

NINR History Project
Telephone Interview #2 with Dr. Janet Heinrich
Conducted on March 21, 2008, by Philip Cantelon

PC: This is March 21, 2008, and I'm speaking with Jan Heinrich. I have permission to record the call?

JH: Yes indeed.

PC: Okay, thank you. When we broke off last time, we were talking about a number of different things, but we said we'd go back and cover some earlier things, and then I wanted to also talk about the advocacy groups and the tri-council.

JH: Right.

PC: Can we go back to the period before the IOM report?

JH: You know, I'm just looking here. I brought my notes in. I think I mentioned to you that there was a group of us that got together to try to match our recollections. It was myself, Ada Sue Hinshaw, Nola Pender, and Ann Burgess. They all had been in leadership positions within the ANA, the nursing research group, and we were talking about around 1979 when the Division of Nursing held a research conference called "Future Directions for Nursing Research," that at that time, Barbara Hansen, Ada Jaycocks, and Joanne Stevenson were making visits on Capitol Hill talking to the appropriators about the need

for more funding for nursing research. And at the same time, they were making visits out at different offices at NIH.

PC: And these people were connected to the nursing professional associations?

JH: Primarily the Commission on Nursing Research, which was housed within the American Nurses Association.

PC: And that was a large group or a small group?

JH: A relatively small group but a very articulate and vocal group. And they were the ones that were beginning to say that nursing research needed to be more closely allied with other scientists, other disciplines.

PC: And this was the policy of the ANA then? To push this?

JH: It wasn't the formal policy, no. It was not.

PC: Who were they talking to on the Hill particularly?

JH: I don't have that information.

PC: I assume it was Ed Madigan.

JH: I'm not so sure that it was at that time, to be quite honest.

PC: Okay. This would be in the late seventies.

JH: Yes. This is 1976 through 1979.

PC: What offices would they have approached within NIH?

JH: I know that there was contact with the aging institute.

PC: That's Franklin Williams?

JH: Yes. And they had some good contacts with heart, lung, and blood institute and the cancer institute. And I'm not sure beyond that.

PC: What was the decision to stay out of the Division of Nursing? Was it simply to push for a center rather than more professional nursing research?

JH: Some people were very happy with nursing research within the Division of Nursing. And there were some people that just felt that it was stagnant, and I would say that this

commission and the people I just named were the ones that were agitating for change. At that time it wasn't a formal policy to move nursing research out of the Division of Nursing at all. It was an idea that was bubbling among some of the nurse researchers.

PC: Where did the organization on nursing education stand?

JH: You mean the colleges of nursing?

PC: Yes.

JH: They would not have been for the idea at the time. Early on they would not have been.

PC: So this really came out of a very small group, the three ladies that you mentioned?

JH: Yes . . . at that time.

PC: Are any of the three still alive?

JH: Oh yes. They all are.

PC: What I'd like to get maybe after we go off tape is their names and numbers if you have them so I could contact them or at least check—

JH: Yes.

PC: Okay, thank you. How did it move beyond the bubbling stage, for want of a better way of putting it?

JH: Yes, the fermentation. Well, you know, I think what happened was that people did begin—within the commission and the Cabinet on Nursing Research there were more formal discussions, and then there was talk within the tri-council. And then you did have the IOM report, and I think people said that was in about '83?

PC: It went from '81 to '83.

JH: And it was after it came out in the IOM report, that's when Congressman Madigan picked it up and ran with it. Up to the IOM report, all the legislative activity had been around funding for nursing research, but it was funding at the Division of Nursing. It was after the IOM report that this idea of an entity at NIH took off.

PC: That 1983 report, when we talked last time, you said Wyngaarden didn't like to be surprised and it surprised him greatly.

JH: Yes it did. And here's another little link for you also. Barbara Hansen—remember I told you she was one of the instigators here—she was also a panel member of the IOM report.

PC: Okay.

JH: And she was one of the main people who were speaking for the need for a separate entity.

PC: Okay. I will want to get that information on her. Is she still in the area?

JH: I think she's in Virginia. I might have to do a little work to track her down.

PC: While all this was going on in the two years that IOM was—the group was considering nursing, where were the people who would have opposed this? And where was Wyngaarden?

