

**NINR History Project
Telephone Interview with Jo Eleanor Elliott
Conducted on May 1, 2008, by Philip Cantelon**

PC: I'm speaking with Jo Eleanor Elliott, and that's J-O, E-L-E-A-N-O-R, E-L-L-I-O-T-T, on May 1st, 2008. May I have your permission to record the call?

JE: Yes. You have my permission to record the call.

PC: Thank you very much. Let me start a bit with your educational background.

JE: I had a baccalaureate in nursing from the University of Michigan, and a master of arts from the University of Chicago with a major in nursing education. I do not have an earned doctorate. I have several honorary doctorates.

PC: Okay. How did you come—and you replaced Admiral Scott at the Division of Nursing?

JE: Yes. She retired in May of 1979, and I went there in July 1, 1980—I'm sorry, let me back up. Let me see . . .she retired in May of 19

PC: Seventy-nine is right.

JE: Okay. And then I went in July 1 of '80.

PC: Okay. How were you selected?

JE: It was a national search. It was an external search—they had some internal candidates—but it was an external search, a nationwide search.

PC: And you were at that time . . . before you came, you were doing . . . ?

JE: I was director of nursing programs for the Western Interstate Commission for Higher Education.

PC: And tell me what that is.

JE: The Western Interstate Commission for Higher Education is an interstate compact agency, at that time consisting of the thirteen western states: Montana, Wyoming, Colorado, New Mexico, and on west, including Alaska and Hawaii. And within that organization, we had a consortium of collegiate schools of nursing. That was the organization in 1957, and continued as that organization until into the 1980s when it took another name and its headquarters moved from Boulder. The organization was headquartered in Boulder, so I lived in Boulder from the time I came to direct that organization.

PC: Where were you before that?

JE: I was at UCLA on the faculty of the School of Nursing, and then I was a year on a research project.

PC: And then came to the consortium, and hired from the consortium to HRSA.

JE: I did an application, and if nobody's ever filled out an SF-171, which was the form in those days, it's a wonder to behold. But anyway, I filled it out with considerable assistance from other people, so that was submitted first. That was submitted in September of '79. Then in November of '79 I went back for an interview, and then I heard nothing.

PC: When you say "back" you mean back to—

JE: I went back to Washington for an interview. So they whittled it down to I think five candidates who were then interviewed, and then I came home, and in March, I had word by the grapevine that I was going to be selected. I did not get an official letter until May the 19th. By that time I had resigned my position because I could not leave the organization—I had come out of academia, and I believed in giving adequate notice, so

PC: What was about the job that made it interesting?

JE: I concluded that I was the best qualified person in the United States for the job.

PC: Why?

JE: Well, I had had this regional experience, I'd done a lot of stuff nationally, I'd been involved with the national nursing organizations, the International Council of Nurses, I had a lot of contact with the Division of Nursing. I thought I knew a fair amount about it, but you don't when you're on the outside, no matter how many times you've been in and how much time you've spent with the director. Jessie and I were professional friends as well as personal friends. Most of the other people I think who applied were directly out of academia, and that may have been fine. But I really did. But on the other hand, I said when I left the interview that whoever was chosen, I would continue to work with the person in good faith.

PC: What was it about the job that made it so attractive?

JE: Well, the Division of Nursing at that time was a very important part of the whole nursing world, and it was key in terms of nursing education, research and practice, and I felt that it was important to keep the strength that had been accumulated over the years and to move it further.

PC: What was your agenda for it?

JE: I did not have an agenda when I went.

PC: But you developed one after you got there?

JE: I would not say I had an agenda. That's putting too much formality on anything. I went in July 1, 1980, and Reagan was elected in the fall, he went in the office the 20th of January, and we started a year of downsizing although we had legislative programs that had to be continued. So for that year it was sort of like treading water. I never knew from one day to the other how many employees I'd have, and you had to keep redoing stuff and there was a lot of—

PC: So there were a lot of bureaucratic things.

JE: A lot of bureaucratic stuff that first year, yes.

PC: Fighting OMB, or was it with—

JE: We weren't fighting the OMB, we were fighting the administration. There were directives that came down, and the idea was to decrease staff, and we were told that—

well, I don't know who made the final decisions. I suppose the secretary of HHS, although it's a political appointee and they wouldn't know much about it.

PC: Did this continue through the first Reagan administration?

JE: I think in November of 1981, we had finally settled out on how many staff we would have, because everybody made changes, you know, there was all this seniority, veterans bonus points, the shaking around, and that all got shaken out in early December of '81. After that, it was a battle to keep the number we had, but there was no massive decrease after that.

