

**NINR History Project
Telephone Interview #3 with Dr. Janet Heinrich
Conducted on April 11, 2008, by Philip Cantelon**

PC: I have to ask you for permission to record?

JH: Yes.

PC: Okay to add the dates to the existing sheet?

JH: Yes.

PC: All right. We were ending up last time on a couple of different items, but talking about the nursing research network, and the last item was an override of a veto. I wanted to go back just a couple of housekeeping issues. You mentioned a woman named Ada. Is it Jaycock or Jaycox?

JH: Ada Jaycox. It's J-A-C-O-X.

PC: Okay. All right.

JH: Because she was one of the people that was really pushing for nursing to be mainstreamed with the rest of science at NIH. I had also given you Barbara Hansen's name. Do you need contact—

PC: And that's H-A-N-S-E-N or O-N?

JH: O-N.

PC: Okay.

JH: No, I'm sorry. Barbara Hansen is H-A-N-S-E-N.

PC: Okay. Thank you. I had one right, and Stephenson is S-T-E-P-H-E-N-S-O-N?

JH: Let me double-check.

PC: Obviously one of the issues with listening to a name is there are a couple of different spellings for the same thing.

JH: Right. Ada Jaycox, J-A-C-O-X, and I have her in Virginia now. Do you want her phone number?

PC: Sure.

JH: It's 804-580-7327.

PC: Okay.

JH: Let me look up Stevenson. Stevenson is S-T-E-V-E-N-S-O-N, and I have her still in Ohio, and the work phone I have for her is 614-234-5950.

PC: Okay. And that's J-O-A-N-N-E?

JH: Yes.

PC: All right. The other thing that I wanted to get clarified, if you could for me, you've talked about two things. One was the Commission on Nursing Research, which you mentioned were these three ladies, and a Cabinet on Nursing Research. What is the difference? Or are they the same?

JH: No, they're not the same. It was part of the governing structure at the time within ANA, so your best source there would be the ANA. In fact, it may well be that that would be in the materials that you obtained from the American Nurses Association.

PC: Okay. I haven't seen that yet, but I wasn't looking for it either. The commission is an earlier—

JH: Well, one reported to the other and then reported to the board, but to be quite honest, I just can't remember exactly how it worked.

PC: Okay. You mentioned two other people during the last conversation. One was Rhetaugh Dumas who had been at NIMH. Could you tell me a little about her, describe her, sort of for someone who has no sense of her what I might expect there?

JH: She is now deceased, but . . . she was a very strong, articulate black woman who had achieved just an enormous prestige because she did have such a high position within the National Institute of Mental Health. I think she started from a very small town in Texas or somewhere in the South, and just very knowledgeable about how the federal system works, how the bureaucracy works, so people within the nursing community and outside the nursing community listened to her.

PC: She was a nurse or not?

JH: She was a nurse, yes, and later became the dean of the School of Nursing at the University of Michigan.

PC: And her role in the early eighties was what?

JH: With respect to developing an institute of nursing research at NIH?

PC: Yes.

JH: She just absolutely thought it was premature, that nursing research, the nursing community was not ready for such a step.

PC: Was she a vocal voice in opposition?

JH: Yes.

PC: How did the group who favored it—?

JH: Let me tell you, I went back and looked at some notes from a discussion that some of us had. This is part of what we were able to do.

PC: From that period, Jan?

JH: It was spring of '83, and T. Franklin Williams, who was the director of the aging institute, was asked by Dr. Wyngaarden to do a study of nursing—what is this nursing research thing. So Dr. Wyngaarden spoke with Gloria Hope, who at the time was heading up the Washington, DC, office of the American Nurses Association, and she suggested that he have a hearing where he obtained different perspectives on what

nursing research is all about, and he of course thought that was a great idea. I at that time was working with Gloria Hope, and my primary responsibility was to work with the nursing research community and get this thing done.

PC: This is H-O-L-T?

JH: Gloria Hope?

PC: H-O-P-E. I'm sorry.