JH: There were people within the—I mean there was the American Association of Colleges of Medicine (Association of American Medical Colleges??), they were against it, the AAMC. Certainly Wyngaarden was against it. Most people didn't know what *it* was. I think I mentioned that before. We had to define what nursing research was all about. There were also people within nursing that were not for it.

PC: And those groups were . . . ?

JH: I'm getting a call coming in from my husband. Can you call me right back?

PC: Sure. Of course.

JH: I'm just afraid something might be wrong. Okay?

PC: Okay.

[Interruption in recording]

PC: Okay. We're back on. We were talking about the report and working on the report.

JH: You were really trying to understand how all the different groups within nursing were coming together, and what was happening was that the nursing research community got their act together, they became better organized. They also had a network of nursing researchers across the country that, you know, people began talking about this idea. When they got the nursing community together behind the idea, then they took it to the tri-council. And at the tri-council you had Billye Brown, who was the president of the AANC, the nurse educators, you had Judy Ryan at ANA, and you had Pam Maraldo at the National League for Nursing.

PC: Pam—spell the last name for me.

JH: Pam Maraldo. M-A-R-A-L-D-O.

PC: And the AANC person? I'm sorry, Billye?

JH: Billye Brown.

PC: Brown. Okay. And that's a female Billye.

JH: B-I-L-L-Y-E.

PC: Okay.

JH: She was the president. Barbara Redman was the executive director at that time. Nola Pender was the chair of the Cabinet on Nursing Research at the time, and she was presenting this idea to the tri-council. There were a lot of reservations about what this would do to the Division of Nursing, concern about factions, splintering the profession, and not all the deans within the American Association of Colleges of Nursing were for this idea at all. One of the very outspoken people against the idea of a separate entity was a woman by the name of Ruby Wilson, and she was from the southern region

PC: Jan, what kind of papers are you looking at?

JH: I'm looking at my American Academy of Nursing.

PC: Is this an article that was in there?

JH: No no no. I was just trying to find out where Ruby is now. Well, yes, North Carolina. She's retired. Anyway, so there were people that wanted to sabotage the idea. Another person who was really not for the idea was Rhetaugh Dumas. R-H-E-T-A-U-G-H.

PC: Do you need to get that?

JH: It's my daughter, but I should be able to call her back later.

PC: Okay.

JH: Dr. Dumas, I think at the time, was at the University of Michigan. And Dr. Dumas had been in government before. She had been at the National Institute of Mental Health in a leadership position there, so people really did look up to her.

PC: The nature of her opposition was because she thought it would balkanize the profession?

JH: And that it would not be welcomed at NIH, and yes, that it would essentially split nursing into different factions.

PC: Was that the NIH that we talked last time about—I think you decided on using the word “tensions” between the nursing profession and the biomedical people or disease-oriented people at NIH?

JH: Yes. There were indeed tensions there, primarily because people at NIH didn’t see nursing research as a fit within the biomedical community. But then again, for the most part, again you come back to they didn’t know what *it* was or is.

PC: And you put Dr. Dumas in that category as well?

JH: No. Dr. Dumas, because of her history at the National Institute of Mental Health, I think had a different perspective and that is she had worked herself to try to make mental health, psychiatry, psychology, psychosocial issues, she had tried to find ways of integrating that body of research into NIH and had been frustrated by those efforts. So I think from her perspective, she had some basic reality on which to base her belief that nursing research, part of which is psychosocial mental health concepts, would not be welcome, that it would not be a good fit.

PC: Because it would take away from other institutes or because it wasn't acceptable in the NIH community?

JH: It just wasn't acceptable within the NIH community.

PC: And that was from the lessons that she learned at NIMH.

JH: Correct.

PC: Okay.

JH: Another concept there is that nursing research was not seen as bench science, hard science, so the notion was that you're coming in, you're representing a soft science, and people just aren't going to make room for you, that the research itself just wasn't mature enough. I don't know that they were wrong in that assessment.

PC: In other words, nursing had a ways to go as well to escape the old—I don't know whether I'd call it the Florence Nightingale observational methods rather than actual scientifically organized research rather than observational protocols.

JH: Yes.

PC: Why was this happening at that point? Why was there this sudden burst of professionalization, I guess is the way I'd put it? Or why do you think there was? I'll ask the question that way.