PC: When you talk about your staff, were these nurses primarily?

JE: The Division of Nursing at that time primarily had professional nurses as the key staff people. We had a variety of nursing programs we were administering, with contacts in schools of nursing throughout the country and others, but schools of nursing primarily. For the most part, the staff were professional nurses, and prepared at least at the master's level and some with doctoral degrees.

PC: But they were all related to nursing education. Am I hearing that—

JE: Well, and nursing practice because we had a strong public health nursing component. Public health nursing had been a major function of the federal government, and the Division of Nursing included the public health nursing component so that there was—for example, we had commissioned officers in the nurse corps of the U.S. Public Health Service Commissioned Corps, and at one time they were sent off to Haiti and to other places where the federal government needed people to come quickly in the health field.

PC: And these people were out of the Public Health Service and loaned to you or employed?

JE: They were my employees. The Commissioned Corps of the Public Health Service is a wonder to behold. There is no line of authority from the surgeon general. All he has is staff authority. I once said that in front of an Army general and he turned his back to me. I think he didn't believe it. The employees were my employees. The director had the final say on the employees.

PC: Had that distinction blurred under Jessie?

JE: I don't know. I can't say that, but I would say that it probably had always been that way. I don't know though.

PC: Were you the first non-uniformed person to hold that position?

JE: The Division of Nursing, as it was constituted when I got there, had been created in the early sixties, and I think Margaret—I can't remember what her name was—had been the first director, and she I think was out of the Public Health Service. I think she was not a commissioned officer. And there was not a requirement that the person be a commissioned officer.

PC: Okay. What was the relationship between the Division of Nursing and the professional nursing organizations?

JE: Very strong. Very strong. In fact, there were bureaucrats who would have loved to get rid of the Division of Nursing, because for years nursing could mobilize support, get legislation passed, get things funded, get more money than the administration wanted. There was a very strong relationship that had been developed and nurtured mutually over the years.

PC: To lobby on your behalf?

JE: To lobby on behalf of nursing.

PC: Particularly the division—

JE: As a federal employee, one had to be very careful never to lobby.

PC: I understand that. That's why the nursing organizations could do it on your behalf.

JE: Well, they could do it for nursing. Not on behalf of the division per se, but on behalf of nursing.

PC: Okay.

JE: See, it was nursing that would benefit.

PC: Did you also testify before Congress and congressional committees about the budget, or was that done—

JE: By the time I got there, there had been enough reorganizations that the director of the division did not testify. That had happened I think even before Jessie Scott left. She no longer testified directly before committees. I went with the bureau director at one time to one of the hearings, and we would prepare testimony, but in terms of any major committees, I think I never did testify.

PC: Was the relationship, for example, with the schools of nursing . . . what is it, the American Association of Colleges of Nursing, different than that with the ANA?

JE: That's hard to say because the AACN was just really beginning to feel its oats as an organization. It was created in 1969, so by the time I got to the division it had been there eleven years. For the most part they'd had part-time directors, and I don't know when they had their first full-time director. But it was not—of course we met with them. We met with all the groups because there was a variety of nursing organizations.

PC: AACN stands for what?

JE: American Association of Colleges of Nursing.

PC: Okay. Were these two-year or four-year primarily?

JE: They were exclusively four-year and up. They never included the junior colleges' collegiate program.

PC: But this was also a constituency of the Division of Nursing.

JE: Absolutely.

PC: That is the junior colleges.

JE: Yes, the junior colleges and the diploma schools were also, because diploma schools were still in—the diploma school had a very powerful lobby, and we were very careful about—down through the years, like when the first big support for nursing education came along in 1964, the diploma schools tend to be included very dramatically. So yes, all programs leading to the registered nurse program. I don't think we supported any programs in terms of practical nursing, because that was out of the Department of Education. That was vocational education.

PC: Okay. I see the difference. In 1983, the Institute of Medicine took up a study of nursing generally, in part in response to what was perceived as a shortage of nurses. What was your role in that?

JE: Unfortunately, my role was very small, because we suggested people to be on the thing, and I was very disappointed in the people who were finally selected. There was at least one person was a nurse, but he was only a nurse when it was convenient to be a nurse, because his field was in public policy.

PC: Who was that?

JE: I can't remember. I have a feeling you've got an agenda, you see. I think you're [inaudible] for something.

PC: No, actually I do not.

