pay all your tuition. And then your obligation would be to give back maybe a year for every six months or something like that. And so I applied to get my bachelor's degree. By the time they picked me up, I was at the place where my paying back the obligation after I got out of school was going to put me past 10 years. I knew that if I went past 10 years, I was going to go to 20.

I still remember the day I made that decision. I was stationed in San Diego, and for my lunch break, I'd run in Balboa Park. I came back. I was sitting on this green grassy hill, and I was saying, "If you do this, you're committing to a career in the Navy." I made the decision that I would go to school, and I would get that degree. Subsequently in serving, I fell in love, absolutely in love with the Navy.

At the University of San Diego, I was invited to be inducted into Sigma. That was in 1982. I still hold membership in that chapter. After I graduated, the detailer was working with me to decide where I wanted to go. The speech was, "You've had it nice in school. You've been here. There are other people who need to have their opportunity." So I went to Okinawa, Japan, reluctantly. But there was a base. And I became the charge nurse of the emergency room. Who knew? I absolutely loved that.

I was there for 18 months. When I came back to the United States, I went back to San Diego into an ambulatory care clinic. That began a specialty and a love for me. I was the senior nurse in the ambulatory care clinic. And here again, a mentor who was the second in command at this set of clinics—there were eight clinics, and I was in one clinic—saw something in me. Up until this time, only medical doctors were the heads of these branch medical clinics. And this mentor, a health care administrator, began to mentor me. And so I was selected to be the first nurse to be head of one of those branch medical clinics. So I did that. Absolutely loved it. I've loved everything that I've done.

Ten it was from there that I applied to get my master's degree. I applied initially, I thought nurse administration, but I didn't get that because I didn't have the qualifications. I had gotten my bachelor's degree at the University of San Diego, and I loved it. The programs there were excellent. So that's where I went back to get my master's degree in a program at that time that was called a family health specialist.

And so I became a family health specialist with emphasis in health promotion and disease prevention and teaching. My minor was in curriculum preparation and teaching. And I did a student teaching stint at Point Loma Nazarene University. And that's where that research bug bit me because there were so many unanswered questions and, you know, in doing some of the internships that we were required to do, I was out where there were disparities. I was out where there were inequities. And there were so many questions that I had that there were no answers for.

So after I got my master's degree, the detailer said, "You've been in school. Others haven't had that opportunity. Now it's time for you to go outside of the country again." So I got orders to Gaeta, Italy. And when I got to Gaeta, Italy, there was no military base. We were attached to Naples that was about 60 miles away. We were in between Naples. The clinic was in a converted apartment building—the medical clinic with the dental clinic.

I was so excited. I had this master's as a family health specialist. There are 800 family members there because we support it. At that time, it was one of the big ships. The admiral and his staff, they lived on the ship, all their health care on the ship, but their families were allowed to come with them. So that was the mission of the clinic.

I got all these ideas about health promotion, disease prevention. "Oh my goodness, this is going to be great!" And I had been corresponding with my sponsor, who was the nurse who was currently there. And as I was en route, I'm not making this up, I received a letter from that sponsor telling me that there had been a change. Now, this healthcare administrator that I told you who gave me that first chance to be the first nurse, he was now the commanding officer at Naples Hospital, where this clinic reported to. And there were some things that had happened in the clinic where the admiral who was there wanted to see some changes made. So he told the admiral that he had somebody coming, and he knew they could make a difference.

By the time I got there, I was the head of the clinic and the nurse in the clinic. Up until that time, there had been a medical doctor who had been the head and the nurse. I appreciated that confidence, but there were a lot of situations there—really, really difficult situations. It was at that point, there were so many situations as I was doing what I was asked to do and complaints were launched against me. I thought, "That's it. I'm giving this up. I'm over 20 years. I'm going to resign my commission."

I even went so far as to contact my detailer and say, “I got to get out of here.” Meanwhile, the investigating team in charge of that saw some inconsistencies and decided they would send a couple of people—senior ranking people, a nurse and a doctor—into the clinic for a week to gather data to find out what was really going on.

At the end of that time, they reported—by that time I was commander—“The problem is not with her. We need to get some education. We need to get some training for these doctors.” We need to do this, that, and the other. It was during that first, this all happened in the first six months. At the end of that six months, because we turned things around, the Admiral pinned the medals on everybody in the clinic, the two doctors, myself, and all of the Corps staff.