JH: You know, sometimes there aren't always good rational reasons for why things happen. In a way I hate to say this, but I don't think that this argument was won on the basis of content. I think that this was politics, and I think it was that Madigan was in a position where he had influence over the reauthorization, and you had this small group of nurse researchers that then solidified what they wanted and where they wanted to go in terms of a separate entity, and they were able to pull the rest of the nursing community together around the idea in support of it. And then I think the group just kept pushing.

PC: What convinced the nursing community to coalesce around this idea if not all of them were enthusiastically embraced it in the first place? Was it a matter of, well you mentioned earlier just change because they were unhappy with what was going on, or the status quo I guess, or was it ha! We see some opportunity for some real money here and a congressman who's going to be an angel to provide it? I've got my cynical hat on today.

JH: Well, probing helps develop the lessons to be learned here, but the way that we were able to win people over was by giving people examples of nursing research that made a difference in practice. Some things seemed so simple, but they really did make a

difference. I guess on reflection as you push me, what the research network was able to do was pull together these examples of nursing research that really informed practice, it made a difference in practice, then you could use these examples within the nursing community as well as external to the nursing community to make the argument and people had the aha! I understand. Yes. That makes sense.

PC: Can you give me an example of one such—

JH: I knew you were going to do that. I'd have to reflect a little more. I'd have to go back and look through some of my notes. But I could, because we have all those reports. We have all those studies that we did on nursing research at the National Institutes of Health because we had to go back and document what was already being funded at NIH that was nursing research.

PC: And it was from that that you took these eureka examples?

JH: No. We really took those examples from the network, from people feeding us the work that they were doing, but I'm just saying that some of those made it into these later reports. Yes, I can find some for you.

PC: Okay. Just one or two that would give me example of how that success came about.

JH: For example, one might be early care and treatment of women with breast cancer.

Another really great one was the control of nausea and vomiting with chemotherapy drugs. Another great one was how you informed patients about a procedure beforehand so that they were prepared, and then they weren't as anxious and distraught and they didn't get as sick while they went through the procedure.

PC: Pain management would be another maybe?

JH: There was some pain management.

PC: Okay. That gives me a good thing to work with there, Jan. Was there any concern in terms of the Reagan administration and the as I remember Stockman at that time trying to cut back the budget and all of the supply side stuff, that all of this could actually save dollars, that would actually cut medical costs.

JH: To the best of my recollection, we never tried that argument.

PC: Okay. When the legislation got presented, in other words, by the time that, 1983 there was a Health Research Extension Act, and that got vetoed. Did the ANA work on that?

JH: Yes. We worked very hard actually on trying to prevent the veto and then the veto override, and some of us even knew people within the administration, within the White House, and tried to make calls, but we were told it was just too late, it was a done deal.

PC: This is the early one. This is before the '85 one.

JH: Oh, okay. I'm sorry. I was on the later one.

PC: There was a 1983 where the president simply pocket-vetoed it.

JH: That's right.

PC: And that also contained the, I think a provision for a center for nursing research, and then the second one that was vetoed then was changed to the center. So it went through a couple of stages there. But in 1985, there was an FDA quality of life requirement that I remember reading about. Do you recall anything about that?

JH: You know, I don't.

PC: What would have been the, at the same time, and in fact one of the impetuses for the IOM report, was the lack of nurses or shortage of nurses, especially the shortage of scientifically trained nurses and there was a great deal of discussion at the time about

how nursing had become more and more complex as medical equipment and medical, the whole profession of medicine had become more complex. What push did that have in this whole thing?

JH: You know, it's hard to do anything without running into the shortage of trained nurses. But many of us really tried to keep that issue separate from the need for nursing research. We weren't necessarily successful there, and in fact, later, people did want us to address some of the nursing service issues.

PC: Does that mean you weren't successful because you chose not to get involved in that area?

JH: I was just trying to go back and . . . you know, there was a real effort in the nursing research community to provide examples of research that in fact fit nicely within the concept of the NIH, and health services research or nursing services, some of the nursing practice issues were never seen as a terribly good fit, and you had another entity within the federal government that focused on health services research. So I guess all I'm trying to say is that there was some effort to sidestep it a bit, but ultimately, what I'm saying is we weren't successful in doing that.