JH: Yes. Gloria Hope. So we said well, we'll give you some names of people that can help you better understand what nursing research is all about. So they did hold a hearing, and we recommended the following people speak. It was Kathy Barnard from the University of Washington, a well-respected researcher in child health and development; Ruby Wilson, who was a dean I think at the time from Duke—I think she was at Duke; Rhetaugh Dumas; Edith Schoenrich, not a nurse, who was an associate dean at the Hopkins School of Public Health at the time and very supportive of nursing research; and Joanne Stevens. What we then did is we spoke with each of them individually, and then we spoke—we had them to lunch before the meeting, and our plea was stick to the issue of what is nursing research. Here is an opportunity to inform all of the institutes at NIH, because there were representatives from each of the institutes at this meeting, inform all of NIH about what nursing research is, and stay away from where it should be housed.

And in that way, we were essentially saying, fine if you have a different opinion about if it should be at HRSA or NIH or wherever, but just stay focused on what nursing research is and what it can do for the public, and they did that. And it was a fabulous meeting. People began to say, oh, now I know what to look for in our own research portfolios at NIH. And the fact that the nurses weren't stabbing each other in the back was a shock, but obviously very, very well received. So every opportunity we had to work with people in that fashion, we took advantage of.

PC: Did you say Stevens or Stevenson for Joanne?

JH: Joanne Stevenson.

PC: Stevenson. Okay. Thank you. Can you spell Edith Schoenrich for me?

JH: S-C-H-O-E-N-R-I-C-H.

PC: Okay. I've got that. And is Kathy a "K" or a "C" for Kathy Barnard?

JH: It's "K".

PC: Thank you. And this was in you said the spring of 1983, and what did this accomplish?

JH: Well, there was a report that was issued then as a result of that.

PC: From Williams?

JH: Yes, that's right. And then because they had formed this task force on nursing research, there was even a follow-up report after Ada Sue Hinshaw was the director of the Center for Nursing Research.

PC: And the initial report from Williams went to Wyngaarden?

JH: Yes. It went to Wyngaarden and all of the institute directors.

PC: Oh, and all directors. Okay. And did it also find its way into the Institute of Medicine committee that was doing the review of nursing at the same time?

JH: I'm sure it did, but I can't speak to that.

PC: Barbara Hansen might be able to?

JH: Yes.

PC: So even though Dumas said that she didn't like the idea of the center, she did like the idea of enhancing nursing research.

JH: Absolutely.

PC: And by 1983 all the nursing groups, I guess, were onboard with that idea?

JH: By '83, maybe not. By '85, yes.

PC: And the groups late to the table were what? The colleges?

JH: Yes. Many of the deans were not supportive, and they were very concerned that it would have negative effects on the Division of Nursing.

PC: Did Jo Eleanor Elliott think the same thing?

JH: Absolutely she did. At that same time then, Dr. Brandt, who was the assistant secretary for health, had commissioned his own study of nursing research because what the administration wanted to do, and Bob Graham, who was the director of HRSA at the time, was very clear, very open about this, was they were going to take their own action in establishing a center for nursing research within the Division of Nursing within HRSA in order to take the wind out of the sails of this effort to establish an institute at NIH.

PC: Is this the same Dr. Graham that turns up in the Senate later?

JH: No no no.

PC: A different Bob Graham.

JH: Yes.

PC: Okay. And I'm sorry. The assistant secretary of health's name? I didn't get it.

JH: It was Brandt, B-R-A-N-D-T. Dr. Brandt.

PC: Thank you.

JH: They commissioned a report, and they did it through the Lewin Group, Lewin Associates. So somewhere out there is a report that was conducted for the assistant secretary on recommendations or options for and against the establishment of an institute.

PC: What were the conclusions of that report?

JH: It's been a few years, but there again, what we were able to do at ANA is offer our assistance to the people responsible for the study, and so again we recommended people that they speak with. Certainly they had interviewed people within the administration, but then they went outside to get a broader perspective, and we were successful in having them interview people that were, for the most part, very strong in their support for a federal focus for nursing research and were strong researchers themselves. We also gave them a few names of people who did not support the idea, so it at least appeared to be balanced.

PC: This is again the ANA?

JH: Yes, it was the ANA.

PC: Lewin is spelled how?

JH: L-E-W-I-N.

PC: Okay. Thank you. And you said Brandt set this up and Graham supported it?

JH: Right. Dr. Bob Graham from HRSA supported this idea, because what they wanted to do, and they did actually, they established a center for nursing research within the

Division of Nursing. The secretary of health and human services at that time was Margaret Heckler.

PC: Right. I remember her. And she supported that as well?