JE: You sound like it. You come through to me as if you have an agenda.

PC: I'm sorry. No, I don't.

JE: Because you're leading me down a path to say well, we weren't getting along, the AACN was in need of something separate, cha cha cha.

PC: No, actually . . . keep going because actually I don't have that at all.

JE: [Inaudible] to me.

PC: You misread me. I'm sorry.

JE: If I do, okay, I will accept that. Although you've got to remember I'm literally from Missouri. I have to be shown. I grew up in Missouri.

PC: That's okay. I'll forgive you for that, too. [Laughs]

JE: It's a good state to be from.

PC: When you say you didn't have the opportunity to have as much input as you would have liked—

JE: Absolutely. Yes.

PC: I guess my question is, was there an agenda elsewhere because of that? Or was it just the way the Institute of Medicine worked? And I have no idea.

JE: I think it may have been the way the Institute of Medicine worked. I think they thought they were alpha and omega. That's my personal opinion. So I think they felt they didn't need any help.

PC: When you saw that report, what was the reaction?

JE: It's been a long time since I've seen that report, but it seems to me I quoted from it when I gave speeches.

PC: In terms of—

JE: I can't remember. It was a long time ago.

PC: —how to cure the shortage?

JE: Well, I think nursing looked at shortage and tried to address it along the way. What the general public has never really thought about is the fact that nursing shortages come in cycles. Before I left the division, the current shortage had been predicted by the woman who was the most knowledgeable person on nursing data in the country, Evelyn Moses, who was a statistician and not a nurse. And she predicted this because she could look at the figures on ahead. The bulk of the people who'd come in in the sixties and early seventies into nursing were going to be retiring. In the fifties there was a shortage, and I knew a social scientist at that time who said he couldn't believe that nursing so defied the law of supply and demand, because in spite of the need, salaries at that time did not go up. I think that changed in some of the shortages later on, in more recent years. But the shortages have been cyclic. Historically I would say if you looked at it, shortages have been cyclic.

PC: Nursing was also changing, I would guess, in the seventies and eighties when you came in in terms of becoming more complex as more modern equipment, hospitals were—

JE: Yes. Absolutely.

PC: What impact did that have on nursing education?

JE: Well, I think some of the schools of nursing moved quickly to be sure that their new graduates were basically prepared. I think that there were some schools of nursing that were kind of scared of it with their heads in the sand, but I wouldn't point any fingers at any specific school or kinds of schools.

PC: Did that have an impact on the Division of Nursing?

JE: In terms of some of the kinds of proposals that came for funding, in terms of the need to help people with specific kinds of training.

PC: How much money did you have to fund these things?

JE: I can't remember. You'd have to go back and look through the division budget.

PC: Would you call it an adequate amount?

JE: There was never an adequate amount. There were always good proposals that did not get funded, with good priorities.

PC: Were you aware of the idea of putting a nursing research institute at NIH when that was being discussed?

JE: I think I was, yes.

PC: Can you talk a little about your reaction to that?

JE: As I told you when I talked to you before, I was opposed to it because I felt it would split nursing, and I think it has.

PC: Split it how?

JE: But you don't need to quote me on that. The big schools got so immersed in research that they really had not attended to what was happening to the division sufficiently in my view. Now you've got to remember I've been away from there for a long time.

PC: Yes. What I was interested in was, in splitting the nursing, you saw this as something that would be happening there in the mid-eighties.

JE: My position, when they started talking about a separate institute, was yes, it would divide nursing—split nursing. But I was director of the Division of Nursing. I had to be very careful about what I said. I couldn't say that. And in fact, the person who was the acting director of the first, the physician, was quotedly surprised at how good I was about working and moving things over there. Well, that was a fete a compli at that point in time. But you see, nursing clearly needed more money for research. But the other thing

that I was concerned about was the bent of research if it went into NIH. NIH tends to be bench research. And you see, nursing is a people profession, and I think to some extent the increased—no, I won't say that. But I was opposed to it because I felt it would divide nursing and that the kind of research that would be coming out would not be what would be helpful to improve patient care. My personal view is you do research in nursing to improve nursing care. To me that's the only reason to have research in nursing. You want to improve the outcomes of nursing care. You have nurses become better prepared, you find out what works and what doesn't work through well-designed research.

PC: And by putting it in the institute, how would that change?

JE: I had no level of confidence that some of the kinds of research that I thought were important would be even looked at.

PC: In other words that they would change—

JE: [Inaudible] their research.

PC: How would it change?

JE: Because it would be more, I will say plainly, esoteric.