It was at that time that I decided I was going to stay for the duration because I was the most senior ranking officer at Gaeta. I was the only woman officer of color there. And there were a lot of people guiding on me, looking at me, paying attention to me. It was at that time that I committed to stay. I said to myself, “You're going to stay until you make O6—until you make captain—to show that it can be done. You're going to begin to look at all of these challenges as opportunities for growth and development. And not be surprised when they come your way, but expect them to show up. The thing you have to be certain of is that you've been coloring inside the lines. So when the challenges come, and just like this investigation happened, and no matter what anybody's saying, they take a look at it, then you're going to be inside the lines.”

When time came for me to come back to the United States, they said, “The only place we have for you is San Diego.” There was a new initiative that was starting, which you may now be familiar with, TRICARE. In terms of standing up these regions, they were standing up nine regions where there was this tri-service. The services, the Army, the Navy, and the Air Force, were going to be working together under one flag officer and supporting what was going on at the various military treatment facilities in regions.

TRICARE for region nine was the first area to be stood up. And that's where I was sent to be part of that. And there I became the consultant to eight military treatment facilities—Army, Navy, and Air Force in the Southern California area—in health promotion and disease prevention. I was doing epidemiological studies and research. I was like in heaven to look at, you know, what was going on with disease patterns and all of these beneficiaries. Now I'm not talking about 800, I'm talking about thousands of beneficiaries, and we had access to the data and I'm just absolutely loving everything that I'm doing there. It was from there that I applied to get my doctoral degree.

When I got the master's degree, I absolutely knew that I wanted a doctoral degree because I had questions about health disparities where there were no answers for. I had questions about health promotion and disease prevention, and I was compelled to get this doctoral degree. And I even said, “Even if I have to retire and live in a studio apartment, I'm going to get this doctoral degree.” And I said, “Well, maybe I'll ask the Navy and see if they'll send me back while I'm still wearing the uniform on active duty to get the degree. And then I'll pay back the obligation.”

Everybody said, “You've been sent back twice. They're never going to send you back a third time!” With faith and some mentoring from some nurses who had gotten their doctorate degrees while on active duty, I put the application in. What did I have to lose? I already had my plan. If they didn't pick me up, I was going to get out and get the doctorate degree anyway. And I had started part-time work at the university that I wanted the doctorate degree from. So what did I have to lose? And I put the application in, and wow, I got picked up. for that doctoral degree.

At the same time that I was doing part-time study and getting my application ready to submit for full-time, I was selected along with two medical doctors. One was a radiation oncologist. The other was a hematology oncologist. That region had been given millions of dollars to stand up the first set of breast healthcare center in the regions. We got our commission in July, and we had until October to obligate the funds. And so I needed to take a leave of absence from my program of study, because we were here, there, and everywhere. And we got it done. But then in the course of that, I got very interested in the disparity in death rates between Black women and white women. And at that time, it was all about, "Oh, it has to do with economic access to care, if they have health insurance or not." And I asked these colleagues that I was working with, I said, "Is that true in the military treatment facilities?" I said, "Because everybody's supposed to have the same level of access." They said, "Sandra, we don't know."

So that was my pursuit in this patient study. And I found that same significant difference inside the military that existed outside of the military. So that launched my emphasis in research into access to care. And so after I finished with my doctoral degree, I got stationed at Camp Pendleton. And this was monumental because I went there as the research coordinator. But when I got there, the commanding officer at that time said, "We don't think we need a nurse. We've never had a nurse researcher here before. We don't think we need a nurse researcher here. What the chief nurse is saying is we need a patient educator, we need this, we need that." He gave me six months to demonstrate why we needed a nurse researcher. So I conducted a research study to demonstrate that not only did we need a research coordinator, but we needed a population health focus there.

When that was presented to the executive team at the same time, back in the D.C. area, everybody was starting to talk about population health. And that's when they said, "What we want you to do is stand up a population health department." We got an epidemiologist, we got a data analyst, we've got these people, so that was another first for me. I had an opportunity to do that and I did that for a few years and then about a year before I left, before I retired, that hospital was reorganized into three huge areas of service. The commanding officer had three big bosses, executive directors they were called. And much to my surprise, I was asked to be the executive director for the largest one, had 400 people, and it had all of the stuff I love. I still did the research coordination, I still did population health, but I was the executive director for this very large directorate.

The exciting thing is that I started at Camp Pendleton and that's where I retired from. I had so many wonderful opportunities to be first in so many things. First in leadership position, first in establishing new departments, the first population health department in the Navy. I still remember the young man's name who said, "Do you want to go hear a recruiter?" And I mean, that was absolutely the best decision that I ever could have made. I mean, a tremendous decision. It was a wonderful, wonderful career.

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