JH: Absolutely. Again, reaching out to all the other nursing research organizations, the message then on the establishment of this Center for Nursing Research was essentially to congratulate them, that this was a step in the right direction. The ANA was saying that they were applauding the recognition of the importance of nursing research, but in fact it in no way detracted from the efforts moving forward to establish an institute of nursing research at NIH.

PC: Is this what they wanted to hear?

JH: They being the administration?

PC: They being Brandt, Graham, Heckler.

JH: Yes, the administration. Of course they thought that this would essentially stop the effort for establishing such an entity at NIH.

PC: And they thought the Lewin report would do that, or did it?

JH: They thought that that was sufficient background to do it, yes, because as I recall, the Lewin report would put out two or three options and then did pros and cons for each. But clearly the bottom line was that there needed to be a strong federal focus for nursing research, which they also thought answered the recommendation from the Institute of Medicine.

PC: So that was really just to tuck this center within the Division of Nursing then?

JH: That's right.

PC: So that they in effect would not—was this something that Wyngaarden backed so he wouldn't have to get another institute?

JH: That's right.

PC: So Heckler, Wyngaarden, Brandt, right on down the line—

JH: Of course. All the main leaders in the administration supported this effort.

PC: How did the ANA continue to go after this, or what occurred that enabled them to unclog the log jam here?

JH: People were clear that you weren't going to have the administration voluntarily establish an entity at NIH. I mean everyone was very clear that that had to be done politically through Congress, so the efforts to work with Congress on this issue didn't change, they became stronger.

PC: We talked a little about this last time. Who in Congress was interested in this prior to 1984? Who were the allies for the center, because you mentioned this as being a political not a content issue. Do you recall particular people in Congress who were strong supporters of the ANA position or the

JH: The nursing organizations?

PC: Yes.

JH: I'm trying to think back. The first thing that people have to do is you have to look at the committees that had jurisdiction. In the House, besides Madigan you had Pursell at the time who was from Michigan. They were the strongest. But I also know, and this seems odd looking back at this, that in our notes I even had that—and then on the Senate side, you had the health committee, and the chair of the health committee was Senator Hatch from Utah, and you also had Senator Quayle from Indiana, and in Indiana you had the

headquarters for Sigma Theta Tau, so we worked very closely with Sigma Theta Tau to try to bring Senator Quayle onboard.

PC: They're based in Indianapolis?

JH: Yes. So here again, you target the people on the committees that have the jurisdiction. The other person who was very important in all of this was Senator Goldwater from Arizona, and the arthritis, musculoskeletal group really had him as their advocate, and we just worked very, very closely with the arthritis group to make sure that our efforts were aligned. With Senator Hatch, certainly we had the nurses in Utah working with him. Senator Hatch was also very close to the Marriotts, the senior Marriott family, and some of us knew the Marriotts very well, and we asked Mr. Marriott to speak with Senator Hatch on our behalf.

PC: This is which Marriott? Bill senior?

JH: Bill senior.

PC: Was Marriott going into assisted living at this point?

JH: No.

PC: This is long before then, right?

JH: He never was in assisted living.

PC: No no no. The company. I'm sorry. Not the person, the company.

JH: That was before they went into assisted living. Ali Marriott had serious, serious arthritis herself, and so the idea of supporting nursing research and arthritis research was very natural.

PC: Could you make a case where some of the research in nursing would have aided arthritis patients?

JH: I can't speak to that at the time. I know now there is, but I just couldn't say what was going on at that particular time.

PC: And Senator Inouye was not yet involved?

JH: Actually, Senator Inouye was always supportive of nursing issues, but he wasn't on the committees of jurisdiction.

PC: Especially for Senator Goldwater and Senator Inouye, their military experience would have colored their relationship with nursing?

JH: With Senator Inouye, he actually attributed his first support for nursing even before the war because of his interactions with public health nursing. Don't ask me why I know that. But certainly during the war and then post-war because of his wounds, he had very close working relationships with nursing. And Pat DeLeon, his chief staff person, was a very strong supporter of not only psychology but also of nursing research.

PC: Did Dole ever evidence the same interest?

JH: On this issue, he wasn't a strong supporter, but he wasn't negative either. So sometimes you're just good if a person holds a neutral position.

PC: And the two men in Congress, you had mentioned Madigan and Carl Pursell, when we talked last time we talked about Madigan being interested because the guy he was running against, his wife was a nurse and he thought this was a good—

JH: A good women's issue, yes.

PC: —especially after the IOM report.