PC: Okay. So you're working with, once the center got established—

JE: Once the center got established, the unit that we had in research went over there. That was the core staff to start with. I was on the selection committee for the new director of the—it was not an institute to start with, it was a center, and I was on the selection committee for the center and was on the first center board.

PC: So when you say within the Division of Nursing there was a research area—

JE: Yes. It was a unit called nursing research. And we had funded research. The division had funded research from—with various relationships with NIH since the mid-fifties.

PC: So you transferred that staff to the center?

JE: Yes.

PC: And Doris Merritt requested that or that was your initiative?

JE: No. That was how it went. Nursing moved to the center, and therefore the nursing staff moved to the center.

PC: How many nurses would there have been?

JE: Not very many. We had a very small staff at that time. I can't remember exactly how many.

PC: The other thing I understand that you did was to loan her the advisory council as well so that she could make grants.

JE: Who?

PC: Doris Merritt, that is, the center.

JE: Oh, I don't think so. That could've been, but I don't remember it that way, because I thought they developed their own board, their own council.

PC: Eventually they did, but not—

JE: Okay. Then I accept that because yes, we would have. We were really extremely cooperative, that's what the profession wanted, and once the law was passed, that was the law. I wasn't going to sit around and try to undermine it.

PC: Did you have personal conversations with Merritt about this?

JE: Well, I chaired the council, or I guess maybe by that time we had council members chairing, but yes, I would've talked with her about it. We had a lot of contact at the time we started the search process for a director of the center, because as I said, I was on that search committee and I made calls. I used to remind Ada Sue Hinshaw frequently that if it hadn't been for me, she wouldn't have been there, and that's for sure.

PC: And why is that?

JE: Because I reviewed her—I called her references and wrote the appraisal of her for the final selection.

PC: Who served on the selection committee with you? Do you remember?

JE: I can't remember. Doris Merritt was one, and I don't really remember who else served. That information would be available.

PC: Yes. Were they all people from both NIH and HRSA, or would they have been outside as well? Do you recall?

JE: I really can't remember. My recall is that it was a very sizable committee, you know, seven, nine, ten. I don't recall. But I remember our sitting around the table interviewing some of the candidates. I remember some of the candidates.

PC: Then you made recommendations?

JE: Yes. I can't remember who would've reviewed the original applications, but then we whittled them down and interviewed some, and then I probably did the calling of references and contacts after we'd done the interviewing, because we probably were down to probably three candidates at that point. We didn't have a lot of candidates. Now one of the things I was disappointed in the nursing profession about was that when that was opened as a position, we didn't have hoards of great nurse researchers applying to be director. I really was. I was disappointed that we didn't have more candidates who really were known in the field as nurse researchers and who had demonstrated administrative ability who wanted the job.

PC: How do you explain that?

JE: I don't know. It blew my mind, to tell you the truth.

PC: Did that say something about the profession itself or just the individuals?

JE: I don't know. The juxtaposition to me was the push push push for the center, and then not showing up with the candidates. As I say, that blew my mind.

PC: Was there a cultural difference between nursing and NIH? You talk about bench science as opposed to—

JE: But you see, the profession and these same nurse researchers had pushed so for it. They had lobbied their congressmen. They had had gatherings. They had had demonstrations of research stuff. They had really worked hard to get it. Major schools of nursing had worked really hard to get it, and then we didn't have candidates. I would say we had a very small number of candidates, considering the importance of the center and the fact that it was brand new. You could create and set an agenda. I guess I was disappointed. I would say I was disappointed in the profession because there were not more candidates.

PC: And you knew Ada Sue before this?

JE: I had known Ada Sue since she made her first research presentation at a western research conference in the early days. I think it was before she ever got her doctorate, and I'd known her over the years.

PC: Was the nursing profession a rather close-knit group of people, that is, were the people active in it? When I say "close knit," a small network? You knew almost everybody in it?

JE: I would say in the sixties and seventies, the nurse researchers all knew each other, yes.

Now we had a western research conference that we held from 1968 forward and is still being held, so we had—early we identified some of the up and coming researchers in the west, and research was an emphasis and a focus for years. In fact, it was one of the reasons that this western consortium of collegiate schools of nursing got started was to improve and increase nursing research in the west. So research was a focus from the beginning. But in terms of us being a close-knit group, I really can't say.

PC: Did the center define nursing research differently than the Division of Nursing?