PC: In this period, as I recall, the secretary of HHS was Margaret Heckler.

JH: Right.

PC: Where did she stand on any of this, from your point of view?

JH: She just supported Dr. Wyngaarden.

PC: So whatever he wanted, that was okay.

JH: Yes.

PC: What was Madigan's interest? Why did he take up the torch here?

JH: Well, it was political. I think I mentioned before he was in a very close race in Illinois in his district, and the person that was running against him was married to a nurse, and so he loved the idea of taking on a nursing issue.

PC: Ah. No, you didn't tell me that. You probably thought about it. [Laughs]

JH: Yes, I thought about it.

PC: My wife does that, too. So that was the driving force toward the election of '84? Or '86? Did he have the same opponent?

JH: It was '84 for sure.

PC: Were there others in Congress who would sign on with him in strong support?

JH: After Madigan took the lead on this, the ANA then worked very, very hard from a grassroots level to get other people to sign on in support of the legislation. So then it was a matter of ANA really using their grassroots, you know, each congressional district nurses working with their elected officials to get people to sign on, and the ANA was amazingly successful at doing that.

PC: How do you account for that success?

JH: I think that one, ANA had a very strong, very successful grassroots network. They were out there saying one in forty-four women registered to vote are nurses, or something like that. And it was ANA just flexing their political muscle, if you will, showing that they could get nurses out in every district and asking for something very concrete from their elected officials.

PC: And who led that push at ANA?

JH: That was really Pat Ford Reagner.

PC: Spell the last part for me.

JH: I think it's R-E-A-G-N-E-R, and she's now the director of the American Academy of Nursing.

PC: Was she sort of the political coordinator for the ANA then?

JH: Yes, she was.

PC: After the initial veto, which was in November of '85—I'm sorry. The first one, the National Institute for Nursing Research, was vetoed and then came back in the next session of Congress as the National Center for Nursing Research at NIH, which was approximately the only thing that was changed, I understand. Is that your recollection?

JH: Right. We were told that we had to compromise.

PC: Told by Madigan?

JH: By Madigan's staff.

PC: Was that an easy compromise?

JH: I think people were willing to say it walks like a duck, it quacks like a duck, it's a duck. So the notion was that it looks like an institute, acts like an institute, we made sure that the language was there so that it could do anything an institute could do. I'm awfully sorry but I'm going to have to leave you again. Maybe we can make another appointment? This is taking time.

PC: We can always try to schedule it and see what happens.

JH: Okay. We've at least got to the point of the veto override, right?

PC: That's right. We talked about that. May I go ahead and add this date to the release form?

JH: Sure.

PC: Okay. Then I don't have to send you another one. Do you want to get back to me with a date or just set a date?

JH: Let's go ahead and set a date and then I can also give you, you said you wanted some of the addresses or phone numbers. Let's see. How about April 10th or 11th?

PC: The 11th is good.

JH: Okay. Let's try this nine-thirty time again.

PC: All right.

JH: Okay.

PC: I'll do that. Do you want to get back to me with the phone numbers?

JH: I think I found Barbara Hansen. I know she's somebody that you want to connect with. I have an e-mail and I have a work phone. She may not be there, but they should know where she is. It's 301-328-3904, and her e-mail is bchansen@aol.com.

PC: Okay. Would you by any chance have Jessie Scott's telephone number?

JH: Let me see if it's in here.

PC: I've been having real problems tracking her down.

JH: I can give you somebody who can give it to you if I don't have it here. Someone from NIH was calling and asking

PC: Yes, they can't find it either.

JH: Gretchen Osgood is in contact with Jessie all the time, and Gretchen's phone number is 301-652-2694.

PC: Is that an NIH number?

JH: No, that's her home phone number.

PC: Did you give that to the person at NIH?

JH: Yes.

PC: Okay. Well then she'll probably follow—that was probably Alisa Gladstone?

JH: No, but it was about this project.

PC: Okay. Well, thanks very much, Jan. Have a nice weekend, Easter, and I will be talking to you in April.

JH: Right. Okay. Thanks so much.

PC: Thank you. Bye.

JH: Bye.

[End of interview]