JH: Yes. The other person that was a very active player here was Congressman Waxman, and he was working on the reauthorization, and obviously it had been going on for years.

PC: This is the Health Research Extension Act?

JH: Yes. And again, he wasn't a strong supporter, but people had spoken to him, people who knew him, people worked with him in his district, people I'm saying active nurses, there was a fair amount of grassroots action. So he wasn't a strong supporter, but he wasn't negative.

PC: And the Health Research Extension Act of 1983, we talked a little about that last time. You said you were going to go back and take a look at that, that it got a pocket veto from President Reagan.

JH: Right. And then they had to go back and try for the override.

PC: Did they get that override? I haven't found that.

JH: They did.

PC: They did. Okay. So the administration's stance was if you can get enough to do it, okay; if you can't, we're not terribly interested.

JH: Say that again.

PC: Well, a pocket veto is just sort of a quiet little thing, we're not going to sign it, and then we have to go back. But in '83, there was plenty of support to extend that act, which contained, as I have here in my notes, a nursing institute provision or center for nursing research. But that didn't happen until the 1985 act was overridden by the House and Senate.

JH: Okay. So your dates are right. I'm actually looking at a chronicle here that was published in one of the Yes, so what I have is with NIH reauthorization scheduled for September 1983 and with strong support of Representative Ed Madigan, the political climate looked favorable for the passage of amendment to create a nursing research institute. So it was formally introduced in 1984—

PC: Okay. The following year, yes.

JH: And although supported by Pursell, Republican of Michigan, O'Brien from Illinois, Maxwell, Democrat from California, Swift, Democrat from Washington, and Senator Inouye, the legislation was pocket-vetoed by Reagan. With the defeat of the legislation then you had the Public Health Service sponsored the task force on nursing research to

evaluate other options. Just as the PHS task force completed a cost-benefit analysis of establishing a nursing research entity—

PC: That's the Lewin report then?

JH: Yes. With different agencies of the Public Health Service, the secretary of HHS, Margaret Heckler, announced the formation of a center for nursing research within the Division of Nursing, HRSA. Dr. Bob Graham, administrator of HRSA, had suggested the center as the best solution for nursing research within the department and as a best way to slow momentum for the nursing institute legislation. Then in 1985, as part of the Health Research Extension Act, a compromise to establish a center rather than institute was reached between Ed Madigan and Senator Orrin Hatch and the nursing community. Again, President Reagan vetoed the legislation on September 20th, 1985. The Congress overrode the veto on September 20th, 1985, 380 to 32 by the House and 89 to 7 by the Senate, and established the National Center for Nursing Research at NIH on April 18th, 1986.

PC: Right. Okay. That all makes good sense to me. I have some different dates for the veto, but that's all close enough. I know it was done before Thanksgiving.

JH: Right.

PC: Did you ever meet with Madigan personally?

JH: Yes we did, and his assistant, Ellen Reiker.

PC: How do you spell that?

JH: I think it's R-E-I-K-E-R.

PC: Okay. What were the nature of these meetings?

JH: Maybe it's R-E-I-C-K-E-R, and she's still around town in DC but I can't tell you exactly where.

PC: First name is?

JH: Ellen. E-L-L-E-N.

PC: Okay. Thank you. Tell me a little about Madigan. How would you describe him to me?

JH: Hmm. You know, I don't

PC: Tall? Short?

JH: A tall, very attractive man, brown hair. Certainly always very polite. He always seemed low-key; he never seemed too rushed. And it was clear that he loved having the attention of the nursing community. I don't know. It's hard for me to—I mean I have no idea what his other issues were because I was so focused on the research and the reauthorization. I can't say too much more.

PC: Okay. And Pursell?

JH: Pursell was interesting because he seemed to have a close working relationship with nurses and nursing for a long period of time. He had worked closely with Carolyn Davis who was the dean from the University of Michigan. At one time he helped her become the administrator of HCFA, which is now CMS. In his district he had a very active grassroots organization of nurses that worked very closely with him, so he was always very congenial and very approachable.

PC: He's still involved with nurses, I think, nursing activities and has a fellowship named for him at Michigan.

JH: That doesn't surprise me.

PC: You say it doesn't surprise you?

JH: Does not surprise me.

PC: How would you describe him to me in terms of physical description?

JH: Sort of short, stocky, balding, but just a very pleasant, very affable person.

PC: Were the two men a contrast, except when it came to nursing?

