

**NINR History Project
Telephone Interview with Dr. Janet Heinrich
Conducted on March 6, 2008, by Philip Cantelon**

PC: I'm speaking with Dr. Janet Heinrich, J-A-N-E-T, H-E-I-N-R-I-C-H, on March 6th, 2008.

I have permission to record the call?

JH: Yes, you do.

PC: Thank you very much. What I'd like to start with is to go back some twenty-five years to look at the discussions revolving around the decision to go into nursing research at NIH. If we could start somewhere, I guess it would be in the early 1980s there was a lot of discussion about the importance of nursing research as opposed to nursing practicing, or practitioners.

JH: There was a lot of discussion about what is nursing research. And there was a special panel that NIH put together of people from NIH to really talk about what is nursing research, and one of their goals at NIH was to say, well, we already support nursing research and there's no need for a special center or institute. There was no need for a special institute.

PC: Is this nursing research through education?

JH: Well, the discussion really was very broad in terms of . . . is it education, is it practice, what are the attributes, how do you know it when you see it. This special panel brought in experts from outside that were specialists in nursing research, such as Dr. Joanne Stevens, other people that the American Nurses Association had recommended to really talk about what is nursing research. And they talked about prevention, they talked about care of chronic diseases, and they talked about different methodological approaches that people used to do nursing research and then could give very concrete examples.

PC: This was all prior to the Institute of Medicine's report?

JH: That was probably after. If we could just focus our attention right now on that transition period, and maybe we can go back when I have some of my background materials in front of me, you know, to really talk about what had to occur so people understood what nursing research is all about. You started by saying that there was friction between HRSA, the Division of Nursing, and efforts there to support nursing research, and certainly Jessie Scott had always said her vision was that education, research, practice, all were connected and needed to be together as an entity. And so within the Division of Nursing, you did have all of those components. Researchers began to say that they felt disenfranchised, that they would flourish better if they were at NIH in the mainstream of biomedical research. So when the law passed that established the Center for Nursing Research, Doris Merritt stood up. She had been at NIH in training and said that she would like the challenge of establishing this center. Many of us knew her before because

of her efforts to reach out in the research training arena, we knew that she had a strong history within NIH, people knew her, respected her, and we thought this would be terrific. What better person to really establish a base on which other people then could build. She was just extraordinary because she was able to pull on people and resources within NIH. Somebody from the outside would not have begun to know where to go, who to go to, what kind of structure you had to put in place, and Doris was very open. She would meet with several of us from the nursing research community, and she essentially said okay, I need to structure this center so that I have at least three branches. So we mapped out basically a plan for how you would structure this center and essentially said we will have one branch for prevention, we'll have one branch for chronic diseases, and we'll have another branch for what we loosely called nursing services. And of course there was an overarching area for research training. She had to put together a national advisory group, and she pulled in all of us to help her think through, okay, how do you put this slate together, who would be on it, how do you balance it both geographically . . . all the things you have to think about when you put together an advisory group.

PC: When you say she came to “us,” what would that group—

JH: Okay. The “us” would be all the different nursing organizations that felt they owned this, so you had the American Nurses Association, the National League for Nursing, the Association of Schools of Nursing, and several of the specialty nursing organizations.

PC: Okay. She was appointed by Bowen. Had she been a friend of Bowen's in Indiana?

JH: You know, she would not have been appointed by Bowen. She would have been appointed by Dr. Wyngaarden who was the director of NIH, but she knew people in his office which helped immensely.

PC: In Bowen's office?

JH: In Bowen's office, yes.

PC: Okay. I thought she was obviously named by Bowen, but Wyngaarden, because he was the secretary at that point—

JH: Wyngaarden was the director, but Bowen was the secretary of health.

PC: And I just wondered if that Indiana connection had made it easier, because my understanding was Wyngaarden did not embrace this initially.

JH: You might not even have to say "initially."

PC: [Laughs]

JH: It didn't hurt, but I don't—that would be something you'd have to ask her.

PC: Okay.