JE: I don't remember. I do know that they worked hard. They would now be called focus groups, but they had groups come in and discuss different areas, and they worked hard early to try to identify the areas that the center and then the institute should be moving in.

PC: Did you continue to work with both Doris Merritt and then Ada Sue over the years?

JE: I was on one—her first council was established.

PC: This was for Doris Merritt?

JE: Yes. Then I don't know when I went off that, but I was not on it until I left, I think, I'm not sure. I may have served a term.

PC: A term was what? Two or three years?

JE: Probably four years.

PC: So that would have overlapped with Ada Sue as well?

JE: Oh yes. She was there.

PC: Tell me what the council did, your role in that.

JE: The council operated differently from the Division of Nursing council, because the Division of Nursing council really was another level of review of proposals, at least early after I went there. I was in the council—it's hard to remember—I would say that we were concerned with policy more than content of proposals, per se. I think I shouldn't talk about that because that's hard to remember. You're talking about twenty years ago.

PC: Councils were politically appointed?

JE: Yes. They were politically appointed.

PC: So that's the policy differential.

JE: Yes. It was a while before I was at the division before I learned that if a Republican president's in, you find really good Republicans to suggest, and if a Democrat's in, you can find really good Democrats to suggest. On the nursing council I would say we had marvelous people on. I was never disappointed as a group in the nursing council, the division council.

PC: How did you find names to propose on up the chain?

JE: Well, in the nursing council, I mean in the Division of Nursing, our staff were out and they knew lots of people out in the field, and we had other kinds of conferences and workshops and things that the staff would participate in, and you would find good people by meeting them and knowing about their work. If they had done good work in an area, then you might suggest them to be on the council. But we wanted a broad knowledge of nursing. Our council had somebody from higher education, from hospital administration, from nursing service, we had a mix of people.

PC: Both in terms of professional activity and geographic?

JE: Yes. So it was not all nurses by any stretch of the imagination. But again, I would say that we had—it was, I felt, always a good mix. Now maybe we were just fortunate. Or if they didn't want to work that hard, they didn't come.

PC: So it took maybe a year or so to get a council together, by the time they got names and approved and such?

JE: Well, if you were starting a new council it might, because the council was ongoing in the division when I got there.

PC: So when the Center for Nursing Research didn't have a council, and it would take a while to get one—

JE: It probably would.

PC: —and that's why she asked for yours?

JE: Probably, yes.

PC: To review the grants?

JE: Right. But it might not take a year, but it would take several months. So get people, make sure they would be interested, and then they had to send their vita in, and they had to know what the responsibilities were and whether or not they'd be able to attend the meetings and that kind of thing. It would take a while, yes.

PC: And are they reimbursed for this or paid?

JE: Isn't that interesting? Certainly their expenses were paid, and I can't remember whether they were paid. You see, an NIH policy is probably different from the division policy. I can't remember whether they were paid a stipend or not. If they were, it was a very small one.

PC: I remember Carter at that time was getting rid of advisory groups because they wanted to cut down "government employees."

JE: No, that was Reagan who wanted to do that.

PC: Well, that too.

JE: Oh yes. The air traffic controllers have never been the same since he broke their union. The skies have never been as safe. They really haven't.

PC: I know.

JE: And you see, the government is still doing it and it's doing it in double and triple time at warp speed, contracting out everything, so now we have the State Department with a

contractor handling passport information, which I think is an abomination unto the Lord. But you see, nobody raises questions about that. They're upset about the break in security. But the fact that contractors are doing—I have a niece who's working in the U.S. Mint, they're going to begin contracting out stuff. Now there are some things they won't contract out, like they won't contract the die that the coins are stamped from, but a lot of the other stuff they're planning to contract out. That decreases the number of employees of the federal government, but it increases the cost.

PC: After the center was established, what was the relationship to the Division of Nursing thereafter?

JE: I would say it was collegial.

PC: And the nursing organizations learned to work with both groups?

JE: I won't comment on that.

PC: Okay.

JE: Just remember I said that the schools of nursing wanted more money for research. That was really the goal.

PC: And these would be the—when you said the larger schools?

JE: These would be the major universities around the country.

PC: Like UCLA

JE: UCLA, University of Washington, University of Iowa, Michigan, over the fifty states.

PC: Okay. Since I've been put on the spot here about having an agenda, what I'd like to do is give you a shot at what you would like to add, what we haven't discussed.

JE: I really can't think of anything that we haven't discussed. You needed to lead the questions.

PC: Okay. I have them.

JE: Well go ahead.