JH: Not really. I'd say they were both very friendly midwesterners.

PC: I like to think all midwesterners are friendly—

JH: Of course.

PC: —being a midwesterner.

JH: Yes, that's right.

PC: Can we go into a little bit about the differences between the Division of Nursing, Jo Eleanor Elliott's position, for example, and how that was eventually overcome, if it were?

JH: After the establishment of the center or in this transition period?

PC: Well, let's look at both, Jan, if we can. In the establishment, what was the nature of that opposition?

JH: You mean when HRSA was establishing the Center for Nursing Research within HRSA?

PC: Correct.

JH: Okay. She was just very clear. She was part of the administration. That's what she supported and that's what she was planning to implement. From the perspective of the nursing community, there was a clear understanding that that was her role, that's what she had to do. And it was clear that she wanted very much for nursing research to stay within the Division of Nursing. I would say from the nursing leaders who were pushing for an institute at NIH, there wasn't any animosity. There was just a clear understanding that there was a difference of opinion. Then after the legislation was passed and it was clear that there would be the center at NIH and Doris Merritt had stepped forward to say that she would implement it at NIH, it was just very matter of fact. You needed to transfer the money from HRSA to NIH, you had to transfer those accounts, you had to transfer the portfolio of nursing research, and you had to transfer the staff. I would say from my perspective, I just thought everybody was very respectful, and certainly the

nursing organizations went out of their way to make sure that it was clear that their support for the Division of Nursing and for support for those programs, you know, from a legislative perspective, from appropriations perspective, did not diminish. And they made sure that their support there was very, very strong, and at meetings made sure that Jo Eleanor Elliott was asked to speak, was recognized, so that her role was never diminished in any way.

PC: Did she feel the same way, do you think, or not?

JH: I can't speak for her.

PC: Did her actions evidence that she—

JH: No, I think that people said [inaudible] complete so it's very important to make it work.

PC: Okay. Doris Merritt's appointment—would that have taken the wind out of a lot of I guess negative comments?

JH: Again, from a previous discussion, she was just highly recognized within HHS as a very, very capable person, and people knew NIH would step forward and make it the best center for nursing research that they possibly could.

PC: Once that center was established, did the nursing organizations keep up the political contacts? If you say it was a political rather than content issue, did the nursing organizations such as the ANA ever turn to push more content rather than the politics to, I guess, increase the professionalism, or was that left to the directors of the center?

JH: It was really a phenomenal thing to watch and to be a part of because with the establishment of the Center for Nursing Research, with that recognition and with some additional monies for programming, and with the opportunities for collaboration within NIH, you really had what I considered just a blossoming, exponentially, of nursing research that really focused on issues that were and are considered to be important for the public health. And there were many more opportunities to formally go to Congress and inform them about what the center was doing, certainly through the appropriations process. But also there were other opportunities, especially to inform both the authorizing committees but also very importantly the appropriations committees, and you began to have broader support and strong support from people like Senators Harkin, ongoing Inouye, Kennedy, Daschle, Burdick. So nursing research I would say came into its own in that it was recognized, and it was recognized at NIH, and we were able to do joint requests for applications, for example, with the Institute for Child Health or with aging or with cancer, with heart disease.

PC: This was in looking for grants to fund for combined nursing research and research with—

JH: With the other institutes.

PC: And that, what is it, the grants office or whatever it is, caught on very quickly to that?

JH: Yes. What's rather interesting as I look back now, at the time each of the two would argue or fight over where a particular grant might be assigned. And we went in and we just had this very little pot of money, so we were always looking for ways of leveraging that little pot of money. And so if we could get our research supported by some of the other institutes, we thought that was a great thing, and we were quite successful at it.

PC: Why do you think you were successful?

JH: Because it was good research, and they were on issues that mattered. And I think it's very interesting now, you look at NIH and people are talking about collaboration. They found mechanisms so that each institute can count a grant, so get credit for the funding, there's the directors' road map, which is all about collaboration and working across sciences. Those were the sorts of things that we initiated. We were all about that.

PC: And that's after you went to the center?

JH: That's after the center was established at NIH, became an institute. I'm just saying the culture has changed since we were initially there.

PC: And your role after the center was established?

JH: I left ANA and I became the director of extramural programs at the center, and then the deputy director, but titles didn't mean that much because we all worked our little tails off. But certainly my primary responsibility was, one, working with Ada Sue to establish the priorities; two, to work with NIH to develop the mechanisms for research funding, such as the new center's program or exploratory center's program; and to work with the other institutes to find areas for collaboration. I was instrumental in getting my hands in their pockets.