JH: I guess there's an attitude at NIH that I think is very important, and it was something that those of us who were working to establish the center knew we had to build on, and Doris Merritt embraced this, and that is that okay, it's a law, we have it, and so it's going to be the best that we can make it. And the fact then that there was interest from the secretary's office, that there continued to be a lot of interest in Congress of course helped immensely because Doris was able to get the FTEs, the number of people that she needed in order to staff it up. So one of the things that happened was that people from the Division of Nursing, actual people, bodies, were transferred over to NIH, and she had to find space, which is always at a premium. I can remember people telling me when we were lobbying for the establishment of the center, institute, you don't know what you guys are getting in for, you know, NIH is like a snake pit, they're just going to eat you up out there. That was what some people were telling us, and for Doris Merritt to step forward and put her hands on the resources, the space, the FTEs to put the structure in place, to be able to work through all the bureaucracy, to put the structure, the entity in place was just . . . it was amazing to watch.

PC: I think it's remarkable if she's not getting support from Wyngaarden, and she's a non-nurse, she's a doctor, that she was just an excellent administrator? Is that how—

JH: An excellent administrator. Excellent administrator, manager, and because she'd been at NIH for so long, she knew what you had to put in place to make a viable entity.

PC: Where had she been there?

JH: She might have been several places, but when she took over the management of the Center for Nursing Research, she had come from the NIH Office of Training—Research Training.

PC: Okay. You mentioned Admiral Harris. What was the relationship between the Division of Nursing and this center? Was that always a smooth relationship?

JH: Right. Jo Eleanor Elliott, who was the division director, and Dr. Bob Graham, who was the director of HRSA, the Health Resources and Services Administration, had worked to develop a center for nursing research there at HRSA and, you know, were frustrated that in fact the legislative effort to move nursing research to NIH was successful. And I don't know that all the staff that were at the Division of Nursing were particularly happy to be moving to NIH. Some were, some were not. And then you had the transfer of the monies, which weren't a lot, maybe ten, eleven million at the time. You know, no one in

federal government likes to have to transfer money or transfer staff or transfer functions, but they did it, and I think that because Doris Merritt did reach out to people, she probably made it easier. But there was some lingering . . . what's the right word . . . I'll just say some lingering frustrations—

PC: Frustration, not resentment?

JH: Maybe resentment. That might be too strong. There were some lingering tensions—tensions is a better word—between the nursing research community out there and the Division of Nursing and the education programs. Not always, but just some. When we schedule our second call, I can probably be even a little more explicit about where some of that was coming from, because not all of the nursing leaders in academia, for example, were supportive of this move to NIH. Most were, but some were not.

PC: What was your position when all this was going on?

JH: I was in the Washington, DC, office of the American Nurses Association, and I worked very closely with the ANA's Council for Nursing Research and the American Academy of Nursing, all of the components within the American Nurses Association that housed the nursing research leadership group. So I was working very closely with Nola Pender, Ada Sue Hinshaw, Nancy Stevenson, some of the people that were pushing the hardest for the establishment of the Center—Institute for Nursing Research. And then I had

responsibility for working with the federal agencies that were related to nursing research. So I worked very closely with the Division of Nursing, worked very closely with NIH. In fact when I first came onboard, Gloria Hope, who was then the director of the Washington office, said, “Jan, it’s your responsibility to neutralize the anger and the pushback that we’re getting from NIH.” So essentially you go out there and you deal with the fact that Dr. Wyngaarden is not happy. So I worked very closely with Dr. Franklin Williams, who was the director of the Aging Institute who headed up the advisory group on nursing research, identified experts that could testify and talk about what nursing research is.

PC: This is the advisory group within NIH?

JH: Yes.

PC: Was there a competition from . . . I think another institute was set up about the same time as the center was.

JH: Arthritis and Musculoskeletal and Skin Diseases.

PC: Yes, Larry Shulman.

JH: Yes, and one of the things that then we had to do in the Washington office was—and there was another group that was working the Hill, and I helped to form that group, you know, we had a whole grassroots effort, but I really prefer to save that for another day. And we needed to reach out to all the different specialty organizations, making sure that we were all on the same sheet of music as we were moving forward, and quite frankly that when we went forward to NIH or to the Division of Nursing that it was a common theme, it was coordinated, all these outside nursing groups at least looked like they were working together.

PC: Did you have a problem in pulling all these—do I take it the ANA took the lead on all this then?

JH: Well, we like to say we did. [Laughs]

PC: Now here's your chance.