PC: No, I've asked a number of them. I was curious what the nature of the discussions with Doris Merritt would be in regard to, because as you mentioned, she's a doctor, not a nurse, she comes in, she's not too sure—she's more of an administrator in this case.

JE: She knew she was temporary when she came in. She came in to launch the center and to get staff and to get it started.

PC: And she had to rely on you for much of that.

JE: We sent over our grants, the grants that we had under way, and the staff, yes. We had a fine relationship. I had no problem. As I say, once the law was passed, it was the law. No point in being nasty about it. It was done.

PC: And indeed it would seem to me that the way you handled that would have led to a more cooperative nursing thing rather than the expectation that it would be torn apart . . . or split. Split was the word you used.

JE: Split, and I think it was split because the concern and—this is my view, and you've got to realize this is twenty years later—my view is that the schools were so concerned about research money, they may give some testimony on behalf of the division, but I don't think they paid a bit of attention to the staffing in the division, they paid no attention to what's been going on in the division. Now that's my bias, and I think it should be just looked at as that. I think there's probably no interaction between the division and the center now, except Ada Sue and I were personal friends, so there was interaction then, although not official interaction I think.

PC: And you left the division in what year?

JE: In 1989.

PC: In the fall of '85, the legislation got vetoed and then passed over the veto.

JE: Yes, and there's the influence of nursing.

PC: And that was because they were lobbying?

JE: Of course. They sent out the word to all the schools of nursing to call your congressmen and call your senators, and it was successful.

PC: And that was the AACN?

JE: I don't know who it was. I presume it would be the AACN.

PC: But one of the professional organizations, or was the tri-council going by then?

JE: Yes, it was going by then.

PC: So that would have been—

JE: I don't know who did it. I really don't. I remember hearing from some friends who were nurse researchers saying they'd had the word to get to their congressmen, to meet them or call them or write them or something right away. And it was successful.

PC: Okay. That's very helpful.

JE: That's why, you see, if nursing were to get its act together, it could do almost anything. But I see nursing being more and more divided as time has gone on.

PC: I see. Well, I want to thank you very much for taking the time—

JE: You're welcome.

PC: —and I will send you—

JE: Don't thank me for my time. Lucille Petry Leone was assistant surgeon general in the surgeon general's office one time and I thanked her for her time, and she said, "Don't thank me for my time. You might thank me for our conversation or information, but don't thank me for my time." So I've tried never to thank people for their time. [Laughs] That was many years ago long before I went to the division.

PC: Well, I'm not from Missouri but I've learned my lesson. You've shown me, and I want to thank you for a delightful conversation.

JE: Okay. I'll look forward to the transcript. It's just a matter of whether or not the transcriber can understand me. I'm sorry I have a little laryngitis this morning, and I was concerned it was going to be even worse and I was going to have to call you and say let's do it again.

PC: I'm glad we got it done because I want to start to write this first chapter. Thank you very, very much.

JE: I will be interested in seeing it when you finish it, because as I told you when we talked before, I am interested in nursing history and how some has been rewritten over time, and I despair that no nursing history is taught in schools of nursing anymore. On the University of Colorado library it says he who ignores the past, something about he who forgets the past must repeat it, and I'm afraid that—I know they may be headed in that direction.

PC: Well, it's one of those things "He who forgets the past is condemned to repeat it," and I once wrote that in a speech and the person who was typing up the speech for me said, "He who forgets the past is condemned to repent it." I thought, well that's pretty good, too. [Laughs]

JE: That's pretty good, too. [Laughs] I like that.

PC: In fact, I may like it better. Well, thank you very, very much.

JE: You're very welcome.

PC: I've enjoyed the conversation, if not the time.

JE: Okay.

PC: I'll get it back to you. And if I have a question do you mind if I call you again?

JE: Absolutely fine.

PC: Okay.

JE: And Thursday mornings generally are pretty good mornings.

PC: Okay.

JE: I've got a scattered schedule, so

PC: Thursday AM's are good.

JE: Yes. But not before 9:30 because I was up and out to exercise at eight o'clock this morning.

PC: Okay. I'm impressed.

JE: You should be. It's snowing in Boulder. It's snowing, and I would say we probably have maybe an inch by now. Big, wet, fluffy snow, and thirty-seven degrees when I came in on my car thermometer.

PC: It'll be gone by afternoon.

JE: Probably so.

PC: Well, have a lovely weekend, and thanks very much.

JE: All right. I look forward to hearing from you again.

PC: Okay, great. Bye.

JE: Bye.

[End of interview]