PC: [Laughs] Successfully.

JH: Successfully.

PC: How long were you there, Jan?

JH: Oh god, I don't even know. I was there seven years?

PC: Seven years?

JH: Something like that, yes.

PC: And you left why?

JH: Because of the opportunity to be the director of the American Academy of Nursing. Nola Pender was the president at the academy at the time and had big ideas for change and what the academy could be, and I just thought it was a wonderful opportunity to work with the leadership in the academy to really make the academy something wonderful. I have to tell you a funny story. Early on in my tenure at NIH at the center, I visited Dr. Claude Lenfant who was the director and had been the director at the heart, lung, and blood institute for a very long time, and he's French Canadian. He said to me, "I know why you are here, Dr. Heinrich. You want to take my nursing research away from me." And I said, "Oh no, Dr. Lenfant, I want to give you more." [Laughs] I'll never forget that. That was fun.

PC: L-A CAPITAL F-O-N-T-E?

JH: God, I'd have to go back and look that up.

PC: Okay, well maybe I can find it. And he bought that?

JH: He laughed. And quite honestly, the heart, lung, and blood institute really did have a very strong portfolio of funding nurses and research, both in the areas of prevention as

well as in the physical care post-cardiac event. There were some very, very strong researchers in that area.

PC: How did you go out to the schools, the teaching universities, to attract people to—

JH: The floodgates would just open. So many organizations felt ownership of the Center for Nursing Research. Keeping all the specialty groups and the—I mean everybody was just so proud of this entity, and I would say that Ada Sue was traveling all the time—the regional nursing organizations, the regional educational conferences. I mean it was just amazing. So lots of opportunity to get the word out. And then the center also started convening some workshops, pulling researchers together, and also encouraging multidisciplinary research. Get the best and the brightest, pull them together on your grants and you'll be highly successful.

PC: Did the nursing publications play a role in this as they had earlier?

JH: Certainly the nursing publications, yes. The other thing that I thought was interesting was that the Center for Nursing Research put out publications around the priorities that were established. So there were some very nice publications put out on prevention in childhood and adolescence, for example, or care of aging populations. There was one on HIV/AIDS, as I recall, one that I wanted to call your attention to because it was part of what I was so proud of our being able to do, and that was okay. So nursing research is a

fluke, okay? We're not a body part, we're not a disease, and it was okay for us to take on different types of issues. One of those issues was bioethics in clinical practice, sort of examining the state of research in that particular area. And what was fascinating was there were little pockets of people around NIH that had always been very interested in this but never had any visibility or voice, and the fact that we were able to pull people together, again from a multidisciplinary perspective, to focus on that and then to publish the proceedings, was just a very, very exciting thing to be able to do.

PC: If we went back and looked at a broader picture, Jan, of what was happening to nursing over this period of say fifteen years—we can go from 1970-1985 or 1975-1990, any in that period—what were the changes in the profession you could explain to me?

JH: Well, if you looked at educational institutions, there was clearly greater recognition of nursing and nursing research within those institutions. I mean you could just go around the country. The University of Washington had always been strong, UC San Francisco, UCLA, Arizona, Michigan, North Carolina. So you could see them grow in stature and recognition and how people turned to them for their expertise. In nursing practice, you had this phenomenal growth of specialization in clinical specialists and nurse practitioners and a growing demand for nurse practitioners, both within hospitals and ambulatory care settings, so that they used nurses in a whole variety of ways that they probably hadn't been used before. Used is the wrong word. People began to appreciate the broad skills that nurses brought to patient care, so they were using nurses in quality of

care, for example. They began using them as people—insurance companies would use advanced nurses to help people determine whether they should go to the hospital or not, sort of screen people. The other problems though, quite honestly from a hospital perspective, was that this was a time again when you had a dramatic change or fear of change in financing. So early on within the Center for Nursing Research, early on in our life, you had nurses let go from hospitals, and then part of the response to that was nurses are smart and they found all sorts of other ways of working in health care, then hospitals wanted to hire the nurses back, and oh my goodness, then you have another nursing shortage, so-called nursing shortage. We at the center were actually asked to staff and support another commission on nursing and the nursing shortage a few years into our tenure at NIH, which of course we weren't eager to do because we didn't want to be the shortage center, we wanted to be focused on research. But we did help out with that. I guess if I could bottom-line it, I just think that there is greater recognition of the contributions of nurses. And you see nurses with the appropriate expertise on many, many, many federal advisory committees, certainly at the national level but also you see it at the state level. It sounds a little Pollyannaish I know. Clearly people are still talking about nursing shortages and the aging of the nursing population, but as I am fond of saying, we have more nurses now than ever before, we're using nurses' talents in a variety of ways, and we'll never have enough of this wonderful thing.