JH: And in that answer you get part of what was going on, because there was a fair amount of competition between the National League for Nursing, the American Nurses Association, and the colleges of nursing in terms of who's taking the leadership here. But the fact of the matter is that it was the ANA that housed the leadership of the nursing research groups, and they also were the organization that really coordinated and pushed the Hill strategies and had the sort of network of nurses way out there in every congressman's

district that could in fact call and encourage votes. But it was no small feat, quite honestly, to make sure that all the different interested parties were brought together, pulled together, and were pushing for a common cause, which was the establishment of the Center for Nursing Research.

PC: And the main opposition from Wyngaarden and others at NIH centered around what?

JH: There were a couple of things. One was the politics and the other the substance. And the politics was nobody likes to be surprised, and Dr. Wyngaarden was very surprised when he was up on the Hill and told by members of Congress that they wouldn't vote for reauthorization of NIH unless there was a Center for Nursing Research.

PC: Was this led by Madigan?

JH: Pushed by Congressman Madigan. And then there was the substance of it, which was, you know, it's not a disease, it's not a body part, it's not basic science, what is it. It took some time for us to get over those barriers.

PC: Did you join the biomedical crowd, so to speak?

JH: Well, we certainly joined hands with the arthritis and musculoskeletal groups, so we became linked in our efforts because we wouldn't want them to oppose us, and we of course were all for more research to help people with arthritis.

PC: And was Shulman an advocate?

JH: I don't think he was ever an advocate.

PC: I mean for you.

JH: No no no. But they weren't against it.

PC: So that was the victory.

JH: Right.

PC: Neutrality, not opposition.

JH: Yes, exactly.

PC: Did Doris Merritt have a leavening effect on that?

JH: Well, the fact that she was so well respected within NIH, the fact that she then embraced this effort was very helpful. The whole attitude was we're going to be good and we're going to be smart and what we put out is going to be up to NIH standards.

PC: What was the substance of the high regard in which people held her at NIH? You said she'd been around a long time, but what were her accomplishments or achievements that had given her that reputation?

JH: I think at NIH you earn a positive reputation when people know that they can come to you and you can get things done. The NIH training office really cuts across all of the institutes at NIH. The other thing that played well for her is that she was a woman at NIH, and she had this whole network of other women who had achieved leadership roles at NIH, people like Ruth Kirschstein, and that was very helpful. So what is nursing research? It's predominantly women who have worked hard to achieve leadership roles within their academic communities. So it was reinforced. You know, I couldn't say that there wasn't one thing that Doris Merritt had done before, but it's this notion that you can cut through the red tape, you can make the rules that you have in any federal agency work for you to accomplish the science or accomplish the task.

PC: What was the reaction of the professional organizations toward her appointment?

JH: Well, those of us at ANA were very excited because we knew what a gem we had, getting a positive NIH insider to step forward and take this on. There were some people in other groups who said who is she, my goodness, she's a doctor, how can we trust a doctor. So there were some people who initially weren't enthusiastic, but we were able to turn them around.

PC: Okay. Well, I have a lot more but I think mainly this is extremely helpful. Can we set up another time to get back?

JH: Yes. Let's do that and I'll be prepared.

PC: Okay. If you have some pictures or things like that that you could loan me, this will all go in the Office of NIH History files, early pictures from the period or artifacts, posters, things like that, or documents that you think are particularly key, whether it's an ANA document or something like that that might be instructive for the future.

JH: Okay. That helps.

PC: What's your schedule look like?

JH: Well, next week I'm going to be away, but then starting on the 17th, we can find some time.

PC: Okay. Do we want to try the 17th? As long as you're wearing green.

JH: St. Patrick's Day, yes. That probably isn't going to be so good because that'll be my first day back in the office. What about the 21st?

PC: The 21st is fine.

JH: Okay, let's do it in the morning. Do you want to say 9:30?

PC: All right.

JH: Okay.

PC: So we're at 9:30, the 21st of March. Okay, great.

JH: It'll be officially spring.

PC: Yes. And Good Friday as well.

JH: Oh my goodness, that's right. Look at that. Okay. Well, we'll be on our good behavior.

PC: [Laughs] I trust so. Thanks very much. I appreciate it.

JH: Thank you. Bye.

[End of interview]