PC: And also the whole profession has become more sophisticated I suppose in the kinds of things they're doing as well?

JH: I think that there is a strong push to have practice based on sound science. But what I thought was interesting is Susan Gordner was saying that in 1977, so maybe it's just a continuum.

PC: Some things never change, do they?

JH: Yes, some things never change.

PC: With the changes in health care, the demands I suppose, has the profession changed along with it or the demands on the profession changed? I'm thinking primarily here about the costs, and once nurses are brought into insurance companies to make certain decisions about going to the hospital, there's a cost issue obviously from an insurance—all kinds of insurances whether they're HMOs or other kinds of insurance companies interested in holding costs, the federal government whether it's now for Medicare holding costs. What role has the nursing community played in that, whether willingly or not willingly I suppose?

JH: Well, you're getting me in an area that I don't feel I have a great deal of expertise. When I was at GAO, the General Accountability Office, and we did studies on nursing, so-called nursing shortages, demand for nursing, it was interesting when you looked across a period of time you would see that when nurse wages were adjusted for inflation, wages

were just a flat line in terms of hospital employment. So hospitals clearly know that from their perspective, employing nurses is a good bet. It increases quality and you get a lot for your money. But it's always interesting to me that because they're such a large part of any budget for a hospital, it's frequently the first place that there are cuts at the same time that you have these huge hospital building programs going on. Then there's the issue of technology and how technology adds to costs. There's also aspects that nurse practitioners are looked to more and more for providing cost-effective primary care, and that role seems to be very well respected. I get a chuckle when I see that these ready clinics or minute clinics or the clinics in the drug stores seem to be turning to the nurse practitioners to provide cost-effective and efficient care. From my perspective, overall when we look at Medicare and Medicaid, private insurance, we have not been effective at holding down costs, holding down the inflation of medical care, but if you look very closely at that, it's because you can't control volume and there are all sorts of incentives for providers, all providers, to provide more. You know what? I think we have to end this.

PC: Well, I think we are about there. I do want to thank you very, very much. Is there something you want to add that we haven't covered?

JH: I don't think so. I think we've done it. Let me ask you one other question. There was a ten years at NIH history done, and I even saw that there were some—I found it upstairs in my attic—some videotapes. Do you have access to any of that, because that would—

PC: I haven't seen it. What we did, Jan, was just pull a bunch of stuff out of a closet and are slowly going through it. They were just boxes. Unless these are stuffed in a box somewhere, I've not seen them.

JH: Because they were produced by NINR. Well, look for them. And if you don't have them, I can certainly make them available to you.

PC: That would be wonderful because we can copy them and then get them back to you if you want to keep them, anything like that. And these are VHS or VHR or whatever?

JH: VHR, yes.

PC: And that ten-year history was a little booklet?

JH: It's about five pages, and I can have this scanned in as well.

PC: I'd appreciate that. The last question I was going to ask you is you seem to have kept a lot of papers from this period.

JH: No, not really. And I still can't find that bloody poem. That has to be in this history. I'm going to find it.

PC: Well, I'll look for it and—

JH: Nancy Woods. Nancy Fugate Woods.

PC: I will ask her.

JH: She doesn't have it.

PC: Oh. She doesn't have it?

JH: She does not have it. She asked me for it.

PC: I see. Well, you're the go-to person, huh?

JH: I guess. I know I did have a copy so I'll find it.

PC: Okay. Well, again I want to thank you very, very much for all your help. I've been rereading things and it's just extremely helpful, and I want to let you know that.

JH: Well, good.

PC: I'd like to be able to impose on you as I get further in on things to ask some questions if I need to. I will try not to, but—

JH: I'd be happy to. Please feel free.

PC: Okay. Great. Thanks very much again, and I'll be back in touch and look forward to getting the e-mail.

JH: Okay. Goodbye.

PC: Bye.

[End of interview]